



# Illinois Department of Public Health ESF-8 Plan

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Public Health and Medical Services

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## Foreword

The world experiences hundreds of natural and manmade disasters every year. Disaster planning is the means for anticipating these events and preparing for the situations that result. Its purpose is not to reduce the likelihood of disaster but to identify steps to be taken prior to an event to improve the level of preparedness.

This document constitutes the Illinois Department of Public Health Emergency Support Function 8 (ESF-8) Plan. It serves to guide Illinois Department of Public Health (IDPH) response in coordination with the state of Illinois' response activities in the event of a public health and medical emergency. The IDPH ESF-8 Plan is to be complimentary to the Illinois Emergency Operations Plan (IEOP).

This plan was developed through a collaborative process involving IDPH offices and divisions and partner state agencies that have a response role.

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**IDPH ESF-8 Plan Annexes**

1. Pediatric and Neonatal Surge Annex
2. Burn Surge Annex
3. Catastrophic Incident Response Annex

**Record of Revisions**

<b>Date</b>	<b>Section(s) Updated</b>
July 2014	Original document finalized (replaces previous document titled Illinois Health and Medical Care Response Plan – September 2010)
December 2017	<ul style="list-style-type: none"> <li>• Updated State Incident Response Center (SIRC) to State Emergency Operations Center (SEOC) throughout document</li> <li>• 1.2 Revised to reflect updated federal Capability designations</li> <li>• 1.3 Updated hazards to include Cyber Threat</li> <li>• 1.5 Added Regional Healthcare Coalitions</li> <li>• 2.3 Updated Levels of Response</li> <li>• 2.4 Added language to reflect geographic organizational structure</li> <li>• 2.4.1 Updated to include regional level; added hospitals and regional HCCs</li> <li>• 3.1.1 Updated to include TMTS authority</li> <li>• 3.1.2.1.3 Added STIC and PHIS</li> <li>• 3.1.2.2.2 Added EMSC program</li> <li>• 3.1.2.2.3 Added state Trauma System</li> <li>• 3.1.2.4 Added Serve Illinois Commission</li> <li>• 3.1.8 Added OPPS (Division of Vital Records moved to OPPS)</li> <li>• 3.2.1 Added Regional HCC</li> <li>• 3.2.2.7 Updated to include TMTS collaboration</li> <li>• 3.2.5.7 Updated to include TMTS collaboration</li> <li>• 3.2.10 Added IDCFS as a support agency</li> <li>• 3.2.12 Added IDFPR as a support agency</li> <li>• 3.2.13 Added IDHFS as a support agency</li> <li>• 3.2.29 Added GLHP</li> <li>• 4.2.9 Added regional HCC</li> <li>• 5.5 Updated hospital bypass to reflect EMResource system</li> <li>• 5.6 Added WebEOC</li> <li>• 5.8 Added EMTrack</li> <li>• 5.9 Added Illinois HELPS</li> <li>• Removed RightFax</li> <li>• Removed EMnet</li> <li>• 5.13.3 Added information on JIC; IDPH PIO Workgroup structure; ISS</li> <li>• 8.1 Added IL Statutes and Administrative Code authorities</li> <li>• 8.2 Added references               <ul style="list-style-type: none"> <li>- IPRA</li> <li>- Illinois Statewide Child Care Emergency Preparedness and Response Plan (IDHS)</li> <li>- GLHP Communication Plan</li> <li>- Illinois SNS plan</li> </ul> </li> </ul> <p>Added Attachments</p> <ul style="list-style-type: none"> <li>• Activation Pathway</li> <li>• IDPH IMT Activation Levels</li> <li>• IEMA map</li> <li>• Regional HCC directory</li> <li>• Hospital Medical Supply Bag Inventory</li> </ul>

	<ul style="list-style-type: none"><li>• Border State Communication Processes</li><li>• Communication Pathway</li><li>• Resource Request form</li><li>• Medical Surge Care Sites</li></ul>

## 1.0 Introduction

Local health departments (LHDs), collaboratively working with hospitals, emergency medical services, long-term care facilities, other health care providers, and jurisdictional health and medical sites, have the primary responsibility for mitigation, preparedness, response, and recovery from disasters and emergencies that may create a health and medical threat in their city and/or county. When the capabilities/resources of the LHD and its jurisdictional partners are exceeded, regional, state, and federal assistance is available.

Per Illinois statute (210 ILCS 50/3.255), the Illinois Department of Public Health (IDPH) shall develop and implement an emergency medical disaster plan to assist and support emergency medical services personnel and health care facilities in public health emergencies. The state emergency medical disaster plan, hereinafter titled the IDPH Emergency Support Function 8: Public Health and Medical Services Plan (IDPH ESF-8 Plan), is the guide for IDPH emergency response and recovery operations, outlining specific actions in support of LHDs, hospitals, emergency medical services, long-term care facilities, and health and medical center site response and recovery activities. This IDPH ESF-8 Plan supports the public health and medical care component, as required in the Illinois Emergency Operations Plan (IEOP). In addition to the base IDPH ESF-8 Plan, there are annexes that address considerations for specific populations and/or incidents (see annex list pg. 4).

### 1.1 Purpose

The purpose of the IDPH ESF-8 Plan is to provide operational guidance, detailing public health and medical preparedness, response, and recovery actions to prevent or minimize injury or illness to people and damage to property resulting from emergencies or disasters of natural or manmade origin. Such hazards would potentially cause severe illness, injury, and/or fatalities on a scale sufficient to overwhelm local public health or medical services capabilities. The IDPH ESF-8 Plan provides the mechanism for coordinated state assistance to supplement local and regional resources to public health and medical care needs during emergency events. The IDPH ESF-8 Plan establishes a framework that may be utilized by sub-state regional ESF-8 plans (i.e. Regional Medical Disaster Preparedness and Response plans). The IDPH ESF-8 Plan does not dictate tactical or operational actions for any other Authority Having Jurisdiction (AHJ).

### 1.2 Scope

The IDPH ESF-8 Plan applies broadly to IDPH services, program areas, response partners, and staff involved in response and recovery activities. This plan provides the command structure, communications protocol, requests for resources (RFR) process, and the procedure for the inter-regional transfer of medical supplies and equipment as they relate to IDPH. This plan is also intended to be coordinated with those federal government agencies that may be called upon to provide or support emergency medical assistance when state resources are overwhelmed. Local and regional planning is

intended to coordinate with and be supported by the structure the IDPH ESF-8 Plan provides. The scope of this plan focuses on the following capabilities:

Public Health Emergency Preparedness (PHEP) Capabilities	Health Care Preparedness and Response (HPP) Capabilities
<ol style="list-style-type: none"> <li>1. Community Preparedness</li> <li>2. Community Recovery</li> <li>3. Emergency Operations Coordination</li> <li>4. Emergency Public Information and Warning</li> <li>5. Fatality Management</li> <li>6. Information Sharing</li> <li>7. Mass Care</li> <li>8. Medical Countermeasure Dispensing</li> <li>9. Medical Materiel Management and Distribution</li> <li>10. Medical Surge</li> <li>11. Non-Pharmaceutical Interventions</li> <li>12. Public Health Laboratory Testing</li> <li>13. Public Health Surveillance and Epidemiological Investigation</li> <li>14. Responder Safety and Health</li> <li>15. Volunteer Management</li> </ol>	<ol style="list-style-type: none"> <li>1. Foundation for Health Care and Medical Readiness</li> <li>2. Health Care and Medical Response Coordination</li> <li>3. Continuity of Health Care Service Delivery</li> <li>4. Medical Surge</li> </ol>

### 1.3 Situation

The IDPH ESF-8 Plan highlights the pivotal role of the public health and medical services in emergency preparedness and response. A major statewide emergency that may cause numerous fatalities, severe illness and/or injuries, disruption of normal life systems, and possible property loss will have a powerful impact on Illinois’ economic, physical, and social infrastructures. To prepare for and respond to an emergency of great severity and magnitude will require rapid response, surveillance, dependable communication systems, a trained and available workforce, and volunteers to help perform essential tasks. All these efforts must be anticipated and coordinated.

Per the IEOP, Illinois has identified the following hazards that have the potential to cause a public health emergency:

- Severe weather
- Tornado
- Flood
- Drought
- Extreme Heat or Cold
- Severe Winter Storm
- Earthquake

- Food and/or Water contamination
- Haz-Mat – Chemical
- Haz-Mat – Radiological
- Dam Failure
- Terrorism and/or intentional criminal acts
- Cyber Threat
- Civil Disobedience
- Public Health Epidemic
- Agricultural Epidemic

The IDPH ESF-8 Plan may be activated when the State Emergency Operations Center (SEOC) is activated and/or at the discretion of the IDPH Director when circumstances dictate. It can be partially or fully implemented in the context of a threat, in anticipation of a significant event, or in response to an incident. Scalable implementation allows for appropriate levels of IDPH resource coordination.

## 1.4 Assumptions

1. Local governments, as the Authority Having Jurisdiction (AHJ), have primary responsibility for initial response and recovery actions for disasters.
2. The Illinois Emergency Management Agency (IEMA) is the AHJ for the state of Illinois when disaster response and recovery actions exceed the capabilities of local governments.
3. IDPH is the primary agency for public health and medical disaster response and recovery actions for the state.
4. Federal agencies will support health and medical operations as requested by the state of Illinois.
5. Secondary or cascading events will increase complexity and magnitude of public health impacts.
6. LHDs will notify local emergency management agencies (EMAs), Regional Hospital Coordinating Center (RHCC), and IDPH Emergency Response Coordinator (ERC) of public health and medical incidents in their jurisdiction.
7. Local EMAs will notify local health departments/districts and regional IEMA staff of incidents in their jurisdictions.
8. Hospitals will notify LHDs, EMAs, and IDPH Regional Emergency Medical Services Coordinator (REMSC) of medical incidents beyond their capability.
9. The local AHJ's emergency operations center (EOC) will be activated to coordinate response and recovery actions.
10. The local and/or regional public health and healthcare system has exhausted its capacity to care for patients and has implemented and exhausted any mutual aid agreements, therefore requiring assistance from other regions and/or the state.
11. Members of regional healthcare coalitions will operate under regionally-developed plans in addition to local plans as appropriate.

12. Medical and non-medical requests for resources will be coordinated as per section 3.2 of this plan.

**1.5 Applicability**

This document is operationally applicable to IDPH. It is applicable as guidance information or as a template for LHDs, RHCCs, regional health care coalitions (HCCs), and local hospitals and emergency medical services (EMS) providers within each Public Health and Medical Services Response Region (PHMSRR) that may need assistance or be called upon to provide or assist in emergency medical care when local resources are overwhelmed.

RHCC	City	Health Care Coalition
Mercyhealth Hospital	Rockford	Northwest Illinois Preparedness and Response Coalition (NIPARC)
OSF St. Francis Medical Center	Peoria	Central Illinois Coalition Active in Response Planning (CIL-CARP)
HSHS St. John’s Hospital	Springfield	Springfield Region Health Care Coalition
Memorial Hospital Belleville	Belleville	Healthcare Organizations Preparing for Emergencies (HOPE) Coalition
Memorial Hospital of Carbondale	Carbondale	Shawnee Preparedness and Response Coalition (SPARC)
Carle Foundation Hospital	Urbana	Champaign Region Health Care Coalition
Advocate Christ Medical Center	Oak Lawn	EMS Region 7 Health Care Coalition
Loyola University Medical Center	Maywood	EMS Region 8 Health Care Coalition
Advocate Sherman Hospital	Elgin	EMS Region 9 Health Care Coalition
NorthShore University HealthSystem Highland Park Hospital	Highland Park	EMS Region 10 Health Care Coalition
Advocate Illinois Masonic Medical Center	Chicago	Chicago Health Care Coalition for Preparedness and Response (CHSCPR)

**2.0 Concept of Operations**

**2.1 General**

IDPH retains overall primary authority and responsibility to determine the level of public health related risks for the general population of Illinois. The IDPH role in day to day emergency preparedness (such as routine surveillance activities of regulated individuals or facilities, as well as complaint-initiated investigations) provides the foundation for response. IDPH is prepared to respond with assistance in times of actual or threatened natural or manmade disasters and emergencies, such as tornadoes, floods, hazardous

material incidents, nuclear accidents, disease outbreaks, acts of bioterrorism, and others.

The National Response Framework (NRF) for all emergency response operations in the United States outlines roles and responsibilities of local, regional, state, and federal agencies, as well as nongovernmental organizations, private sector entities, first-responders and emergency management communities. The NRF is built on the template of the National Incident Management System (NIMS) and incorporates best practices from a variety of disciplines, including fire, rescue, emergency management, law enforcement, public works, and health and medical. The foundation of the NRF is the series of Emergency Support Functions (ESFs), which designate the lead discipline and the discipline roles and responsibilities for a particular type of emergency response function. IDPH is the lead agency for ESF-8: Public Health and Medical Services for the state of Illinois. The IDPH ESF-8 Plan and its Annexes are aligned with the NRF.

## 2.2 Activation

- 2.2.1 A gubernatorial proclamation of a disaster will activate the IEOP. Implementation of portions of the IEOP and execution of initial actions could occur prior to gubernatorial proclamation of disaster. IEMA will notify IDPH when it is required to implement all or a portion of the IDPH ESF-8 Plan. If the emergency involves a threat to public health or the health care system, IDPH may activate the IDPH Incident Management Team (IMT) to coordinate public health and medical services response operations.
- 2.2.2 In addition to a gubernatorial disaster proclamation, the IDPH Director can activate the IDPH ESF-8 Plan in response to an event significantly affecting, or with the potential to significantly affect, the public's health (Attachment 1).
- 2.2.3 If an IDPH facility becomes inoperable, the Director may activate the IDPH Continuity of Operations Plan (COOP) to ensure IDPH is capable of conducting its operations efficiently and with minimal disruption.

## 2.3 Levels of Response

Levels of response are categorized into the following five types (Attachment 2):

- 2.3.1 Type 5 Health and Medical Emergency Event meets the following criteria:
- routine program management
  - single IDPH program investigation
  - single LHD or hospital involvement
  - no IMT activation

- 2.3.2 Type 4 Health and Medical Emergency Event meets one or more of the following criteria:
- one or more IDPH division/section program response
  - potential for health and medical impact
  - single LHD, hospital, or regional HCC involvement
  - possible virtual IMT activation through WebEOC
- 2.3.3 Type 3 Health and Medical Emergency Event meets one or more of the following criteria:
- multiple IDPH response offices involved
  - potential for significant health and medical impact
  - multiple LHDs, hospitals, or regional HCCs involved
  - possible partial IMT activation
  - possible partial activation of SEOC
- 2.3.4 Type 2 Health and Medical Emergency Event meets one or more of the following criteria:
- all IDPH response offices involved
  - definite health and medical impact
  - multiple LHDs, hospitals, and/or regional HCCs impacted
  - agency direction set forth by the IDPH Director
  - possible state disaster declaration
  - IMT activation
  - activation of the SEOC
- 2.3.5 Type 1 Health and Medical Emergency Event meets the following criteria:
- all IDPH offices involved and/or impacted
  - widespread health and medical impact
  - statewide involvement
  - agency direction set forth by the IDPH Director
  - IMT activation
  - activation of the SEOC
  - state disaster declaration

## 2.4 Organization

This plan establishes the organizational framework for the activation and management of key IDPH activities implemented in disaster response and recovery. The IDPH ESF-8 Plan also describes the major capabilities and resources available to IDPH to address various health hazards.

The Public Health and Medical Services Response Regions (PHMSRR) serve as the primary regional geographical organizational structure for the IDPH ESF-8 Plan. In addition, the EMS Regions serve to coordinate day-to-day prehospital/emergency care

within Illinois. Although the PHMSRRs and EMS Regions are similar, it is important to recognize the shift in the organizational structure during disasters when the IDPH ESF-8 Plan is activated. See Attachment 3 for a map that outlines the PHMSRR borders as well as the EMS Regions and the RHCCs.

#### 2.4.1 Local and Regional level

- 2.4.1.1 LHDs, hospitals, and regional HCCs shall be prepared to implement local and regional plans when an emergency or disaster occurs.
- 2.4.1.2 LHDs, hospitals, and regional HCCs shall access and utilize all available resources to protect against, respond to, and recover from a public health and medical emergency.
- 2.4.1.3 When LHD and hospital resources (including those available through the Illinois Public Health Mutual Aid System) are not adequate to respond to an emergency, LHDs and hospitals may request assistance through the local or regional ESF-8 plan (i.e. Regional Medical Disaster Preparedness and Response plan).
- 2.4.1.4 When resources are not adequate through the local and regional ESF-8 plan (i.e. Regional Medical Disaster Preparedness and Response plan), the state ESF-8 plan may be engaged.

#### 2.4.2 State level

- 2.4.2.1 State emergency management officials will activate the SEOC to coordinate state and/or federal support to local jurisdictions.
- 2.4.2.2 All requests for health and medical assistance during emergency events will be routed through IEMA and the SEOC. The request will then be directed by the SEOC manager to the IDPH SEOC liaison to fill.
- 2.4.2.3 Upon receiving a request for medical resources (RFMR), IDPH communicates with local and regional contacts for intelligence gathering, information dissemination, additional resource requests, and coordination of efforts.

#### 2.4.3 Multi-state response structure

The incident may require accessing resources that exist outside the border of Illinois. The SEOC may consider requesting out-of-state resources through normal request procedures, interstate mutual aid agreements, such as the Great Lakes Healthcare Partnership (GLHP), or the Emergency Management Assistance

Compact (EMAC). Border states will be contacted to identify resource availability, to send information about the event, and to assist with the coordination of transfers.

#### 2.4.4 Federal response structure

When response to a disaster or emergency incident exceeds the resources and capabilities of Illinois, IEMA will notify officials at Federal Emergency Management Agency (FEMA) Region V of the Governor's forthcoming request for federal assistance and a presidential disaster declaration. FEMA authorities will deploy a FEMA liaison officer to the SEOC when a presidential disaster declaration appears imminent.

IDPH will notify the U.S. Department of Health and Human Services (DHHS) Emergency Coordinator, the Assistant Secretary of Preparedness and Response (ASPR) Field Officer, and the Centers for Disease Control and Prevention (CDC) Division of State and Local Readiness (DSLRL) for resource requests, as appropriate, and to provide situational awareness updates about the incident.

## 3.0 Roles and Responsibilities

### 3.1 Primary Agency - Illinois Department of Public Health (IDPH)

#### IDPH Response Offices

This section describes the emergency response roles and responsibilities for IDPH Offices, Divisions and Sections. The Office of the Director, Office of Preparedness and Response, Office of Health Protection, Office of Information Technology, and Office of Health Care Regulation are classified as IDPH response offices as their roles and responsibilities involve direct response to public health and medical emergency events. A majority, if not all, programs contained in these offices are critical to IDPH emergency response and recovery functions.

#### IDPH Support Offices

The following are classified as IDPH support offices as their roles and responsibilities involve supporting responses to health and medical emergency events:

- Office of Finance and Administration
- Office of Human Resources
- Office of Health Promotion
- Office of Performance Management
- Office of Policy, Planning and Statistics
- Office of Women's Health & Family Services
- Regional Health Offices (RHOs)

It is likely during Type 2 and Type 1 Health and Medical Emergency Events, staff from IDPH support offices will be utilized to assist the emergency operations of IDPH response offices.

<b>Illinois Department of Public Health (IDPH) Emergency Response Offices</b>	
<b>IDPH Response Offices</b>	<b>IDPH Support Offices</b>
<b>Office of the Director (Director and Chief of Staff)</b> Communications Staff Division of Governmental Affairs Chief Council and Legal Staff Center for Minority Health Services	<b>Office of Finance and Administration (OFA)</b>  <b>Office of Human Resources (OHR)</b>
<b>Office of Preparedness and Response (OPR)</b> Division of Disaster Planning and Readiness Division of Emergency Medical Systems and Highway Safety Division of Grants and Financial Management Serve Illinois Commission	<b>Office of Health Promotion (OHPm)</b>  <b>Office of Policy, Planning and Statistics (OPPS)</b>
<b>Office of Health Protection (OHP)</b> Division of Infectious Diseases Division of Environmental Health Division of Food, Drugs and Dairies Division of Laboratories	<b>Office of Women’s Health &amp; Family Services (OWHFS)</b>
<b>Office of Health Care Regulation (OHCR)</b> Division of Hospitals and Ambulatory Services Division of Long-Term Care Field Operations	<b>Office of Performance Management (OPM)</b>
<b>Office of Information Technology (OIT)</b> Health Alert Network – SIREN SharePoint Web Portal and Intranet Geographical Information Systems (GIS)	<b>Regional Health Offices (RHOs)</b>

**3.1.1 Office of the Director**

The Office of the Director sets policies, procedures, and plans for IDPH, directing agency emergency response and recovery efforts, including activation of the PHEOC and implementation of the IDPH COOP, as appropriate. The Director will advise the Governor and IEMA on health and medical response issues related to emergency events.

In the event of a catastrophic incident in which the local or regional health care system capabilities are overwhelmed or incapacitated, the Governor may grant authority to the IDPH Director for establishment of Temporary Medical Treatment Stations (TMTS). With the assistance of IDPH, this will require engagement of LHDs, emergency management, and RHCCs.

Response roles for the Office of the Director are delineated in the Overall Operational Matrix and the Office of the Director Response Matrix (Attachments 4 and 5).

**3.1.1.1 Communications Manager/Public Information Officer (PIO)**

The IDPH public information officers (PIOs), are responsible for media contact and public information activities for IDPH, including social media monitoring and risk communication, rumor control, and emergency response and recovery information. This staff will ensure that information meets standards of cultural competency, including language translation, if needed. This staff will coordinate with the Governor's Press Office and SEOC communication staff during an incident, event, review, investigation, and/or enforcement activities. Staff are responsible for the SharePoint Web Portal and Intranet, which may be utilized in a health and medical emergency event

**3.1.1.2 Division of Governmental Affairs**

The Chief of the Division of Governmental Affairs and designated staff are responsible for communication with members of the Illinois General Assembly, the United States Congress, and their staff on behalf of IDPH. Staff serve as liaisons to the Office of the Governor, General Assembly, and other state agency legislative offices and federal government officials regarding IDPH legislative policies and positions. In coordination with the Office of the Director, Office of the Governor's Legislative Affairs, and IEMA's legislative liaison, will provide information to and respond to inquiries from members of the Illinois General Assembly, the United States Congress, and their staff on IDPH emergency response and recovery efforts and initiatives.

**3.1.1.3 General Counsel and Legal Staff**

The IDPH General Counsel and legal staff will advise the Office of the Director and IDPH response offices on the legal ramifications of emergency response and recovery activities and provide legal support for emergency response measures that may be required by making appropriate referrals to the attorney general or local state's attorneys. Staff will advise on volunteer liability and emergency use authorization issues.

**3.1.1.4 Center for Minority Health Services**

The Center for Minority Health Services provides assistance in identifying interpreters to assist with emergency response and recovery efforts directed toward individuals with a limited proficiency

in English as well as development of language appropriate health and medical guidance documents and materials.

### **3.1.2 Office of Preparedness and Response (OPR)**

The Deputy Director of OPR is responsible for setting emergency response policies, plans, and procedures for IDPH. OPR response roles are delineated in the Overall Operational Matrix and the OPR Response Matrix (Attachments 4 and 6).

#### **3.1.2.1 Division of Disaster Planning and Readiness (DPR)**

The Division of Disaster Planning and Readiness coordinates IDPH preparedness activities in relation to all potential health and medical emergencies. The Division serves as a key state liaison for LHD, hospital, and regional HCC emergency preparedness and coordinates response and recovery operations for statewide health and medical emergencies. The Division develops emergency operating procedures and plans for natural and manmade disaster response and recovery activities and serves as the IDPH liaison in the SEOC.

##### **3.1.2.1.1 Regional Section/Emergency Response Coordinator (ERC)**

The ERC position is responsible for assisting LHDs in response and recovery duties and collaborating with the HCCs as needed during health and medical emergency events. ERCs liaise with the Unified Area Command, assisting with managing requests, monitoring public health and medical resources, and gathering information for situational awareness.

##### **3.1.2.1.2 Training, Exercise and Evaluation Section**

This Section collaborates with state response agencies, IDPH Offices, IDPH ERCs/REMSCs, and regional HCCs on the development, execution, and documentation of training, drills, and exercises to assess preparedness levels. Staff will serve as a link between federal and state training and exercise expectations and implementation of training and exercise plans at a local and regional level, encouraging collaboration between LHDs and their jurisdictional health and medical response partners.

##### **3.1.2.1.3 Planning Section**

This Section collaborates with state response agencies and IDPH offices, to develop and update emergency response plans in order to prepare for any disaster, whether manmade

or natural. In addition, the All-Hazards Planning Section Chief functions as the SEOC liaison.

Staff from this Section also operate the Public Health Information Sharing Program (PHIS) as part of the State Terrorism and Intelligence Center (STIC). The PHIS Program is an information exchange and communications platform for public health stakeholders to share vital, For Official Use Only (FOUO) information and ensure timely dissemination of emerging public health and medical information and intelligence to those who need to know.

**3.1.2.1.4 Public Health Emergency Preparedness (PHEP) and Hospital Preparedness Program (HPP) Grant Manager**

The PHEP/HPP Grant Manager develops policies, negotiates agreements, and uses other mechanisms to utilize federal funds from the CDC Public Health Emergency Preparedness (PHEP) and DHHS Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) Grants to support and enhance IDPH, LHDs, and regional HCCs and their members in Illinois' public health and medical disaster emergency preparedness planning and response capabilities.

**3.1.2.1.5 Hospital Preparedness Program (HPP) Coordinator**

The HPP Coordinator operates the daily activities of the Hospital Preparedness Program with the RHCCs and regional HCCs and their members.

**3.1.2.1.6 Medical Counter Measures (MCM)/Strategic National Stockpile (SNS) Program Manager**

The MCM Program Manager ensures the state has a plan for the receipt, distribution, and dispensing of SNS supplies to support LHD and hospital response operations if and when local resources are depleted during a health and medical emergency. The MCM Program Manager also collaborates with all appropriate state response agencies during the planning and response stages and is responsible for coordinating with local and state health and medical entities to ensure sufficient volunteers have been organized to supplement local staffing.

ChemPack is a CDC program within the SNS program that involves the forward placement of chemical nerve agent antidote to aid state/local emergency response authorities

during a chemical agent event when local resources have been depleted.

#### 3.1.2.1.7 **Volunteer Management**

This program is responsible for systems that coordinate the identification, recruitment, registration, credentialing, verification, training and engagement of volunteers to support the public health and medical response to emergency events.

#### 3.1.2.2 **Division of Emergency Medical Services and Highway Safety**

The Division of Emergency Medical Services (EMS) and Highway Safety is responsible for emergency medical services operations in the state, including coordination with hospitals through the RHCCs; collaboration with EMS systems on pre- and inter-hospital care and patient transport operations; and coordination with the state trauma system, the state EMS for Children (EMSC) program, and state medical response teams. The Division also serves as the state liaison for hospital and EMS emergency preparedness activities. The Division of EMS and Highway Safety collaborates with the Division of Disaster Planning and Readiness regarding response and recovery operations for statewide health and medical emergencies. All operational missions for which the Division of EMS has responsibility are organized around the PHMSRRs.

##### 3.1.2.2.1 **Regional EMS Coordinators (REMSCs)**

REMSCs collaborate with RHCCs and regional HCCs in their assigned region to assist with communications on the status of emergency response and recovery activities for hospitals in the EMS region. REMSCs also collaborate with EMS system coordinators in their assigned region to assist with communications on the status of emergency response and recovery activities for EMS systems in the PHMSRR. REMSCs liaise with the Unified Area Command, assisting with managing requests, monitoring public health and medical resources, and gathering information for situational awareness.

##### 3.1.2.2.2 **EMS for Children (EMSC) Program**

The EMSC Program collaborates and partners with multiple state agencies, professional organizations, and public/private entities to develop and oversee pediatric emergency care initiatives within our state. EMSC is responsible for the following upon activation of the Pediatric and Neonatal Surge Annex:

- a) Assists with notification of stakeholders;
- b) Collaborates with IMERT and the members of the Pediatric Care Medical Specialist (PCMS) Team; and
- c) Provides subject matter expertise related to infants and children, as well as specific components within the Pediatric and Neonatal Surge Annex. (See the Pediatric and Neonatal Surge Annex for more detailed information.)

#### 3.1.2.2.3 **Trauma Program**

The IDPH Trauma Program designates hospitals to provide optimal care to trauma patients. There are two levels of trauma centers in Illinois - Level 1 and Level 2. The state Trauma Advisory Council advises IDPH and Regional Trauma Council activities.

The pre-designated State Burn Coordinating Center (SBCC), along with the Trauma Advisory Council's Burn Advisory Subcommittee, play key roles when the Burn Surge Annex is activated. Trauma Centers will assist the five burn facilities within the state with the management of a large volume of burn patients. (See the Burn Surge Annex for more detailed information.)

#### 3.1.2.3 **Division of Grants and Financial Management**

The Division of Grants and Financial Management coordinates all fiscal and property management issues related to emergency preparedness and response. During a response, staff will fill the ICS role of Finance Section Chief.

#### 3.1.2.4 **Illinois Commission on Volunteerism and Community Service (Serve Illinois)**

Serve Illinois is a governor-appointed board that works to expand volunteerism throughout the state. In an emergency event, Serve Illinois will:

- a) Assist by coordinating, recruiting, training, and overseeing volunteer management programs
- b) Manage the Serve Illinois phone line to provide information to prospective volunteers
- c) Use website and social media to distribute public information
- d) Coordinate alongside the Corporation for National and Community Service State Office with volunteers from various national service (AmeriCorps and Senior Corps) programs
- e) Deploy the Illinois Disaster Corps team when requested by IEMA to set up and manage local Volunteer Reception Centers

### **3.1.3 Office of Health Protection (OHP)**

#### **3.1.3.1 Division of Infectious Diseases**

The Division of Infectious Diseases is responsible for providing guidelines for the isolation and/or quarantine of individuals with communicable infectious diseases that require isolation and/or quarantine as part of a health and medical emergency event response.

- 3.1.3.1.1 Provides epidemiologic support for identifying the source of infectious disease outbreaks, including foodborne and waterborne outbreaks
- 3.1.3.1.2 Gathers individual case information using a surveillance database, Illinois National Electronic Disease Surveillance System (INEDSS); health care providers and LHDs may use this system to collect individual case information during a public health and medical emergency event
- 3.1.3.1.3 In consultation with CDC, will determine if medications, vaccinations, or non-pharmaceutical interventions are needed for prevention and control efforts in the event of an unusual or significant infectious disease outbreak

#### **3.1.3.2 Division of Environmental Health**

- 3.1.3.2.1 In coordination with IEPA, advises the public on the treatment and processes for emergency hauling, handling, or disinfection of drinking water and assists with water quality monitoring
- 3.1.3.2.2 Maintains a list of licensed Portable Sanitation Businesses that can be used to procure portable toilets and hand washing stations for persons affected by an emergency
- 3.1.3.2.3 Provides public information on pesticides and assists local agencies with pest and vector control
- 3.1.3.2.4 Provides technical assistance for shelter operations related to safe drinking water, waste disposal, vectors, and vermin
- 3.1.3.2.5 Staff may respond to hazardous materials incidents by providing technical assistance, health education, or

interpretation of environmental monitoring and sampling results

3.1.3.2.6 Provides staff to support the IEMA Radiological Response Group

3.1.3.2.7 Provides public information on indoor air quality hazards, such as mold, lead, and asbestos, and proper cleanup methods during recovery operations

### 3.1.3.3 **Division of Food, Drugs and Dairies**

3.1.3.3.1 Conducts incident response and investigates foodborne illness

3.1.3.3.2 Performs environmental health sampling of food and dairy products and embargos suspected adulterated food and dairy products incriminated in an emergency, thus preventing the product from entering commerce

3.1.3.3.3 Maintains a list of licensed water bottling facilities that may be used to procure potable water for persons affected by an emergency

### 3.1.3.4 **Division of Laboratories**

3.1.3.4.1 Provides foodborne and waterborne outbreak testing services for bacteria, such as salmonella; E. coli O157; vibrio; and viruses, such as norovirus

3.1.3.4.2 Performs testing of foods to detect sources of foodborne outbreaks

3.1.3.4.3 Provides guidance on testing options to LHDs during outbreak investigations and performs testing of environmental and clinical samples in support of IDPH and LHDs during disease outbreak investigations

3.1.3.4.4 Coordinates laboratory testing with CDC

3.1.3.4.5 Performs testing of environmental and clinical samples for selected agents identified as possible bioterrorism weapons

3.1.3.4.6 Screens samples collected from Illinois newborns for 40 metabolic and genetic disease conditions

### **3.1.4 Office of Health Care Regulation (OHCR)**

#### **3.1.4.1 Division of Health Care Facilities and Programs**

- 3.1.4.1.1 In coordination with the OPR and the regional HCC lead, provide technical assistance to facilities in procuring emergency sources of power, water supplies, food, medical supplies/equipment, and other provisions necessary to meet the emergency needs of the patients; these operational activities must be coordinated with the RHCC for the EMS region and local, regional, and state emergency management
- 3.1.4.1.2 In coordination with OPR and the regional HCC lead, provide technical assistance to hospitals and other regulated acute care facilities with the emergency transfer of patients to other health care facilities or emergency shelters; these operational activities must be coordinated with the RHCC for the EMS region and local, regional, and state emergency management
- 3.1.4.1.3 In collaboration with staff from OHP, may participate in epidemiological and environmental investigations of disease outbreaks in hospitals and regulated acute care facilities
- 3.1.4.1.4 Responsible for ensuring facilities under program jurisdiction follow established procedures for both response operations and the requesting of assistance during health and medical emergency events

#### **3.1.4.2 Division of Long-Term Care Field Operations**

- 3.1.4.2.1 In coordination with OPR and the regional HCC lead, provide technical assistance to facilities in procuring emergency sources of power, water supplies, food, medical supplies/equipment, and other provisions necessary to meet the emergency needs of residents; operational activities must be coordinated with the RHCC for the EMS region and local, regional, and state emergency management
- 3.1.4.2.2 In coordination with OPR and the regional HCC lead, provide technical assistance to long-term care (LTC) facilities with evacuation of residents when it is determined that health and safety risks of staying in the facility are greater than the risks associated with the emergency evacuation of residents

- 3.1.4.2.3 In coordination with OPR and the regional HCC lead, provide technical assistance to LTC facilities with emergency transfer of residents to other health care facilities or emergency shelters; monitors resident transfer to assure resident needs are met; operational activities must be coordinated with the RHCC for the EMS region and local, regional, and state emergency management
- 3.1.4.2.4 In collaboration with staff from OHP, coordinates with local health and medical agencies to participate in epidemiological and environmental investigations of disease outbreaks in LTC facilities
- 3.1.4.2.5 Responsible for ensuring facilities under program jurisdiction follow established procedures for both response operations and the requesting of assistance during health and medical emergency events

### **3.1.5 Office of Information Technology (OIT)**

- 3.1.5.1 Responsible for coordination of the Health Alert Network (HAN), designated as State of Illinois Rapid Electronic Notification (SIREN) system, which may be utilized in a health and medical emergency event. HAN staff are detailed from the Department of Innovation and Technology (DoIT)
  - 3.1.5.1.1 SIREN system maintains an emergency database of IDPH employee information that may be accessed and searched, in the event of an emergency, to obtain technically qualified staff for IDPH response
- 3.1.5.2 Responsible for geographic information system (GIS) mapping of public health and health care facilities throughout the state, which may be utilized in a health and medical emergency event

### **3.1.6 Office of Finance and Administration (OFA)**

Facilitates emergency procurement for contractual services or supplies when necessary

### **3.1.7 Office of Human Resources (OHR)**

May hire employees on an emergency, one-time basis, for up to 60 calendar days

**3.1.8 Office of Policy, Planning and Statistics (OPPS)**

The Division of Vital Records expedites the issuance of death certificates through the Illinois Vital Records System (IVRS) in the event of an emergency or mass casualty situation. IVRS is an electronic birth and death reporting system.

**3.1.9 Other IDPH Offices**

Staff from the following offices may be called upon during a Type 2 or Type 1 health and medical emergency event to assist the emergency operations of IDPH response offices:

- **Office of Health Promotion (OHPm)**
- **Office of Women’s Health & Family Services (OWHFS)**
- **Office of Performance Management (OPM)**
- **Regional Health Offices (RHOs)**

**3.2 Support Agencies/Facilities/Organizations****3.2.1 Regional Health Care Coalition (HCC)**

DHHS has defined health care coalitions as: A collaborative network of healthcare organizations and their respective public and private sector response partners that serve as a multiagency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations.

The purpose of a health care coalition is a health care system-wide approach for preparing for, responding to, and recovering from incidents that have a public health and medical impact in the short and long-term.

The primary function of a health care coalition is sub-state regional health care system emergency preparedness activities involving the health and medical members. This includes planning, organizing, training, exercises, and evaluation.

The RHCC is the lead health care organization that assists in the coordination of coalition partners, acts as a liaison between IDPH and local partners, and provides situational awareness and sharing of information and resources (Attachment 7).

**3.2.2 Regional Hospital Coordinating Center (RHCC)**

3.2.2.1 The RHCC is responsible for coordinating health and medical emergency response for hospitals in its region.

3.2.2.2 As the regional HCC lead, the RHCC functions as the lead hospital and primary contact for communication and coordination of emergency

response activities in a PHMSRR and/or EMS region. This is performed in consultation and close coordination with the IDPH REMSC and ERC, and HCC members.

- 3.2.2.3 Will initiate and, upon request, provide IDPH ongoing situational awareness of medical disasters, responses, and resources occurring in its response region; local hospitals will initiate and, upon request, provide the LHD, RHCC, and IDPH ongoing situational awareness of medical disasters, responses, and resources occurring in their delivery service area
- 3.2.2.4 Inform IDPH as appropriate when regional ESF-8 plan (i.e. Regional Medical Disaster Preparedness and Response plan) has been activated
- 3.2.2.5 Inform IDPH when regional resources are near depletion
- 3.2.2.6 Assist with communication and request for medical resources (RFMR) as specified in the regional ESF-8 plan (i.e. Regional Medical Disaster Preparedness and Response plan) of the PHMSRR where the LHD, hospital, or health care provider resides (Attachment 8)
- 3.2.2.7 In consultation with IDPH and the regional HCC, determines the prioritization of medical supplies and equipment allocation for the public health and health care systems in its region
- 3.2.2.8 Collaborate with LHD and local EMA on selection, establishment, and operation of the TMTS in their region

### **3.2.3 Resource Hospitals**

- 3.2.3.1 Lead hospital for an EMS system and has the authority and responsibility for all EMS system program plans, including clinical aspects and operation
- 3.2.3.2 Communicate with RHCC for RFMR, or as indicated in the regional ESF-8 plan (i.e. Regional Medical Disaster Preparedness and Response plan), of the PHMSRR where the hospital is located (Attachment 8)
- 3.2.3.3 When RFMR cannot be filled within the region, the affected hospital will contact its local jurisdictional health department. The LHD will vet the request for medical supplies, equipment, and/or personnel and forward it to the local jurisdictional emergency manager

- 3.2.3.4 Non-medical requests for resources (RFR) will be coordinated through local jurisdictional emergency management.
- 3.2.3.5 Function as a liaison between the associate and participating hospitals within their EMS system and the RHCC
- 3.2.3.6 Local hospitals will initiate, and upon request, provide the LHD, RHCC, and IDPH ongoing situational awareness of medical disasters, responses, and resources occurring in their delivery service area.
- 3.2.3.7 Must maintain a medical supply bag for disaster response (Attachment 9)

### **3.2.4 Associate and Participating Hospitals**

- 3.2.4.1 Responsible for supporting the health and medical emergency response activities of their associate and/or resource hospital
- 3.2.4.2 Communicate and submit RFMR as necessary and as indicated in the regional ESF-8 plan (i.e. Regional Medical Disaster Preparedness and Response plan) and this plan (Attachment 8)
- 3.2.4.3 When a RFMR cannot be filled within the region, the affected hospital will contact its local jurisdictional health department. The LHD will vet the request for medical supplies, equipment, and/or personnel and forward it to the local jurisdictional emergency manager.
- 3.2.4.4 Non-medical RFR will be coordinated through local jurisdictional emergency management.
- 3.2.4.5 Local hospitals will initiate, and upon request, provide the LHD, RHCC, and IDPH ongoing situational awareness of medical disasters, responses, and resources occurring in their delivery service area.
- 3.2.4.6 Must maintain a medical supply bag for disaster response (Attachment 9)

### **3.2.5 Local Health Departments (LHD)**

- 3.2.5.1 Lead local agency for public health and medical response operations in its local jurisdiction
- 3.2.5.2 Maintain communication and provide situational awareness updates to hospitals as necessary

- 3.2.5.3 Will notify IDPH of situational status of local health and medical emergencies and the need for assistance; will maintain situational awareness and provide updates to IDPH as necessary
- 3.2.5.4 Communicate with RHCC for RFMR or as indicated in the regional ESF-8 plan (i.e. Regional Medical Disaster Preparedness and Response plan) of the PHMSRR where the LHD is located (Attachment 10)
- 3.2.5.5 Non-medical RFR will be coordinated through local jurisdictional emergency management
- 3.2.5.6 Assist hospitals in obtaining supplies from the SNS as requested, through the processes currently identified and incorporated into their existing plans
- 3.2.5.7 Collaborate with RHCC and local EMA on the selection, establishment, and operation of the TMTS in their jurisdiction
- 3.2.5.8 Responsible for hosting a Medical Reserve Corp (MRC) unit within the jurisdiction or affiliation with an alternative volunteer unit

### **3.2.6 Emergency Medical Services (EMS) Providers**

Ambulance providers participating in the EMS system sign a letter of commitment that outlines their responsibilities in providing emergency care and transportation of the sick and injured.

### **3.2.7 American Red Cross (ARC)**

- 3.2.7.1 Provide basic health support services at Red Cross facilities
- 3.2.7.2 Provide emotional counseling and psychological first aid for the affected population and disaster workers
- 3.2.7.3 Establish and maintain public information, messaging and education for the affected population
- 3.2.7.4 Provide blood and blood products through Red Cross regional blood centers as needed and requested
- 3.2.7.5 Coordinate the provision of blood and blood products through the American Association of Blood Banks Disaster Task Force as requested

- 3.2.7.6 Coordinate with hospitals and coroners to provide appropriate casualty and/or patient information for purposes of family reunification; depending on the size and scope of the incident this would consist of the ARC Patient Connection system and/or the safe and well disaster welfare inquiry system associated with the mass care function; access to the Patient Connection system may be limited in some regions of the state
- 3.2.7.7 Coordinate with the affected jurisdiction for potential Multi-Agency Resource Center (MARC) operations

### **3.2.8 Illinois Department of Agriculture (IDOA)**

- 3.2.8.1 Assist with response to zoonotic diseases that have potential public health impacts, including epidemiological investigation of animal disease and issuance of animal quarantine
- 3.2.8.2 Assist IEMA in coordinating with USDA – Veterinary Services for the deployment of needed assets from the National Veterinary Stockpile
- 3.2.8.3 Coordinate communications between the response effort and agricultural partners when a public health incident involves agricultural species

### **3.2.9 Illinois Department of Central Management Services (CMS)**

- 3.2.9.1 Coordinate the purchase of, or contract for, the following goods and services.
- Commodities
  - Medical equipment/supplies and drugs
  - Office supplies
  - Telecommunication equipment
  - Computers and software
  - Vehicles and vehicle repair vendors
  - Other equipment and/or supplies needed to assist in emergency response
- 3.2.9.2 Coordinate the use of real property under its ownership or lease agreement and the acquisition of additional leased property, as necessary, including the use of excess state property and the disposal of state owned durable goods considered excess at the end of the emergency response and recovery efforts

- 3.2.9.3 Procure items not available through state sources from commercial vendors or suppliers
- 3.2.9.4 Provide trucks to help support distribution of the SNS
- 3.2.9.5 Assist with public and crisis information by:
  - a) Providing additional public information officers (PIOs)
  - b) Coordinating/supporting establishment and maintenance of Web pages to communicate disaster information
  - c) Establishment of phone banks for hotlines

### **3.2.10 Illinois Department of Children and Family Services (DCFS)**

- 3.2.10.1 Provide assistance to hospitals, hospital or regionally based alternative care sites, hospital or regionally based alternate treatment sites, and/or state temporary medical treatment stations with:
  - a) Securing placement for non-injured/ill children who have been unable to be reunited with their families;
  - b) Providing consent for treatment of youth in care in need of medical care;
  - c) Providing consent for patient transfer during the decompression process for youth in care; and
  - d) Verifying guardianship of unaccompanied minors who are in the DCFS database.

### **3.2.11 Illinois Department of Corrections (IDOC)**

- 3.2.11.1 Provide personnel, equipment, security, and transportation support to assist with the distribution of SNS, to include:
  - a) Transportation and security for distribution of the Illinois Pharmaceutical Stockpile
  - b) Management of eight regional distribution centers (RDCs)
- 3.2.11.2 Provide secondary support personnel and equipment to assist with the distribution of SNS as necessary, to include:
  - a) Security at receiving, staging, and shipping (RSS) facilities
  - b) Warehouse operators at the RSS facilities
  - c) Storage and/or transportation for emergency medications and medical supplies

### **3.2.12 Illinois Department of Financial and Professional Regulation (IDFPR)**

- 3.2.12.1 Upon gubernatorial disaster proclamation and in coordination with IEMA and IDPH, for any persons working under the direction of IEMA and IDPH:
- a) Suspend requirements for permanent or temporary Illinois licensure of persons who are licensed in another state
  - b) Modify the scope of practice restrictions under any licensing act administered by IDFPR, to include restrictions under the Pharmacy Practice Act

### **3.2.13 Illinois Department of Healthcare and Family Services (HFS)**

- 3.2.13.1 Coordinate the provision of durable medical equipment from network providers
- 3.2.13.2 Provide lists of individuals in the Medicaid program who have been issued durable medical equipment

### **3.2.14 Illinois Department of Human Services (IDHS)**

- 3.2.14.1 Coordinate evacuation of Substance Use Disorder (SUD) treatment facilities in the impacted areas
- a) Arranges for dispensing of methadone to clients in the disaster impacted areas when the normal dispensing facility has been destroyed or relocated due to the disaster
  - b) Coordinates the relocation of any impacted treatment facilities and treatment clients who cannot be relocated to general population community shelters
  - c) Arranges for staff from its network of providers to conduct SUD assessments of disaster victims, as needed, and provide referrals to treatment services, as indicated
  - d) Arranges for staff from its network of SUD prevention programs to provide SUD prevention services to disaster victims residing in shelters, camps, mobile home parks and other temporary locations
  - e) Coordinates access to SUD medications as needed
- 3.2.14.2 Assist with evacuation of IDHS mental and behavioral health treatment facilities in the impacted areas
- 3.2.14.3 Assist with relocation or shelter-in-place of any impacted IDHS mental or behavioral health treatment facility

- 3.2.14.4 Arrange for staff from network providers to conduct mental health assessments of affected individuals, and provide referrals to treatment services, as indicated
- 3.2.14.5 Provide functional needs support services to affected populations
- 3.2.14.6 Provide support with counseling to both affected populations and emergency workers
- 3.2.14.7 Assist with storage and maintenance of the Illinois Pharmaceutical Stockpile (IPS)
- 3.2.14.8 Assist with emergency pharmaceutical distribution and quality assurance
- 3.2.14.9 Provide personnel and equipment support to assist with the distribution of SNS, to include the repackaging of bulk pharmaceuticals
- 3.2.14.10 Provide secondary support personnel and equipment to assist with the distribution of SNS as necessary, to include inventory management and oversight of emergency medical supplies
- 3.2.14.11 Provide guidance and procedures for IDHS Bureau of Childcare and Development and IDCFS Division of Childcare Licensing to respond to a disaster that significantly affects a communities' childcare infrastructure

### **3.2.15 Illinois Department of Transportation (IDOT)**

- 3.2.15.1 Provide or coordinate transportation of key health care and emergency workers, medical equipment, medications, and medical supplies
- 3.2.15.2 Coordinate specialized transportation of blood, blood products, and tissue in support emergency operations
- 3.2.15.3 Provide personnel and transportation support to assist with SNS distribution

### **3.2.16 Illinois Department of Veteran's Affairs (IDVA)**

- 3.2.16.1 Assist in the coordination of assistance to veterans

- 3.2.16.2 Provide information on status and needs of veterans and veterans support agencies in the affected area

### **3.2.17 Illinois Department on Aging (IDoA)**

- 3.2.17.1 Coordinate and support the implementation of state and federal disaster assistance programs to meet the needs of elderly populations
- 3.2.17.2 Assist with providing Functional Needs Support Services (FNSS) to adult populations
- 3.2.17.3 Coordinate and manage contact with elderly populations and their caregivers in the community
- 3.2.17.4 Provide information on status and needs of elderly populations and their caregivers in the community

### **3.2.18 Illinois Emergency Management Agency (IEMA)**

- 3.2.18.1 Coordinate collection, receipt, compilation, and development of situational reports on damage impacts to services, facilities, sites, and programs at the federal, state, and local levels
- 3.2.18.2 Collect, analyze, de-conflict, and disseminate damage assessment information
- 3.2.18.3 Collaborate with IDPH on requests for medical resources
- 3.2.18.4 Collaborate with IDPH to coordinate the activation of medical mobile support teams
- 3.2.18.5 Request disaster declaration (state and federal) as indicated
- 3.2.18.6 Facilitate EMAC requests as indicated
- 3.2.18.7 Provide or supervise the conduct of radiation monitoring for personnel contamination, and make referrals when appropriate to medical facilities for further evaluation and treatment
- 3.2.18.8 Provide laboratory services to ensure the safety of food, dairy products, and drinking water supplies where radiological contamination may have occurred

- 3.2.18.9 Request waivers of professional medical licensure from IDPH, IDFPR, or other agencies as appropriate

### **3.2.19 Illinois Environmental Protection Agency (IEPA)**

- 3.2.19.1 Provide technical advice and sample analysis for public water supply systems
- 3.2.19.2 Provide air monitoring and wipe sampling for select hazardous materials inside buildings or structures when monitoring resources are not committed to other hazardous materials missions
- 3.2.19.3 Provide toxicological expertise and risk communication expertise in support of health risk communication about chemicals or other health risks
- 3.2.19.4 Provide technical advice to medical care providers on chemical decontamination of emergency responders or other exposed persons, and the disposal of contaminated wastes
- 3.2.19.5 Process expedited permits for waste disposal and/or open burning of debris in aid of vector control
- 3.2.19.6 In coordination with IDPH, will provide technical expertise on sanitation control for emergency bulk drinking water distribution
- 3.2.19.7 Provide sample collection and coordinate response requirements as appropriate for BioWatch program
- 3.2.19.8 Provide technical expertise on disposal of biomedical waste

### **3.2.20 Illinois National Guard (ILNG)**

- 3.2.20.1 Provide air monitoring for contaminants as requested
- 3.2.20.2 Provide personnel, equipment, security, and transportation support to assist with the distribution of SNS, to include warehouse operations
- 3.2.20.3 Provide secondary support personnel and equipment to assist with the distribution of SNS as necessary, to include:
  - a) Security at Receiving, Staging, and Storage (RSS) facilities
  - b) Transportation and security for distribution of the Illinois Pharmaceutical Stockpile

3.2.20.4 Provide basic medical triage and transport as requested

### **3.2.21 Illinois State Police (ISP)**

3.2.21.1 Provide vehicle escorts to expedite transportation of medical teams to and from disaster site and provide vehicle escorts for emergency medical assets

3.2.21.2 Provide assistance to local coroners in the identification of fatalities

3.2.21.3 Provide security, traffic and crowd control, and other functions of local and state law enforcement

3.2.21.4 Provide personnel, equipment, security and transportation support to assist with the distribution of SNS, to include:

- a) Transportation and security for distribution of the Illinois Pharmaceutical Stockpile
- b) Security at RSS facilities

3.2.21.5 Provide secondary support personnel and equipment to assist with the distribution of SNS as necessary, to include:

- a) Warehouse operators at the RSS facilities
- b) Storage and transportation for emergency medications and medical supplies

### **3.2.22 Illinois Medical Emergency Response Team (IMERT)**

IMERT is an organization of volunteers trained to provide interim medical care during emergencies. The primary mission is to assist in providing medical care when the local or regional health care infrastructure is overwhelmed or destroyed. IMERT is comprised of volunteers from every region of the state. These volunteers provide the state with a unique medical response capability with a vetted, credentialed, and trained team in support of ESF-8. IMERT is a designated Mission Support Team by IEMA. The deployment of IMERT is coordinated through IDPH and IEMA.

3.2.22.1 Medical Needs Assessment Team: Deployable teams are designed to provide a flexible and scalable medical response. The team can provide a minimum of four responders on scene within 24 hours. The purpose is to ascertain the scope of medical needs in collaboration with local authorities.

3.2.22.2 Primary Medical Response Team: Composed of 8-15 responders to take action within 24-48 hours, the purpose is to assist local medical

providers with initial medical stabilization and assist with the set-up of a temporary medical treatment station. This team can provide an equipment and supply package designed to supplement local and regional resources.

3.2.22.3 IMERT Task Force: Composed of 20-25 responders with arrival within 36-48 hours, the purpose is to assist local medical providers with extended medical care at a temporary medical treatment station. This team can provide an equipment and supply package to supplement local and regional resources.

3.2.22.4 Pediatric Care Medical Specialist (PCMS) Team: Comprised of pediatric, neonatal and obstetric experts, this team will primarily serve in a consultation role (remotely) when the Pediatric and Neonatal Surge Annex is activated or otherwise requested. The purpose of the team in this capacity is to: serve as subject matter experts to IDPH, provide guidance on triaging pediatric patients to tertiary care centers, provide medical consultation to those hospitals holding pediatric patients while waiting for transfer approval to tertiary care centers, and assist with system decompression of tertiary care centers during a multi-regional or statewide disaster. Members of this team also may deploy as part of the primary medical response team or task force to assist local health care providers with providing pediatric medical care.

### **3.2.23 Illinois Public Health Mutual Aid System (IPHMAS)**

IPHMAS is a statewide mutual aid and assistance system in which all IDPH certified LHDs are eligible to participate. This mutual aid agreement provides for the sharing of resources in the event of an all-hazards incident. Under terms of the agreement, aid and assistance will be rendered to a stricken area by LHDs that have signed on to the IPHMAS in terms of personnel, equipment, supplies and services. The resources will be provided at no cost to the area dealing with the emergency and each LHD will be responsible for maintaining its own liability insurance. All certified LHDs in Illinois have signed IPHMAS agreements.

### **3.2.24 Illinois Poison Center (IPC)**

The IPC is available for consultation for questions and recommendations for medications, drugs, chemicals, and other potentially hazardous substances 24 hours a day, 365 days a year. The IPC is staffed by specially trained nurses, pharmacists, physicians, and other paramedical professionals to assist with statewide emergencies. It has 24/7 back up with board certified emergency physicians who have subspecialty certification in medical toxicology.

If needed, upon notification and request of IDPH, IPC may stand up a disaster or medical information hotline for the general public and/or a reporting hotline for medical professionals, if the resources are available to do so.

If issues of antidote stocking or potential shortage occur, upon notification from the IDPH, IPC will work with the Illinois Council of Health Systems Pharmacists Association to request information on the number of:

- Medications either by specific region(s) or statewide located at hospitals.
- Pharmacists and/or pharmacy technicians available at hospitals.

### **3.2.25 Mutual Aid Box Alarm System (MABAS)**

MABAS is a consortium of municipalities, fire districts, and EMS providers who can provide emergency response assistance. MABAS can mobilize emergency response and EMS resources to any given location within the state through coordination with IEMA and IDPH/EMS. MABAS assets include fire engines, ladder trucks, heavy rescue squads, ambulances, emergency medical technicians (EMTs) and hazardous material teams.

### **3.2.26 Medical Examiners/Coroners**

Medical examiners/coroners have primary responsibility for emergency mortuary services. The medical examiner or coroner of the local area is in charge of the death scene and of establishing the emergency morgue.

### **3.2.27 Illinois Coroners and Medical Examiners Association (ICMEA)**

During a mass fatality event, ICMEA will work with IDPH to determine need for additional resources. They will coordinate with hospitals, funeral homes, and other statewide mortuary service providers to provide resources.

### **3.2.28 Disaster Mortuary Operational Response Team (DMORT)**

IEMA may request activation of a federal Disaster Mortuary Operational Response Team (DMORT) if additional resources are necessary. DMORT may provide assistance in victim identification, forensic and medical services, and mortuary services.

### **3.2.29 Great Lakes Healthcare Partnership (GLHP)**

The GLHP is a consortium of jurisdictions, including City of Chicago, Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin located within FEMA Region V focusing on interstate coordination for significant health/medical/trauma-related incidents. The GLHP can provide communication and resource assistance in the first 24-72 hours of a significant incident in the region when other resources are being activated through conventional and/or federal request channels.

### **3.2.30 Other Non-Governmental Organizations (NGO)**

Upon request, other non-governmental organizations (NGOs), such as the Salvation Army or faith-based organizations, may provide food, clothing, shelter, and other basic needs for survival during an emergency. Crisis counseling capability is sometimes available. NGOs may also serve as conduits of information to difficult-to-reach populations (the elderly, refugees etc.) and as trusted members of their community, may be able to more effectively disseminate culturally appropriate information.

## **4.0 Authority for Direction and Control**

### **4.1 Authority**

- 4.1.1 The overall authority for direction and control of the response to a public health emergency rests with the Governor. The Governor is assisted in the exercise of direction and control activities by his/her staff and in the coordination of activities by the IEMA. The SEOC is the strategic direction and control point for all state emergency response operations.
- 4.1.2 IDPH is the lead agency for public health and medical response operations. IDPH is responsible for coordinating regional, state, and federal health and medical disaster response resources and assets to support local operations such as the Illinois Medical Emergency Response Team (IMERT), the Strategic National Stockpile (SNS), temporary medical treatment stations (TMTS), etc. Additional resources may be available on the local and regional levels to assist (e.g. Regional Medical Emergency Response Team [RMERT]).
- 4.1.3 Requests for health and medical assistance during emergency events will be routed through IEMA and the SEOC. The request will then be directed by the SEOC manager to the IDPH SEOC liaison to fill. IDPH will determine the best resources from a health and medical standpoint to deploy.
- 4.1.4 The overall authority for direction and control of IDPH resources and licensees rests with the IDPH Director.
- 4.1.5 The overall authority for direction and control of non-IDPH health and medical resources is through the individual agency lead official; however, the IDPH Director is the coordinating authority for health and medical assets and resources to support local, regional, and state health and medical response operations.
- 4.1.6 The primary authority within each EMS region for coordinating EMS System licensed providers in response to an emergency medical incident(s) as a result of

a disaster or other large scale event rests with the EMS system(s) medical director(s) or their designee(s).

- 4.1.7 The RHCC and/or regional HCC shall have authority to coordinate supply/equipment caches and services (other than EMS licensed providers) as outlined in the IDPH approved regional disaster preparedness plan and within the scope of the IDPH HPP program.

## 4.2 Direction and Control Points

### 4.2.1 IDPH Incident Management Team (IMT)

The IDPH IMT is led by OPR and is staffed according to the incident command system (ICS) structure (Attachment 11). The IDPH IMT is composed of command and general staff members and support personnel qualified and prepared to respond formally to a variety of incidents with varying complexity. The IDPH IMT communicates with all required IDPH offices, LHDs, and RHCCs as well as the SEOC through the SEOC liaison. Depending on the level of activation, the IDPH IMT will communicate with the activated IDPH programs and other health and medical entities engaged in an emergency response in accordance with other applicable IDPH emergency response plans, policies, and procedures. Coordination with border states regarding the activation of resources, if needed, will occur through the IDPH IMT (Attachment 12).

- 4.2.2 The **Public Health Emergency Operations Center (PHEOC)** serves as the strategic coordination center for emergency health and medical response activities for IDPH.

- 4.2.3 The **IDPH Office of the Director** is the command and control element responsible for coordinating health and medical response for the state through IDPH offices and state, regional, and local partner agencies.

- 4.2.4 The **SEOC** serves as the strategic center for emergency events in the state. IDPH is the lead agency for health and medical response activities for the state in collaboration with IEMA. IDPH will collaborate with appropriate state response agencies regarding strategic decisions for health and medical response activities via coordination through IEMA.

- 4.2.5 **Regional Unified Area Command (UAC) Posts** serve as linkage centers between state strategic guidance and local tactical response. A regional UAC post provides liaison capabilities for multiple counties in a large scale emergency incident or event. Multiple regional UAC posts may be established; one for each region of response to coordinate state support to the counties in the region.

- 4.2.6 **Local Emergency Operations Centers (EOCs)** coordinate local response activities for a county or city. All key, critical local response agencies and elements should be present in the local EOC with response operations coordinated by the local emergency management agency (EMA) or local emergency services disaster agency (ESDA). Depending on the type of health and medical emergency event, local EOCs will follow their identified reporting structure based upon their local EOP. When local governments determine available resources are not adequate to respond to an emergency, they may request assistance through IEMA and the SEOC.
- 4.2.7 The **Local Health Department (LHD)**, as the public health and medical services response lead in its local jurisdiction, is responsible for coordinating response capabilities and resource requests that cannot be obtained locally or regionally for hospitals, EMS, LTC facilities, and other health and medical facilities.
- 4.2.8 The **Regional Hospital Coordinating Center (RHCC)** is responsible for coordinating the hospitals within its region during a disaster response and leads the regional HCC.
- 4.2.9 **Regional Healthcare Coalitions (HCCs)** serve as a collaborative network of health care organizations and their respective public and private sector response partners to assist with preparedness, response, recovery, and mitigation activities related to health care disaster operations in the region.
- 4.2.10 **Information Centers** – During large scale events or disasters, the issuance of news releases and the coordination of media calls regarding the state’s medical response operation will be the responsibility of the governor’s press office, coordinated through the SEOC. Based on determined need, a joint information center (JIC) may be established to coordinate media requests and information dissemination. As needed, IDPH will identify vulnerable populations that may require alternate methods or channels for information dissemination.

## 5.0 Communications Technology

Effective communication allows for an “accurate and common operating picture” of an incident to be created and shared by collating and gathering pertinent information to support decision-making (Attachment 13). Successful communication is reasonably ensured when systems are interoperable, reliable, scalable, portable, resilient, and redundant. A standardized message form is utilized for incident reporting (Attachment 14). A standardized resource request form is utilized for requesting medical resources (Attachment 15).

### 5.1 Notification

When a disaster or health emergency occurs, the IDPH Duty Officer will be notified by the IEMA Communication Center. The Duty Officer will contact the appropriate

personnel from the IDPH office most affected by the emergency. In the case of an incident or emergency event large in size, scale and scope, the Duty Officer will contact the Emergency Officer, who will have responsibility to contact the Office of the Director and other key senior IDPH staff.

Upon activation of the IDPH ESF-8 Plan, the IDPH IMT will communicate, preferably via SIREN, necessary information about the activation with affected entities and those entities that may be called upon to assist during the incident.

All affected entities, as well as those that may be called upon to assist during the incident, must have the ability to communicate pertinent information internally and externally from their facility. Information should be shared in the preferred and most expected method (i.e., SIREN). However, depending on the type of incident, the typical alert and messaging systems may not be available and alternate methods will be utilized to communicate. Some of the possible established methods for communication include:

- Telephone (landline)
- Telephone (cellular)
- Facsimile (fax)
- Electronic mail (e-mail)
- State of Illinois Rapid Electronic Notification (SIREN)
- Radio systems (Starcom, IREACH, MERCI, HAM/Amateur)
- Hospital bypass system/ EMResource
- WebEOC
- EMTrack
- Illinois Helps volunteer management system

In addition, Illinois has developed a Statewide Communications Interoperability Plan (SCIP) that identifies a strategy for use of interoperable communications by public safety agencies and non-government/private organizations.

## 5.2 Electronic Mail

### 5.2.1 Illinois Department of Public Health

IDPH currently utilizes Microsoft Outlook (e-mail) and Outlook/OWA (Outlook Web Access) ([webmail.illinois.gov](http://webmail.illinois.gov)) for normal day-to-day communication.

### 5.2.2 Health and Medical Partner Agencies

IDPH communicates with health and medical partners on a regular basis utilizing electronic mail (e-mail); however, e-mail may be limited during a health and medical emergency event dependent on the size and scale of the event.

### **5.3 Health Alert Network/State of Illinois Rapid Electronic Notification (SIREN)**

5.3.1 Utilized to provide alert messages during normal day-to-day events; also can be utilized to provide health and medical information and updates during health and medical emergency events.

5.3.2 Health Alert Network (HAN) information groups have been developed for the following agencies and disciplines for information dissemination:

- IDPH
- LHDs
- RHCCs
- Hospitals and hospital laboratories
- EMS systems
- Long-term care facilities
- Rural health centers
- Medical response teams
- State response agencies
- Blood banks
- Public Information Officers

5.3.3 HAN messages can be sent to a particular group, any combination of groups or all groups dependent upon the message being sent.

### **5.4 Starcom 21 Interoperable Communication Platform**

The Starcom 21 Statewide Trunk P-25 Phase 1 Trunked Network has been adopted as the primary state wireless communications network and by all state agencies and health community partners. Many county and local agencies have also adopted the use of Starcom. During any event the necessary radio nets will be initiated in order to support voice communications needs for the healthcare community to provide notification and coordinate emergency response efforts. IDPH has developed a talk group configuration to allow for health community partners to communicate during all levels of incidents. Talk groups have been developed for the following entities:

- LHDs
- RHCCs and local hospitals
- IMERT
- Local blood services and ARC Disaster and Recovery Operation Group

### **5.5 Hospital Bypass/State Disaster Reporting System**

The Hospital Bypass System (EMResource) is an internet-based system that hospitals use to communicate bypass status, counts for required and available bed types, and other critical resources during a disaster and on a routine basis. During an event that may

cause disruption of the internet, the required bed count information would be sent to the PHEOC utilizing Starcom radio or other means as indicated by IDPH (Attachment 16).

## **5.6 WebEOC**

WebEOC is an internet-based program that is designed to assist with operations during an emergency response. It provides Incident Command System (ICS) position-specific activity logging and significant event tracking for a real-time common operating picture of the lifecycle of an incident. WebEOC can be used during the planning, mitigation, response, and recovery phases of any emergency. When the SEOC is activated, the IDPH SEOC liaison may utilize WebEOC for communication with the IDPH IMT, other IDPH offices, LHDs, and HCCs as available.

## **5.7 Comprehensive Emergency Management Program (CEMP)**

CEMP is an internet-based information sharing platform utilized for document storage. Emergency plans and contact information are stored and shared among IDPH, LHDs, and hospitals.

## **5.8 EMTrack**

EMTrack is an internet-based, multi-functional information system used to track patients, clients, and event participants and their property throughout any situation and scale, from natural and human-caused disasters to large planned events. The system provides a common operating picture to multiple jurisdictions and disciplines via interoperable communications, alerting, and situational awareness tools within a secure environment.

## **5.9 Illinois HELPS**

Illinois HELPS, an Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), is an internet-based system designed for the advanced registration of volunteers who may provide health services during a public health emergency. The Illinois HELPS system can verify the identity, credentials, certifications, licenses, and hospital privileges of registered volunteer health professionals prior to deployment.

## **5.10 Illinois Radio Emergency Assistance Channel (IREACH)**

5.10.1 IREACH is a governmental interagency mutual aid channel used by the following classes of response agencies:

- Law enforcement
- Fire
- EMS
- Highway maintenance
- Public works
- Conservation and forestry
- Emergency management agencies and emergency services disaster agencies
- Other designated public safety agencies

5.10.2 IREACH can be used by any public safety entity once it obtains approval by the State Interoperability Executive Committee (SIEC) and receives a valid Federal Communications Commission (FCC) license for operation.

5.10.3 Most LHDs have VHF portable radios capable of accessing IREACH.

## **5.11 Medical Emergency Radio Communications of Illinois (MERC I)**

5.11.1 Medical Emergency Radio Communications of Illinois (MERC I) is a network of frequencies established to allow traffic for mobile-to-mobile, mobile-to-hospital, and hospital-to-hospital channels designated by IDPH.

5.11.2 MERC I allows ambulances throughout the state to communicate with hospital emergency departments and facilitates communications between hospitals on a point-to-point basis.

## **5.12 HAM or Satellite radio**

In the event Starcom radios or MERC I are inoperable, HAM or satellite radios may be used by LHDs, hospitals, or other emergency response agencies as a communication network for emergency purposes. Operations are voluntary and IDPH does not take an active role in coordination of these radios or networks. IEMA, through the Radio Amateur Civil Emergency Services (RACES) network group, provides the direction and support for these networks.

## **5.13 Public and Crisis Information (Risk Communication)**

### **5.13.1 Telephone Lines**

Phone banks for disaster hotlines will be established by CMS including availability of Telecommunications Device for the Deaf/Text Telephone Yoke (TDD/TTY) lines. A mechanism will be created to track call types for rumor control purposes.

If needed, upon notification and request of IDPH, the Illinois Poison Center may stand up a disaster or medical information hotline for the general public and/or a reporting hotline for medical professionals if the resources are available to do so. Provisions will be made to ensure that the hotline can accommodate members of the public who need to reach the hotline in a non-English language.

### **5.13.2 Internet**

IDPH will coordinate with the Department of Innovation and Technology (DoIT), as necessary, to update the IDPH website with emergency information.

### 5.13.3 Media

In collaboration with the IDPH Director, the Office of the Governor, CDC, IEMA PIO, and other state agency PIOs, the IDPH PIOs will create and disseminate information regarding the situation; major actions being taken; and information about disease, public guidance and resources. Rumor control (i.e., dispelling misinformation) will be a primary concern, and it will be imperative to issue information updates immediately and to correct errors and misconceptions. IDPH PIOs will monitor information requested from the media and public. IDPH PIOs will ensure that information meets standards of cultural competency, including language translation, if needed.

#### 5.13.3.1 Joint Information Center (JIC)

The JIC is a central location that supports operations. The JIC enhances information coordination, reduces misinformation, and maximizes resources by collocating PIOs as much as possible. The JIC is where personnel with public information responsibilities perform critical emergency information, crisis communication, and public affairs functions.

In most instances, the JIC is established at the SEOC, which provides all equipment resources. Additionally, based on the scope and magnitude of an event, additional PIOs may be activated from State PIOs located in Springfield, Chicago, and/or the ILNG Public Affairs Officers (PAOs) to help support a JIC operation, either at the SEOC or in the field. State PIOs include those from other state agencies – Illinois State Police, Department of Financial and Professional Regulation, Department of Agriculture, Department of Corrections, Illinois Environmental Protection Agency, etc. The IDPH Public Information and Crisis and Emergency Risk Communication Plan includes procedures for message development and media notification.

5.13.3.2 IDPH PIOs communicate with public health PIOs across the state through the IDPH PIO Workgroup structure. All certified LHDs in Illinois are encouraged to participate in the IDPH PIO Workgroup. The workgroup is designed to consist of PIOs from all certified LHDs and IDPH. LHDs will be divided into seven regions, with a lead (co-lead) representative for each region. Each region is encouraged to invite hospital PIOs to be part of the group, as well as any other partners with whom the group believes it will be beneficial to coordinate messaging and planning efforts.

5.13.3.3 Illinois Information Service (IIS) is a state service for distributing press releases to media serving Illinois. IIS maintains lists of all TV, radio,

daily newspapers, weekly newspapers, and ethnic media by county. If unable to send out a press release through IIS in a timely manner, the press release can be sent out directly from the PIO station in the SEOC. The PIO station in the SEOC has an email list for statewide daily newspapers, radio stations, and TV stations.

## 6.0 Recovery

The IDPH Incident Commander (IC) shall determine when deactivation of the ESF-8 plan, or portions thereof, is appropriate. The IC will also determine when the incident command structure shall be deactivated. Deactivation will be based upon the ability to fulfill the remaining needs of an incident with normal IDPH functions or after other alternatives have been established. The goal of recovery is to return to normal operations.

### 6.1 Demobilization

The need and process for demobilizing response efforts and returning IDPH functions to normal daily operations will be determined by the IC, in consultation with the Director and other IDPH senior staff.

The IC will designate appropriate staff to perform the following tasks in the demobilization efforts:

- a) Inform IDPH staff, news media, and the public the emergency or threat no longer exists
- b) Inform IDPH staff and partners on the process for returning to normal operations.
- c) Supervise the demobilization efforts
- d) Ensure all systems and communications are operational and available to support normal operations
- e) Ensure basic human needs (e.g., potable water and portable toilets), if provided during the response, are last to demobilize so needs of the affected population and responders are met
- f) Ensure records, reports, and data from the incident are received by the Planning Section to share with appropriate agencies for review and improvement planning
- g) Conduct follow-up with health agency partners to ensure ongoing needs are met and for post-incident/recovery planning

### 6.2 Debriefing

Post-incident debriefings will occur after an incident. The coordination and facilitation of the debriefing and the development of the After Action Report and Improvement Plan (AAR/IP) will be a shared responsibility between the impacted IDPH programs and OPR.

## 7.0 Plan Development and Maintenance

The IDPH ESF-8 Plan and its annexes will be reviewed every two years and as needed. OPR will be responsible for updates to the IDPH ESF-8 Plan and for statewide dissemination and distribution of the document. IDPH offices, divisions, and sections will be responsible for regular review of their specific response roles, capabilities, and responsibilities.

## 8.0 Authorities and References

### 8.1 Authorities

- 8.1.1 Illinois Compiled Statutes, 20 ILCS 3305, IEMA Act, as amended
- 8.1.2 Illinois Compiled Statutes, 20 ILCS 2305, Department of Public Health Act, as amended
- 8.1.3 Illinois Compiled Statutes, 20 ILCS 2305/2, Isolation and Quarantine
- 8.1.4 Illinois Compiled Statutes, 20 ILCS 2310, Department of Public Health Power and Duties Law, as amended
- 8.1.5 Illinois Compiled Statutes 210 ILCS 50, Emergency Medical Services (EMS) Systems Act, as amended
- 8.1.6 Illinois Compiled Statutes 210 ILCS 85, Hospital Licensing Act, as amended
- 8.1.7 Illinois Compiled Statutes, 210 ILCS 45, Nursing Home Care Act, as amended
- 8.1.8 Illinois Compiled Statutes 225 ILCS 225, Private Sewage Disposal Licensing Act, as amended
- 8.1.9 Illinois Compiled Statutes 225 ILCS 235, Structural Pest Control Act, as amended
- 8.1.10 Illinois Compiled Statutes 410 ILCS 95, Vector Control Act, as amended
- 8.1.11 Illinois Compiled Statutes 410 ILCS 625, Food Handling Regulation Enforcement Act, as amended
- 8.1.12 Illinois Compiled Statutes 410 ILCS 635, Illinois Grade A Pasteurized Milk and Milk Products Act, as amended
- 8.1.13 Illinois Compiled Statutes 410 ILCS 650, Sanitary Food Preparation Act, as amended

- 8.1.14 Illinois Compiled Statutes 410 ILCS 655, Safe Bottled Water Act, as amended
- 8.1.15 Illinois Compiled Statutes 415 ILCS 30, Illinois Water Well Code, as amended
- 8.1.16 Illinois Compiled Statutes 415 ILCS 55, Illinois Groundwater Protection Act, as amended
- 8.1.17 Illinois Compiled Statutes 415 ILCS 75, Environmental Toxicology Act, as amended
- 8.1.18 Illinois Administrative Code, 77 Ill. Admin. Code 515, Emergency Medical Services and Trauma Center Code, as amended
- 8.1.19 Illinois Administrative Code, 77 Ill. Admin. Code, 690, Control of Communicable Diseases Code, as amended
- 8.1.20 Illinois Administrative Code, 77 Ill. Admin. Code 750, Food Service Sanitation Code, as amended
- 8.1.21 Illinois Administrative Code, 77 Ill. Admin. Code 760, Retail Food Store Sanitation Code, as amended
- 8.1.22 Illinois Administrative Code, 77 Ill. Admin. Code 925, Illinois Water Well Pump Installation Code, as amended
- 8.1.23 United States Code, 36 USC §§300101-300111, re-codified 2007, Congressional Charter of the American National Red Cross

## **8.2 References**

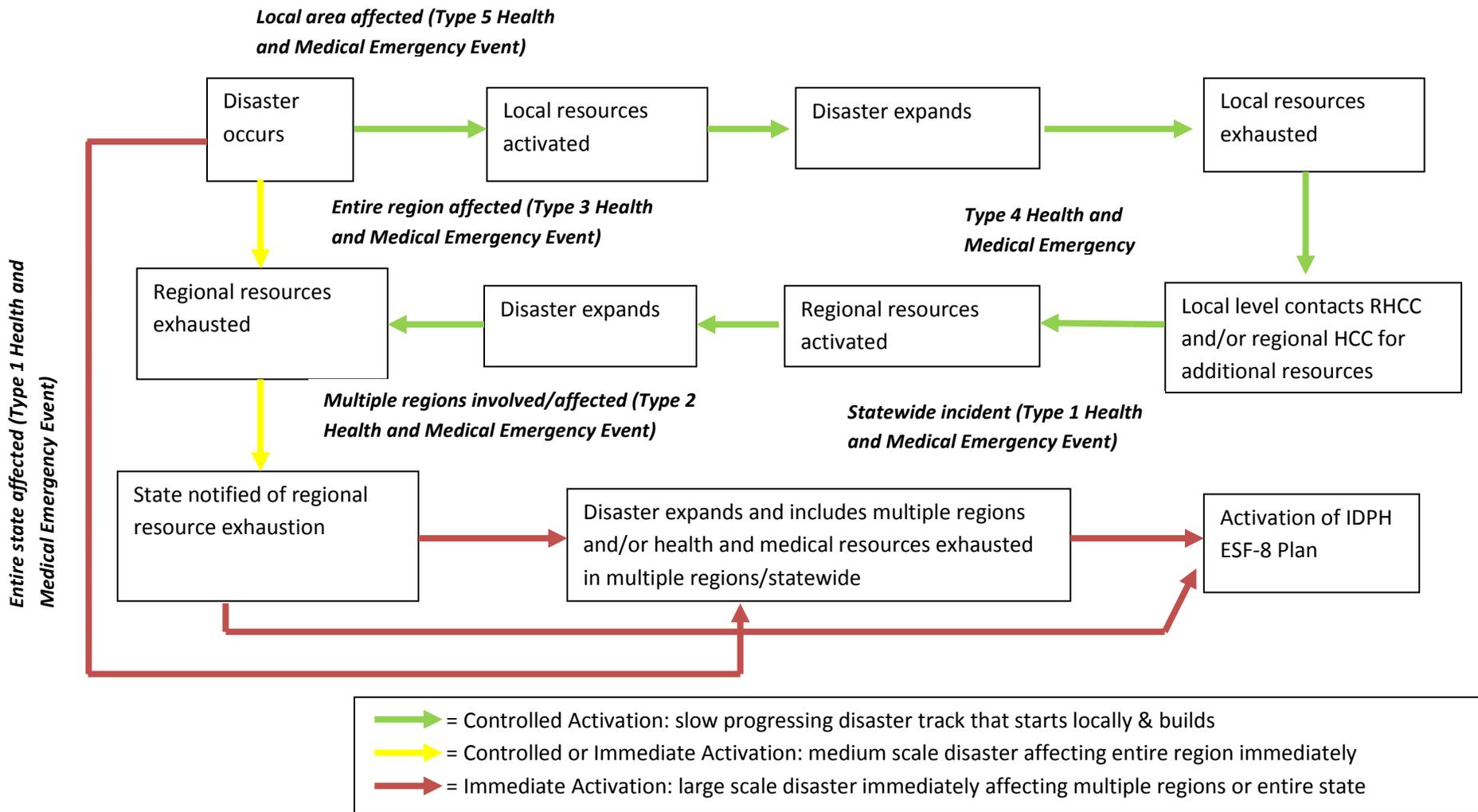
- 8.2.1 National Response Framework (NRF)
- 8.2.2 National Incident Management System (NIMS)
- 8.2.3 Illinois Emergency Operations Plan (IEMA)
- 8.2.4 Illinois Plan for Radiological Accidents (IPRA), Vol. 1, Concept of Operations
- 8.2.5 Illinois Statewide Child Care Emergency Preparedness and Response Plan (IDHS)
- 8.2.6 Great Lakes Healthcare Partnership Communication Plan (GLHP)
- 8.2.7 Illinois Strategic National Stockpile Plan, as amended

## Attachments

1. Activation Pathway for the IDPH ESF-8 Plan
2. IDPH IMT Activation Levels
3. Regional Maps
  - IDPH Regional Offices and Boundaries map
  - IDPH Public Health and Medical Services Response Regions and EMS Regions map
  - IEMA Regions map
4. IDPH Overall Operations Matrix
5. Office of the Director Emergency Response Matrix
6. Office of Preparedness and Response Emergency Response Matrix
7. Illinois Health Care Coalition Directory
8. Hospital Disaster Resource Request Flowchart
9. Hospital Medical Supply Bag Inventory
10. Local Health Department Disaster Resource Request Flowchart
11. OPR Incident Management Team (IMT)
12. Border State Communication Processes
13. Communication Pathway
14. Medical Incident Report Form
15. Resource/Task Request Form
16. Hospital Bypass System/Mass Casualty Incident Inventory Items
17. Hospital Classification Levels
18. Ambulance Classification Levels
19. Long-Term Care Facility Classification Levels
20. Medical Surge Care Sites
21. Acronyms

Attachment 1

### Activation Pathway

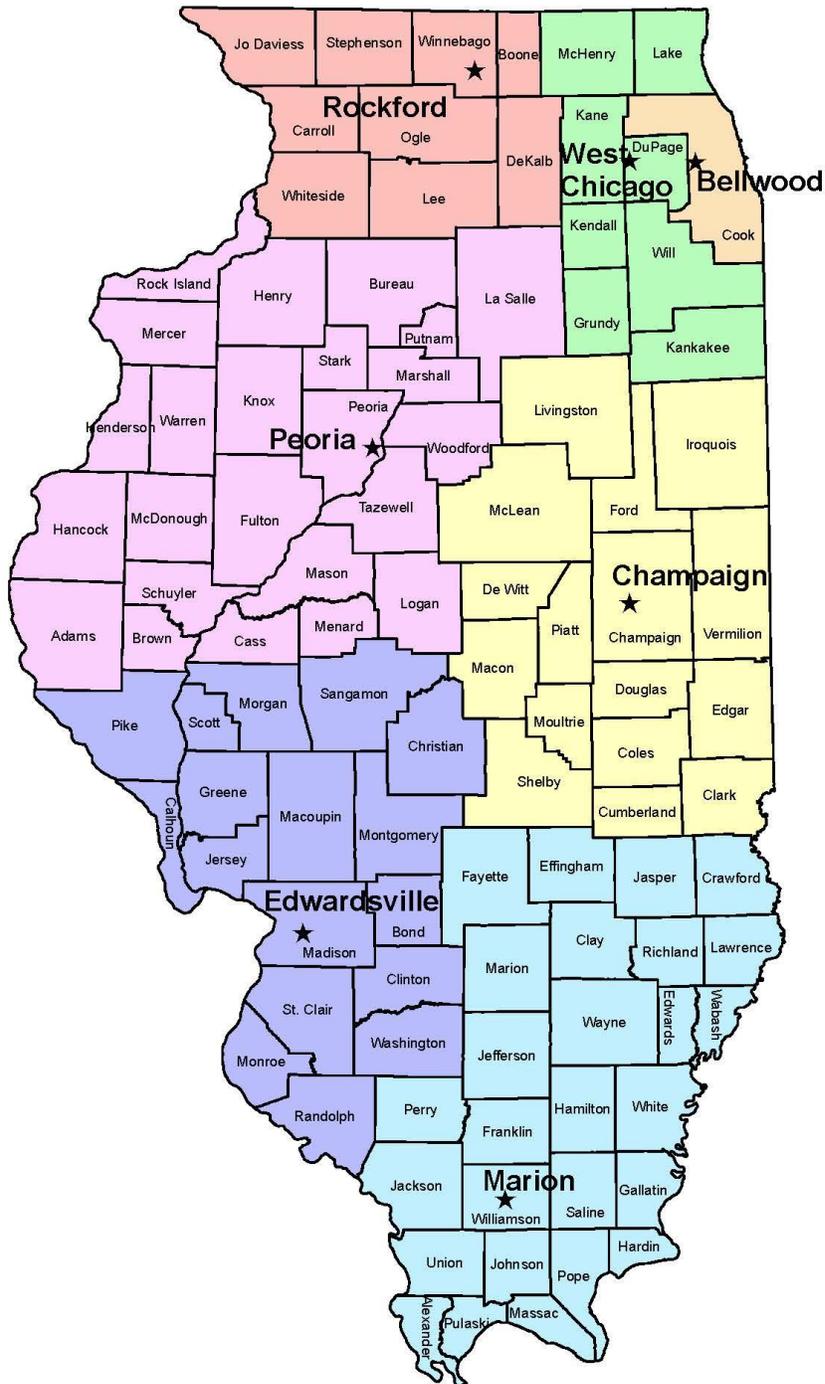


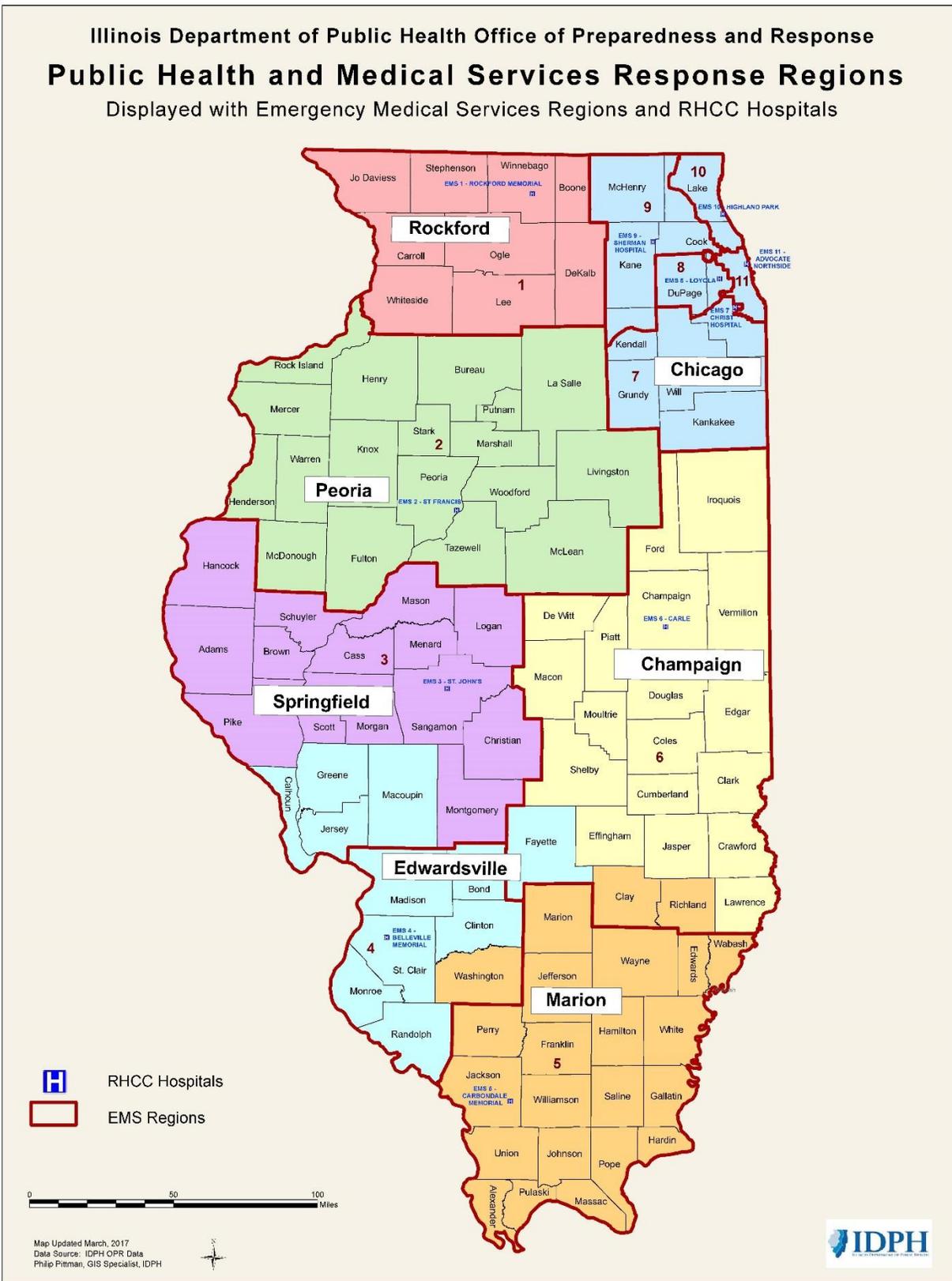
Attachment 2

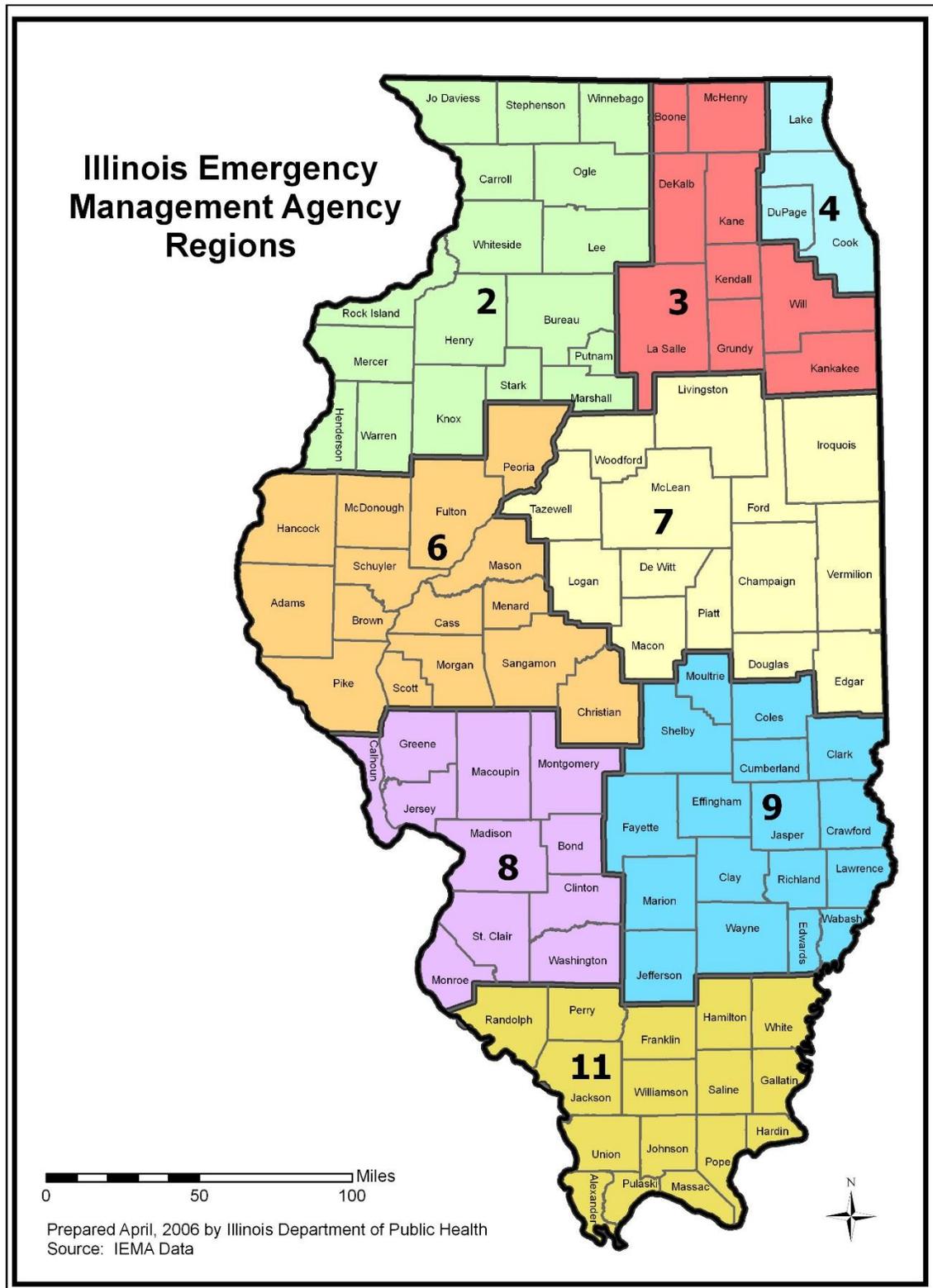
		<h2 style="text-align: center;">Incident Management Team Activation Levels</h2>	
<b>5</b>	Normal Operations	Routine Program management and involvement; single IDPH program investigation; single LHD or hospital involvement; No IMT activation	<b>Routine Business</b> Traffic incident involving food products; local hazmat incident; single disease case
<b>4</b>	Monitoring / Limited Response	Potential for health and medical impact; one or more IDPH divisions/sections involved; single LHD or hospital; IMT activation optional; may use virtual activation through WebEOC for information/document sharing; possible reduction in programmatic functions	<b>Minor Event</b> Small infectious disease outbreak
<b>3</b>	Partial Activation	Potential for significant health and medical impact; multiple IDPH office involvement; multiple LHDs, hospitals or regional HCCs; IMT activation optional with staffing scalable (may use virtual IMT activation through WebEOC); likely reduction in programmatic functions; possible partial SEOC activation	<b>Significant Event</b> Large infectious disease outbreak; flood response
<b>2</b>	Expanded Activation	Definite health and medical impact; all IDPH response offices involved; multiple LHDs, hospitals and/or regional HCCs involved; IMT activation with scalable staffing (may use virtual activation through WebEOC); agency direction set forth by the Director’s Office; reduced programmatic functions with program priorities set by deputy directors; SEOC activation; possible state disaster declaration	<b>Major Event</b> Large statewide outbreak response with activation of SNS
<b>1</b>	Full Activation	Widespread or catastrophic health and medical impact; all IDPH offices involved or impacted; statewide involvement; full IMT activation; agency direction set forth by Director’s Office; program priorities set by deputy directors; SEOC activation; state disaster declaration	<b>Catastrophic Event</b> Earthquake, pandemic or terrorism (national implications)

Attachment 3  
Regional Maps

Illinois Department of Public Health Regional Offices and Boundaries







Attachment 4

**IDPH Overall Operational Matrix**

IDPH Overall Operational Matrix					
Emergency Management Level	Type 5:	Type 4:	Type 3:	Type 2:	Type 1:
<b>Operational Elements</b>	No emergency response activities. Situational awareness is being maintained by routine monitoring.	<b>Resources:</b> Command and general staff functions activated only if needed. Resources vary from single to several resources (e.g., strike teams).	<b>Resources:</b> Multiple command and general staff positions may be activated, as well as division or group supervisor and/or unit leader level positions. <b>Time Span:</b> The incident may extend into multiple operational periods.	<b>Resources:</b> Regional, state and/or federal resources required to safely and effectively manage the operations. Many command and general staff positions are filled. <b>Time Span:</b> Incident has multiple operational periods. Written IAP is required for each operational period.	<b>Resources:</b> Federal resources required to safely and effectively manage operations. All command and general staff positions activated. <b>Time Span:</b> Incident has multiple operational periods. Written IAP required for each operational period.
<b>Level of Public Health Emergency/ IDPH Involvement</b>	Routine Program Management and Involvement; single IDPH program Investigation	One or more IDPH divisions and/or sections involved	Multiple IDPH office and division involvement; Most or all of an IDPH region Involved	Multiple office and division involvement; Multiple IDPH regions involved	Catastrophic impact on public health system; All IDPH offices involved or impacted
<b>Example</b>	Traffic incident involving food products; local hazardous materials incident	Small infectious disease outbreak	Large infectious disease outbreak; flood response	Large statewide outbreak response with activation of the Strategic National Stockpile	Earthquake, pandemic or terrorism (national implications)
<b>Local Public Health and Healthcare System Involvement</b>	Single local health department and/or hospital	Single local health department, hospital and/or regional HCC	Multiple local health departments, hospitals, or regional HCCs	Multiple local health departments, hospitals, and/or regional HCCs	Multiple local health departments, hospitals, and regional HCCs
<b>Regional UAC Activation</b>	No	No	Possible (IEMA activates UAC); staffing arranged through OPR	Possible (IEMA activates UAC); staffing arranged through OPR	Possible (IEMA activates UAC); staffing arranged through OPR

Attachment 4

Emergency Management Level	Type 5:	Type 4:	Type 3:	Type 2:	Type 1:
<b>Coordination with Local Public Health</b>	Program staff	Program staff	Program staff (Reporting through ICS Structure)	IDPH IMT; may include regional assessment staff.	IDPH IMT; may include regional assessment staff.
<b>ICS Implemented (Program or Department Level)</b>	No	Optional / (division/office/ department lead, as directed by deputy director)	Optional (division/office/ department lead, as directed by deputy director)	Yes; IMT activated (OPR lead)	Yes; IMT activated (OPR lead)
<b>Incident Action Plan (IAP) Developed</b>	No	No / If ICS implemented, IAP and AAR needed	Yes (through planning chief)	Yes (through planning chief)	Yes (through planning chief)
<b>Briefings</b>	No	No / If ICS implemented, operational briefing should include duty officer, ERCs and RHOs	Operational briefing should include duty officer, ERCs and RHOs	Operational briefing should include duty officer, ERCs and RHOs	Operational briefing should include duty officer, ERCs and RHOs
<b>WebEOC incident created</b>	No	Optional	Yes	Yes	Yes
<b>IMT Activation</b>	No	Optional; WebEOC can be used as a virtual activation	Optional; IMT staffing is scalable; physical location determined by IC; WebEOC can be used as a virtual activation	Yes; IMT staffing is scalable; physical location (DNR) determined by IC; WebEOC can be used as virtual activation	Yes; full IMT staffing; physical location (DNR) determined by IC
<b>Reduce Programmatic Functions to fill ICS</b>	No	Possible; program staff support incident; priorities set by division chief	Likely; program staff support incident; priorities set by division chief	Yes; program priorities set by deputy directors	Yes; program priorities set by deputy directors
<b>AAR Developed?</b>	No	No / if ICS implemented, IAP and AAR needed	Yes (With OPR guidance)	Yes (OPR lead)	Yes (OPR lead)

Attachment 5

**Office of the Director – Emergency Response Matrix**

The Office of the Director response roles are delineated in the matrix below and in the overall Operational Response matrix for this document.		
Office of the Director Response Matrix		
Type	Overarching Responsibility	Type Responsibility
Type 5	No emergency response activities. Situational awareness is being maintained by routine monitoring.	<ul style="list-style-type: none"> <li>• Routine program investigation</li> <li>• Single IDPH program</li> <li>• Single LHD or hospital</li> </ul>
Type 4	<p>The IDPH director, appropriate IDPH deputy director of the program involved with the event, or IDPH emergency officer, in consultation with the OPR deputy director, may re-classify the public health and medical event based on the facts gathered during the response or judgment of the public health and medical impact.</p> <p>Impacted IDPH programs will provide the IDPH emergency officer and/or on-call duty officer with periodic event updates and upon request from the emergency officer and/or on-call duty officer. The IDPH emergency officer and/or on-call duty officer will be responsible for ensuring all departmental pertinent event information is shared with appropriate IDPH senior staff.</p>	<p><b>Meets one or more of the following criteria:</b></p> <ul style="list-style-type: none"> <li>• One or more IDPH division/section program response</li> <li>• Potential for health and medical impact</li> <li>• Single local health department or hospital involvement</li> </ul>
Type 3	<p>The IDPH director, appropriate IDPH deputy director of the program involved with the event, or IDPH emergency officer, in consultation with the OPR deputy director, may re-classify the event based on the facts gathered during the response or judgment of the public health and medical impact.</p> <p>The IDPH PIOs, in collaboration with appropriate IDPH program leads, will post news releases and public information fact sheets for the incident, as needed, on the IDPH website.</p> <p>Impacted IDPH programs will provide the IDPH emergency officer and/or on-call duty officer with periodic event updates and upon request. The IDPH emergency officer and/or on-call duty officer will be responsible for ensuring all pertinent event information is shared with appropriate IDPH senior staff.</p> <p>A post-event review will be conducted and AAR completed by OPR upon the completion of the event to critique the internal and external communication and coordination protocols utilized. Procedures utilized during the response will be reviewed. IDPH staff directly involved with the incident will be asked to participate in the post-event review. OPR, led by the emergency officer, will be responsible for providing an overview of the actions taken by other state agencies. Pertinent event information obtained during the post-event review will be incorporated into the AAR, including the improvement plan, to be submitted to the Office of the Director.</p>	<p><b>Meets one or more of the following criteria:</b></p> <ul style="list-style-type: none"> <li>• Most IDPH response offices involved</li> <li>• Potential for significant health and medical impact</li> <li>• Multiple LHDs, hospitals or regional HCCs involved</li> <li>• Possible PHEOC activation</li> <li>• Possible partial activation of SEOC</li> </ul>

Attachment 5

<p>Type 2</p>	<p>The IDPH director will request all IDPH deputy directors to reduce programmatic functions and designate available staff to assist with emergency response operations. The support office’s deputy directors will be asked to provide staff to assist response offices’ operations.</p> <p>The IDPH PIOs, in collaboration with appropriate IDPH program leads, will post news releases and public information fact sheets for the incident, as needed, on the IDPH website.</p> <p>A post-event review will be conducted and AAR completed by OPR upon the completion of the event to critique the internal and external communication and coordination protocols utilized. Procedures utilized during the response will be reviewed. IDPH staff directly involved with the incident will be asked to participate in the post-event review. OPR, led by the emergency officer, will be responsible for providing an overview of the actions taken by other state agencies. Pertinent event information obtained during the post-event review will be incorporated into the AAR, including the improvement plan, to be submitted to the Office of the Director.</p> <p>For Type 2 Health and Medical Emergency Event each IDPH office will be designated either as a response office or a support office.</p>	<p><b>Meets one or more of the following criteria:</b></p> <ul style="list-style-type: none"> <li>• Definite health and medical impact</li> <li>• all IDPH response offices involved</li> <li>• Multiple LHDs, hospitals, or regional HCCs involved</li> <li>• Possible state disaster declaration</li> <li>• SEOC activation</li> <li>• PHEOC activation</li> </ul>
<p>Type 1</p>	<p>For Type 1 Health and Medical Emergency Event each IDPH office will be designated either as a response office or a support office.</p> <p>During a Type 1 Health and Medical Emergency Event, all impacted IDPH programs will implement their division or section plan of response, including internal and external communications, for its respective emergency category. The internal division or section response plan will include incident communication with regional staff and affected local health departments, if applicable.</p>	<p><b>All IDPH offices involved and/or impacted</b></p> <ul style="list-style-type: none"> <li>• Widespread health and medical impact</li> <li>• Statewide involvement</li> <li>• State disaster declaration</li> <li>• SEOC activation</li> <li>• PHEOC activation</li> </ul>

Attachment 6

**Office of Preparedness and Response – Emergency Response Matrix**

**OPR response roles are delineated in the OPR response matrix below and in the overall Operational Response matrix for this document.**

**OPR: Health and Medical Emergency Response**

Type	Overarching Responsibility	Type Responsibility
Type 5	No emergency response activities. Situational awareness is being maintained by routine monitoring.	<ul style="list-style-type: none"> <li>• Routine program investigation</li> <li>• Single IDPH program</li> <li>• Single LHD or hospital involvement</li> </ul>
Type 4	<p>Impacted IDPH programs will provide technical assistance to affected LHD, communicating with regional staff and affected LHD, if applicable.</p> <p>A WebEOC incident may be created for the emergency event to be utilized for event internal communication and documentation.</p> <p>Impacted IDPH programs will provide the IDPH emergency officer and/or on-call duty officer with periodic event updates and upon request. The IDPH emergency officer and/or on-call duty officer will be responsible for ensuring all pertinent event information is shared with appropriate IDPH senior staff.</p> <p>The IDPH director, appropriate IDPH deputy director of the program involved with the event, or IDPH emergency officer, in consultation with the OPR deputy director, may re-classify the public health and medical event based on review of the impact of the event.</p>	<p><b>Meets one or more of the following criteria:</b></p> <ul style="list-style-type: none"> <li>• One or more IDPH division/section program response</li> <li>• Potential for health and medical impact</li> <li>• Single local health department or hospital involvement</li> </ul>
Type 3	<p>During a Type 3 Health and Medical Emergency Event all impacted IDPH programs will implement their division or section plan of response, including internal and external communications, for the respective emergency category. The internal division or section response plan will include incident communication with regional staff and affected LHDs.</p> <p>OPR, led by the IDPH emergency officer, will coordinate the Department’s response to the event. A WebEOC incident may be created for the emergency event to be utilized for event communication and documentation.</p> <p>Impacted IDPH programs will provide the IDPH emergency officer and/or on-call duty officer with periodic event updates and upon request. The IDPH emergency officer and/or on-call duty officer</p>	<p><b>Meets one or more of the following criteria:</b></p> <ul style="list-style-type: none"> <li>• Most IDPH response offices involved</li> <li>• Potential for significant health and medical impact</li> <li>• Multiple LHDs, hospitals or regional HCCs involved</li> <li>• Possible PHEOC activation</li> </ul> <p>Possible partial activation of SEOC</p>

Attachment 6

<p>Type 3 cont.</p>	<p>will be responsible for ensuring all departmental pertinent event information is shared with appropriate IDPH senior staff.</p> <p>IDPH office deputy directors or their designees will be responsible for ensuring event information is provided to all appropriate staff in their office, divisions and sections.</p> <p>Emergency response coordinators (ERCs) from the Division of Disaster Planning and Readiness and regional coordinators from the Division of EMS (REMSCs) for the impacted region will be responsible for coordinating multi-divisional field activities with appropriate IDPH preparedness and program staff from response offices, including the availability of regional personnel.</p> <p>The IDPH emergency officer, with the assistance of the IDPH SEOC liaisons, will be responsible for contacting and coordinating communications with IEMA and state agencies involved with event response efforts through the SEOC, including requests for state assistance from IDPH.</p> <p>Communications with impacted LHDs will be coordinated through OPR, ensuring technical assistance from appropriate IDPH programs is provided.</p> <p>The IDPH PIOs, in collaboration with appropriate IDPH program leads, will post news releases and public information fact sheets for the incident, as needed, on the IDPH website and IDPH social media sites.</p> <p>The IDPH director, appropriate IDPH deputy director of the program involved with the event, or IDPH emergency officer, in consultation with the OPR deputy director, may re-classify the public health and medical event based on the facts gathered during the response or judgment of the public health and medical impact.</p> <p>A post-event review may be conducted and an AAR completed by OPR upon the completion of the event to critique the internal and external communication and coordination protocols utilized. Procedures utilized during the response will be reviewed. IDPH staff directly involved with the incident will be asked to participate in the post-event review. OPR, led by the emergency officer, will be responsible for providing an overview of the actions taken by other state agencies. Pertinent event information obtained during the post-event review will be incorporated into the AAR, including the improvement plan, to be submitted to the Office of the Director.</p>	<p><b>Meets one or more of the following criteria:</b></p> <ul style="list-style-type: none"> <li>• Most IDPH response offices involved</li> <li>• Potential for significant health and medical impact</li> <li>• Multiple LHDs, hospitals or regional HCCs involved</li> <li>• Possible PHEOC activation</li> <li>• Possible partial activation of SEOC</li> </ul>
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Attachment 6

<p>Type 2</p>	<p>During a Type 2 Health and Medical Emergency Event impacted IDPH programs will implement their division or section plan of response, including internal and external communications, for its respective emergency category. The internal division or section response plan will include incident communication with regional staff and affected LHDs, if applicable.</p> <p>The IDPH director will request all IDPH deputy directors reduce programmatic functions and designate available staff to assist with emergency response operations. The support office’s deputy directors will be asked to provide staff to assist response offices’ operations.</p> <p>OPR, led by the IDPH emergency officer, will coordinate IDPH response to the event. A WebEOC incident will be utilized for event communication and documentation.</p> <p>The PHEOC will be activated for a Type 2 Health and Medical Emergency Event. Upon activation, designated staff will report to the PHEOC and assume their assigned role. The Office of the Director will designate an incident commander at the PHEOC for the event. The WebEOC incident created for the event will be utilized for communication within the PHEOC, between the PHEOC and the SEOC, and between the PHEOC and IDPH personnel at the unified area commands.</p> <p>Impacted IDPH programs will provide the IDPH emergency officer and/or on-call duty officer with periodic event updates and upon request. The IDPH emergency officer and/or on-call duty officer will be responsible for ensuring pertinent event information is shared with appropriate IDPH senior staff.</p> <p>IDPH emergency officer or his/her designee will prepare a departmental IAP for each day of the event. The IAP will outline the key or critical missions to be completed and accomplished by IDPH staff during the next 24 hours. The daily IAP will include key or critical missions to be completed at operations centers staffed by IDPH personnel including the SEOC, PHEOC and all unified area commands.</p> <p>IDPH deputy directors or their designees will be responsible for ensuring event information is provided to all appropriate staff in their office, divisions and sections. The IDPH emergency officer, with the assistance of IDPH SEOC liaisons, will be responsible for contacting and coordinating communications with IEMA and state agencies involved with event response efforts through the SEOC, including requests for state assistance from IDPH. Requests for</p>	<p><b>Meets one or more of the following criteria:</b></p> <ul style="list-style-type: none"> <li>● Definite health and medical impact</li> <li>● All IDPH response offices involved</li> <li>● Multiple LHDs, hospitals, or regional HCCs involved</li> <li>● Possible state disaster declaration</li> <li>● SEOC activation</li> <li>● PHEOC activation</li> </ul>
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Attachment 6

<p>Type 2 cont.</p>	<p>state assistance from IDPH will be routed to the PHEOC by the IDPH SEOC liaisons.</p> <p>ERCs from the Division of Disaster Planning and Readiness and REMSCs staffing the unified area command in the impacted regions will be responsible for coordinating multi-divisional field activities with appropriate IDPH preparedness and program staff from both response and support offices, including the availability of regional personnel.</p> <p>Communications with impacted LHDs will be coordinated through the PHEOC to ensure that technical expertise from appropriate IDPH programs is provided.</p> <p>The IDPH PIOs, in collaboration with appropriate IDPH program leads, will post news releases and public information fact sheets for the incident on the IDPH website and social media websites.</p> <p>The IDPH director, appropriate IDPH deputy director of the program involved with the emergency event, or IDPH emergency officer, in consultation with the OPR deputy director, may re-classify the public health and medical emergency event based on the facts gathered during the emergency response or their judgment of the public health and medical impact.</p> <p>A post-event review will be conducted and an AAR completed by OPR upon the completion of the event to critique the internal and external communication and coordination protocols utilized. Procedures utilized during the response will be reviewed. IDPH staff directly involved with the incident will be asked to participate in the post-event review. OPR, led by the emergency officer, will be responsible for providing an overview of the actions taken by other state agencies. Pertinent event information obtained during the post-event review will be incorporated into the Event AAR, including the improvement plan, to be submitted to the Office of the Director.</p>	<p><b>Meets one or more of the following criteria:</b></p> <ul style="list-style-type: none"> <li>• Definite health and medical impact</li> <li>• All IDPH response offices involved</li> <li>• Multiple LHDs, hospitals, or regional HCCs involved</li> <li>• Possible state disaster declaration</li> <li>• SEOC activation</li> <li>• PHEOC activation</li> </ul>
<p>Type 1</p>	<p>For Type 1 Health and Medical Emergency Event each IDPH office will be designated either as a response office or a support office</p> <p>All impacted IDPH programs will implement their division or section plan of response, including internal and external communications, for the respective emergency category. The internal division or section response plan will include incident communication with regional staff and affected LHDs, if applicable.</p>	<p><b>All IDPH offices involved and/or impacted</b></p> <ul style="list-style-type: none"> <li>• Widespread health and medical impact</li> <li>• Statewide involvement</li> <li>• State disaster declaration</li> <li>• SEOC activation</li> <li>• PHEOC activation</li> </ul>

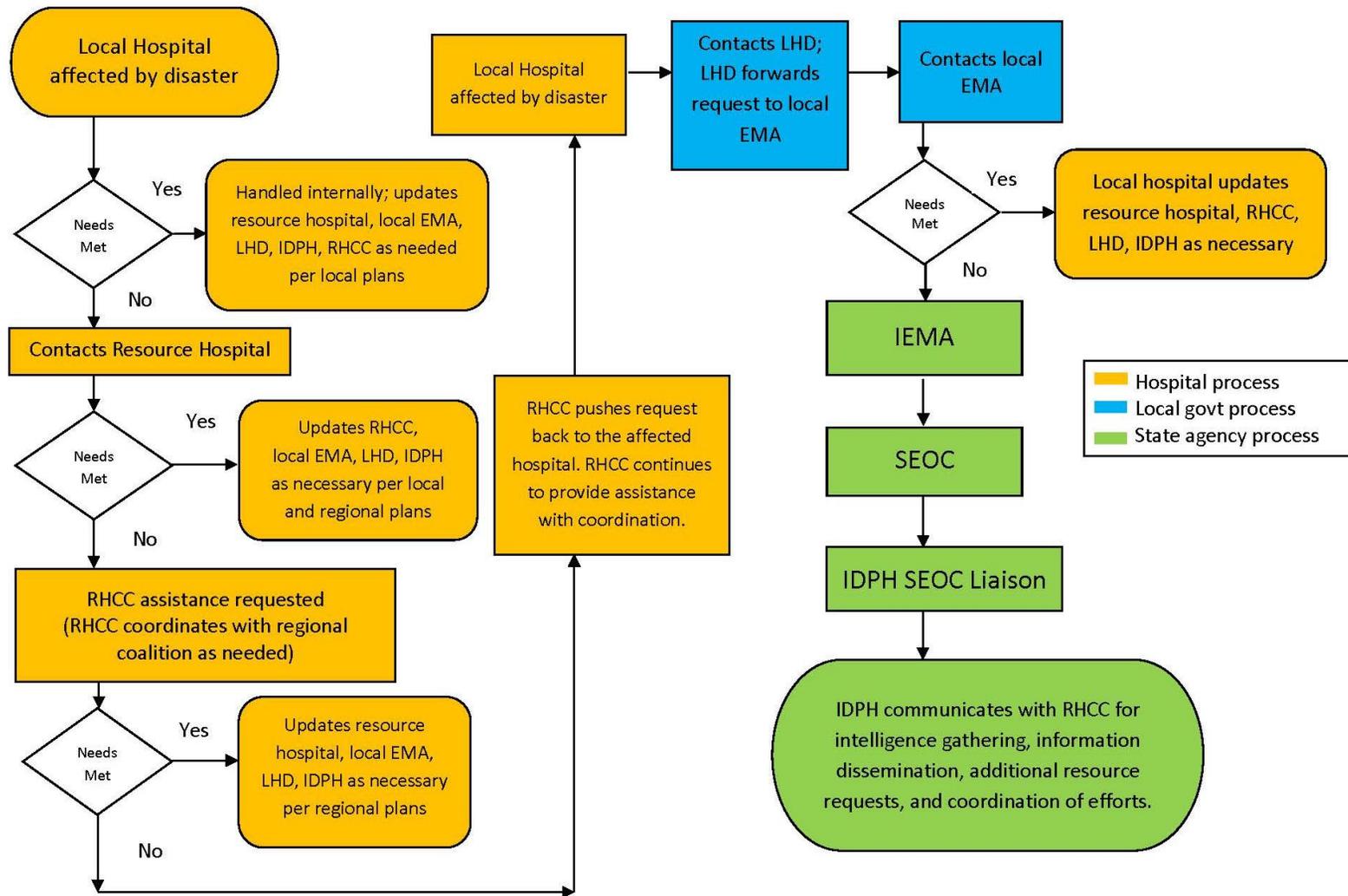
Attachment 7

**Illinois Healthcare Coalition directory**

Regional Health Care Coalition Name		Website	Contact Information
PHMSR* Region	EMS Region		
Northwest Illinois Preparedness and Response Coalition (NIPARC)		<a href="https://niparc.recovers.org/">https://niparc.recovers.org/</a>	
Rockford	1		
Central Illinois Coalition Active in Response Planning (CIL-CARP)		<a href="https://www.osfhealthcare.org/saint-francis/services/emergency/osf-disaster-preparedness/">https://www.osfhealthcare.org/saint-francis/services/emergency/osf-disaster-preparedness/</a>	
Peoria	2		
Springfield Region Public Health and Medical Emergency Response Coalition			
Springfield	3		
Healthcare Organizations Preparing for Emergencies (HOPE) Health Care Coalition		<a href="http://www.swilhope.org">www.swilhope.org</a>	
Edwardsville	4		
Shawnee Preparedness and Response Coalition (SPARC)		<a href="http://www.shawneepreparednesscoalition.com/">http://www.shawneepreparednesscoalition.com/</a>	
Marion	5		
Champaign Regional Healthcare Coalition		<a href="http://champaignrhc.org/">http://champaignrhc.org/</a>	
Champaign	6		
Region VII Health Care Coalition		<a href="http://www.regionviems.com/EmergencyManagement.htm">http://www.regionviems.com/EmergencyManagement.htm</a>	
Chicago	7		
Region VIII Coalition for Preparedness and Response			
Chicago	8		
Region IX Medical Disaster Preparedness and Response Coalition			
Chicago	9		
Region X Disaster Health Care Coalition			
Chicago	10		
Chicago Health Care Coalition for Preparedness and Response (CHSCPR)		<a href="http://www.chscpr.org">www.chscpr.org</a>	
Chicago	11		

Attachment 8

### Hospital Disaster Resource Request Flowchart (Request for Medical Resources)



## Hospital Medical Supply Bag Inventory

### MINIMUM EQUIPMENT/SUPPLIES FOR DISASTER RESPONSE

November 2015

- This equipment is intended to be used to support EMS efforts in the field, a healthcare casualty collection site, and/or an alternate care site (ACS).
- This equipment can be rapidly transported by EMS, Fire, Law Enforcement or other mode of transportation and can be the first line of supply to a disaster area.
- The regional medical surge plan should include the request, transportation and oversight of this equipment.
- All hospitals must be able to have the following supplies available for transport in portable containers within 30 minutes of the time requested.
  - Due to the amount and weight of supplies, hospitals should consider pre-designating at least 2 supply bags/rolling carts/portable containers for these items and attach a copy of this list to those portable containers to expedite this process. This will facilitate the gathering, handling and transportation of the supplies.
- **NOTE:** Hospitals may be asked to fulfill a second request of these supply items. Upon request, hospitals will need to make available an additional container(s) that contains all of the below inventory.

## Hospital Medical Supply Bags Inventory

### Intravenous Supplies/Drugs

10	IV Bags 0.9% Normal Saline 1000 mL with IV tubing
6 ea	IV start catheters (#24, 20, 18, 16)
2	Disposable pressure infusers
15	IV start kits and tourniquets
6	Saline Locks (useful for pediatric patients)
6	Pre-filled 0.9% Normal Saline Flush syringes
5 ea	Dial flow regulators (or equivalent) <u>or</u> Buretrol devices

### Airway Equipment

4	Bulb syringe (may be used for suction)
2 ea	Oropharyngeal airways, adult (large, medium and small) and pediatric (child and infant)
6 ea	Nasal cannulas
2	Adult bag/valve/mask system
2	Pediatric bag/valve/mask system, with child and infant masks
3	Adult non-rebreather masks
3	Pediatric non-rebreather masks
4	Blind airway insertion devices (i.e. King, Combitube, LMA) pediatric and adult as appropriate
2	Hand operated suction unit (Res-Q-Vac or V-Vac) capable of utilizing multi-sized <u>suction catheters for adult and pediatric patients</u>

### **Hospital Medical Supply Bags Inventory (cont'd)**

#### **Dressings**

- 10 Large Trauma dressings
- 5 4" Ace bandages
- 5 6" Ace bandages
- 12 Kerlex rolls
- 4 Rolls wet-proof tape
- 200 Individual wrapped sterile 4x4 gauze pads
- 4 bx 4 x 4's
- 10 ABD pads
- 1 bx. Medium size –Occlusive dressings
- 6 Burn sheets

#### **Immobilization Equipment**

- 2 ea. Semi-rigid Cervical collars (small, medium, large and pediatric or equivalent) (8 total)
- 2 ea. Arm boards (pediatric and adult)
- 12 Malleable splints
- 20 Triangular bandages

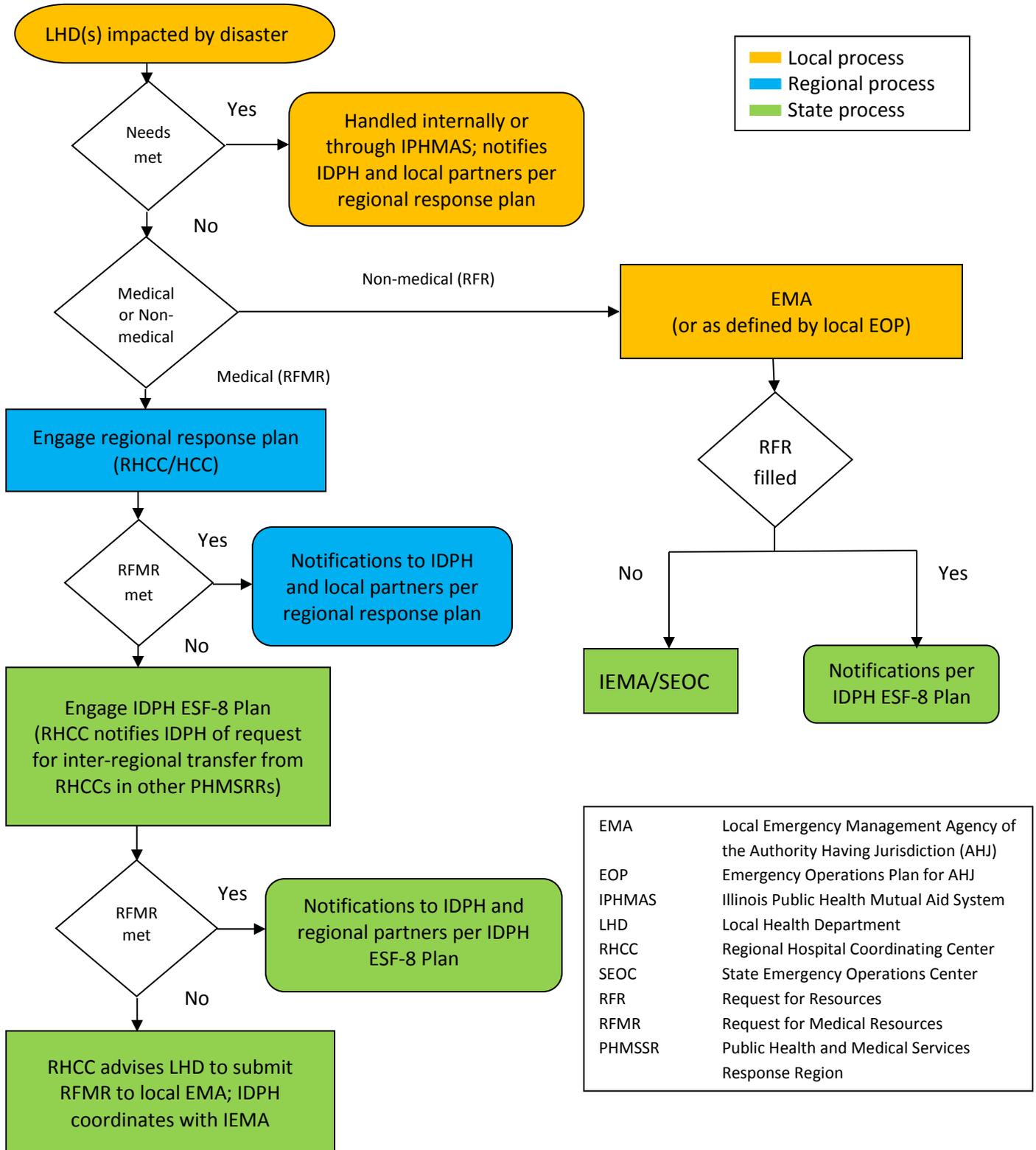
#### **Personal Protection Equipment**

- 10 Paper isolation gowns
- 10 Protective face masks or protective eye wear
- 2 ea. Box of Non-sterile gloves (medium and large)

#### **Miscellaneous Supplies**

- 1 ea. Sphygmomanometer and cuff (Bariatric, adult and child)
- 1 Stethoscope
- 1 bx. Alcohol preps
- 5 Large trauma scissors
- 25 SMART Tags or equivalent
- 5 START and JumpSTART Mass Casualty Triage algorithm card
- 2 Flashlight with batteries (or headlamp)
- 10 Blankets (space blankets)
- 2 Irrigating fluid (water) 100 mL
- 1 Sharps disposal system
- 2 Large red plastic hazardous waste bags
- 2 Hand sanitizer (8 or 12 oz)
- 1 Length or weight based system for dosing and sizing pediatric emergency equipment (e.g. Broselow tape or PediWheel)
- 1 Roll duct tape
- 3 Trauma tourniquets
- 5ea Pens and writing tablets

## Local Health Department Disaster Resource Request Flowchart



Attachment 11

**OPR Incident Management Team (IMT)**

**Command Staff**

<b>Incident Commander</b>
<b>Title</b>
<b>OPR deputy</b>
<b>DPR chief</b>
<b>EMS chief</b>

<b>Safety Officer</b>	<b>Liaison Officer</b>	<b>Public Information Officer</b>	<b>State ESF-8 Lead State Emergency Operations Center (SEOC)</b>
<b>Title</b>	<b>Title</b>	<b>Title</b>	<b>Title</b>
<b>T &amp; E safety officer</b>	<b>OPR administrative assistant</b>	<b>Communications manager</b>	<b>DPR chief</b>
<b>EMS special programs coordinator</b>	<b>DPR administrative assistant</b>	<b>Communications manager</b>	<b>All-Hazards Planning Section chief</b>
	<b>EMS administrative assistant</b>		

**General Staff**

<b>Operations Section</b>	<b>Planning Section</b>	<b>Logistics Section</b>	<b>Finance and Administration Section</b>
<b>Title</b>	<b>Title</b>	<b>Title</b>	<b>Title</b>
<b>EMS chief</b>	<b>All-Hazards Planning Section chief</b>	<b>PHEOC coordinator</b>	<b>GFM chief</b>
<b>ERC regional supervisor</b>	<b>Evaluation coordinator</b>	<b>Accounting technician</b>	<b>HPP grants manager</b>
<b>REMISC regional supervisor</b>			<b>PHEP grants manager</b>
<b>HPP program manager</b>			

### Border State Communication Processes

The incident may require accessing resources that exist outside the border of Illinois. The PHEOC, in collaboration with the SEOC, may consider requesting out-of-state resources through normal request patterns, the methods indicated below within the IDPH ESF-8 Plan, and/or interstate mutual aid agreements, including Emergency Management Assistance Compact (EMAC). Border states will be contacted as indicated below to identify resource availability, send information about the event, and to assist with the coordination of transfers.

a. Great Lakes Healthcare Partnership Program (GLHP)

A consortium of jurisdictions, including Minnesota, Wisconsin, Illinois, city of Chicago, Indiana, Michigan and Ohio, located within Federal Emergency Management Agency (FEMA) Region V that can provide communication and resource assistance in the first 24-72 hours of a significant incident in the region when other resources are being activated through conventional channels. The GLHP Regional Surge Annexes provides guidance for accessing resources and coordinating a regional response for states that are part of the GLHP. To access GLHP resources, call the Minnesota Department of Health, Office of Emergency Preparedness at XXX-XXX-XXXX and [ask for the Great Lakes Healthcare Partnership \(GLHP\)](#).

b. Iowa

Iowa Department of Public Health duty officer will serve as the primary contact for Iowa at XXX-XXX-XXXX or [XXXX@idph.iowa.gov](mailto:XXXX@idph.iowa.gov). Once contacted, the duty officer will serve as the single point of contact to identify resource availability (hospitals, transport and EMS) and assist with communication with Iowa hospitals.

c. Kentucky

The on-call Kentucky Emergency Management (KYEM) duty officer in the Commonwealth Emergency Operations Center will serve as the primary contact for Kentucky at XXX-XXX-XXXX. Once contacted, the KYEM duty officer will notify the KYEM manager on call, one of the ESF-8 Public Health/Kentucky Health Association Partners and the Kentucky Board of EMS based on the requested needs to assist with patient placement and transportation.

d. Missouri

Missouri Department of Health and Senior Services' Emergency Response Center (MDHSS ERC) will serve as the primary contact for Missouri. Contact the ERC at XXX-XXX-XXXX and inform the duty officer of requested action. The duty officer will contact the appropriate personnel for response and coordination including contact with the St. Louis Medical Operations Center (SMOC) as appropriate, sending information to Missouri hospitals and assisting with coordination of resources and transport. However, it is recommended that during surge incidents impacting the Illinois counties of Madison, Monroe and St. Clair, Illinois also contact the SMOC as the secondary contact for Missouri, at the Central County Emergency 911 Communications Center at XXX-XXX-XXXX and request the SMOC duty officer be contacted (See page 2).

Attachment 12

Missouri Resource Request Process

State of Missouri:

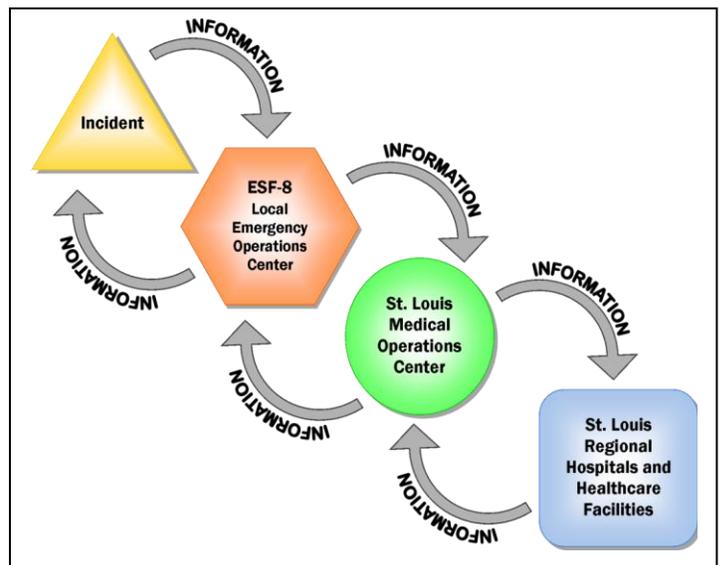
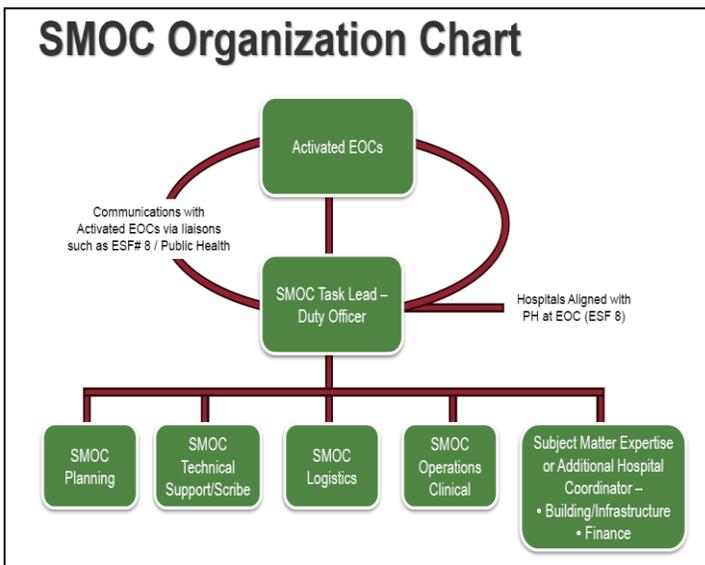
Missouri Department of Health and Senior Services' Emergency Response Center (MDHSS ERC) will serve as the primary contact for Missouri. Contact their ERC at XXX-XXX-XXXX and inform the duty officer of requested action. The duty officer will contact the appropriate personnel for response and coordination including contact with the St. Louis Medical Operations Center (SMOC) as appropriate, sending information to Missouri hospitals and assisting with coordination of resources and burn transport. However, it is recommended that during incidents impacting the Illinois counties of Madison, Monroe and St. Clair, Illinois also contact the SMOC as the secondary contact for Missouri.

St. Louis Medical Operations Center (SMOC)

- Regional coordination entity supported and staffed by health care organizations to help coordinate decision making for hospitals when hospitals need assistance beyond their walls.
- Supported by volunteers from the medical community (administrative, clinical, non-clinical).
- During an emergency:
  - Serves as central point of contact among health care facilities, state and local emergency management agencies, and other governmental and non-governmental agencies as needed.
  - Collects and disseminates current situational information about incident and facility status.
  - Accesses health care resources and needs (e.g., equipment, bed capacity, personnel, supplies, etc.).
  - Develops priority allocations.
  - Tracks disbursement of resources.
  - Manages relevant health care response and communication.
  - Serves as advisors to other emergency support functions (ESF's) within the EOC.

Process for Communication with SMOC:

- IDPH contacts the Central County 911 Center at XXX-XXX-XXXX and requests SMOC duty officer be contacted.
- The duty officer will then serve as the liaison to identify resource availability, send information to Missouri hospitals and assist with the coordination of transfers.



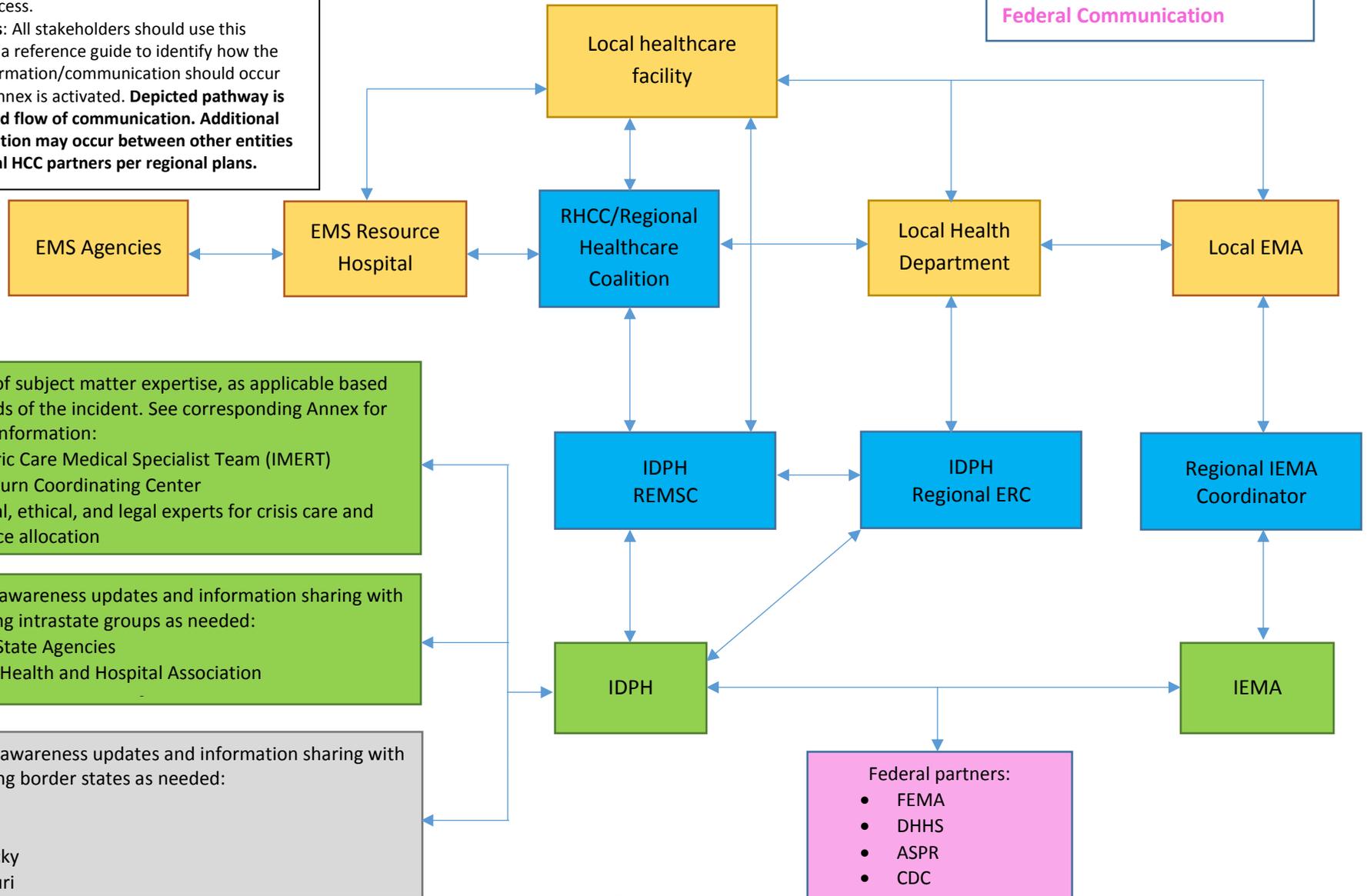
Attachment 13

Communication Pathway

**Purpose:** Outline which stakeholders will typically communicate and share information with each other when the plan is activated. Although there is some overlap, this Communication Pathway is different from the Request for Medical Resources (RFMR) process.

**Instructions:** All stakeholders should use this pathway as a reference guide to identify how the flow of information/communication should occur when the annex is activated. **Depicted pathway is the standard flow of communication. Additional communication may occur between other entities and regional HCC partners per regional plans.**

Local communication  
 Regional Communication  
 State Communication  
 Interstate Communication  
 Federal Communication



Activation of subject matter expertise, as applicable based on the needs of the incident. See corresponding Annex for additional information:

- Pediatric Care Medical Specialist Team (IMERT)
- State Burn Coordinating Center
- Medical, ethical, and legal experts for crisis care and resource allocation

Situational awareness updates and information sharing with the following intrastate groups as needed:

- Other State Agencies
- Illinois Health and Hospital Association

Situational awareness updates and information sharing with the following border states as needed:

- GLHP
- Iowa
- Kentucky
- Missouri



**MEDICAL INCIDENT REPORT FORM**

<b>IDPH Duty Officer:</b>	<b>Date/Time:</b>
<b>From (Sender) Name:</b>	<b>To (Received) Name:</b>
<b>Title:</b>	<b>Title:</b>
<b>Contact Information:</b>	<b>Contact Information:</b>
<b>Address of Incident:</b>	<b>Type/Nature of Incident:</b>
<b>Report received via:</b> <input type="checkbox"/> Phone <input type="checkbox"/> Radio <input type="checkbox"/> Fax <input type="checkbox"/> Other	
<b>Priority:</b> <input type="checkbox"/> Urgent/High <input type="checkbox"/> Non-urgent/Medium <input type="checkbox"/> Informational/Low	
<b>Date/Time PHEOC activated:</b>	<b>Reason for Activation:</b>
<b>Activation Level:</b> <input type="checkbox"/> Immediate <input type="checkbox"/> Controlled	
<b>CURRENT INCIDENT INFORMATION:</b>	
<b>STATUS OF LOCAL MEDICAL RESPONSE OPERATIONS:</b>	
<b>REQUIRED/REQUESTED ACTIONS AT THIS TIME:</b> <i>(section must be completed; if none, enter N/A)</i>	
<b>FACILITY NAME/LOCATION:</b>	
<b>COMMENTS:</b>	



## RESOURCE/TASK REQUEST FORM

\*required field

<b>Incident Name:</b>		<b>Date/Time*</b>		<b>Request Number:</b>	
<b>Priority:*</b> <input type="checkbox"/> Life Safety/Immediate (4 hrs.) <input type="checkbox"/> Priority (12 hrs.) <input type="checkbox"/> Routine (24 hrs.) <input type="checkbox"/> Long-Term (96 hrs.) <input type="checkbox"/> Extended (96+ hrs.)				<b>Date/Time Due:*</b>	
<b>*Have all Local and Mutual Aid resources been exhausted?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>*Resource or Task?</b>		<input type="checkbox"/> Resource <input type="checkbox"/> Task Identify if the request involves the provision of physical resources or assistance with a task. If you indicate the request is for a resource, please complete Resource Details below.			
<b>*Resource/Task:</b>					
<b>*Detailed Description:</b> (Vital characteristics, brand, specs, experience, size, etc.)		ATTENTION: In order to expedite the request, it is critical to provide a detailed description of the need you are requesting to be filled. Failure to do so will result in unnecessary delays in filling the request.			
<b>Requestor's Information</b>					
County:			IEMA Region:		
Jurisdiction:			PHMSR Region:		
<b>Contacts</b>					
Contact Type	Name	Organization/Facility	Phone #	Email	
<b>*Requestor</b>					
On-Scene Contact					
<b>Resource Details</b>					
Kind ( <input type="checkbox"/> Medical <input type="checkbox"/> Non-medical)		Type	Quantity (specify unit: each, box, case, etc.)		
<b>Delivery/Reporting Location:</b>		<b>Order # (LSC)</b>	<b>ETA (LSC)</b>	<b>Cost</b>	
<b>Suitable Substitutes and/or Suggested Sources:</b>				POC phone number if known and suitable substitutes:	
<b>Sent To:</b>			<b>Date/Time Sent:</b>		

Requestor

Attachment 16

**Hospital Bypass System  
 MASS CASUALTY INCIDENT INVENTORY ITEMS**

To be completed by hospitals in an emergency event in which Web-based hospital bypass system is non-functional

Hospital Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_

Contact Name \_\_\_\_\_  
 Date/Time \_\_\_\_\_  
 Region \_\_\_\_\_

AVAILABLE IN-PATIENT BEDS	NUMBER
Total available beds	
Unstaffed beds	
AIIR (Negative pressure)	
Adult ICU	
Burn care	
Emergency department	
Medical and surgical	
Neonatal ICU	
Operating room	
Other staffed	
Pediatric ICU	
Pediatric non-ICU	
Psychiatric	
<b>OTHER</b>	
O negative blood	
Decontamination facility	
Ventilators	

## Hospital Classification Levels

### **Regional Hospital Coordinating Center (RHCC) – Tier I hospital (77 IL Admin. Code, 515.240)**

RHCC is the lead hospital in a Public Health and Medical Services Response Region (PHMSRR) and/or EMS Region responsible for coordinating health and medical emergency response for hospitals in the region. The RHCC will serve as the primary point of contact for communication and coordination for health and medical emergency event response activities for the resource, associate, and participating Hospitals in its PHMSRR. Associate and participating hospitals request health and medical assistance from their resource hospitals. If the resource hospital cannot fulfill the request, it pushes the request to the RHCC. Any requests from resource, associate, and participating hospitals for non-health and medical assistance should be routed through the local jurisdictional emergency management agency.

### **Resource Hospitals – if not RHCC, Tier II hospital (77 IL Admin. Code, 515.240)**

Resource hospitals are the lead hospital for EMS and have the authority and responsibility for all EMS system program plans, including clinical aspects and operations. In addition, resource hospitals are designated through the pediatric facility recognition program at the Pediatric Critical Care Center (PCCC), Emergency Department Approved for Pediatrics (EDAP) or Standby Emergency Department for Pediatrics (SEDP) level. Each resource hospital will have a designated EMS director to lead all operations for its EMS system. It also must maintain a minimum of two medical supply bags with supplies for disaster response. The medical bag supply list is shared with each Regional EMS Coordinator (REMESC) through the Comprehensive Emergency Management Program (CEMP) as a part of the Healthcare System Preparedness Capability (HPP 01) chapter.

### **Associate Hospitals – Tier II hospital (77 IL Admin. Code, 515.240)**

Associate hospitals are in the middle tier of hospitals in the EMS system and have either a basic or comprehensive emergency department with 24 hour physician coverage. Associate hospitals are responsible for supporting the health and medical emergency response activities of their resource hospital. They must maintain a medical supply bag with supplies for disaster response. The medical bag supply list is shared with each REMESC, each hospital, and the RHCC through the CEMP as a part of the Healthcare System Preparedness Capability (HPP 01) chapter.

### **Participating Hospitals – Tier III hospital (77 IL Admin. Code, 515.240)**

Participating hospitals are responsible for supporting the health and medical emergency response activities of their associate and resource hospitals. They must maintain a medical supply bag with supplies for disaster response. The medical bag supply list is shared with each REMESC, each hospital, and the RHCC through the CEMP as a part of the Healthcare System Preparedness Capability (HPP 01) chapter.

## Attachment 17

**Pediatric Facility Recognition Hospitals:** Hospitals are designated by IDPH for their pediatric emergency/critical care capabilities at one of the following three levels:

**PCCC - Pediatric Critical Care Center.** A hospital (designated by IDPH pursuant to Section 515.4020 of the Illinois Emergency Medical Services and Trauma Code) that has a dedicated pediatric intensive care unit (PICU) and other defined pediatric critical care capabilities and is able to provide optimal critical and specialty care services to pediatric patients; and provides all essential services either in-house or readily available 24 hours per day.

**EDAP – Emergency Department Approved for Pediatrics.** A hospital (designated by IDPH pursuant to Section 515.4000 of the Illinois Emergency Medical Services and Trauma Code) that meets defined emergency department requirements related to pediatric physician/nursing continuing education, quality improvement, policies/treatment guidelines, inter-facility transfer agreements, equipment/supplies; and is able to provide optimal emergency department care to pediatric patients 24 hours per day.

**SEDP – Standby Emergency Department for Pediatrics.** A hospital (designated by IDPH pursuant to Section 515.4010 of the Illinois Emergency Medical Services and Trauma Code) that meets defined emergency department requirements related to pediatric physician/nursing continuing education, quality improvement, policies/treatment guidelines, equipment/supplies, and is able to provide optimal emergency department care to pediatric patients; and has transfer agreement(s) and transfer mechanisms in place when more definitive pediatric care is needed.

## **Ambulance Classification Levels**

### **Critical Care Ambulance**

Critical care ambulances perform skills beyond the national standard curriculum with a registered nurse (RN) or critical care paramedic on the ambulance in accordance with the national standard curriculum and the EMS medical director.

### **Advanced Life Support (ALS) Ambulance**

An ALS ambulance is staffed with a minimum of one paramedic and one EMT-Basic that are capable of providing advanced life support (ALS) or basic life support (BLS) care. Paramedics can perform invasive skills such as intubation, surgical airways, defibrillation, and medication administration in accordance with the national standard curriculum and the EMS medical director.

### **Intermediate Life Support (ILS) Ambulance**

An ILS ambulance is staffed with a minimum of one EMT-intermediate, pre-hospital RN or physician who is capable of providing Intermediate life support (ILS) or basic life support (BLS) care and one other EMT, pre-hospital RN or physician. EMT-intermediates can perform some invasive skills such as intubation, initiation of intravenous access, administer some medications, cardiac monitoring and defibrillation in accordance with the national standard curriculum and the EMS Medical Director.

### **Basic Life Support (BLS) Ambulance**

A BLS ambulance is staffed by two EMT-basics who are capable of providing non-invasive life saving measures including basic airway measures, spinal immobilization, bleeding control, splinting, oxygen administration and the use of automated external defibrillator (AED) in accordance with the national standard curriculum and the EMS medical director.

## Long-Term Care Facility Classification Levels

### Skilled Nursing Facilities (SNF)

The SNF is the highest level of nursing home care. Residents in SNF require 24-hour nursing care and are the most medically compromised. SNF residents may be bedridden, comatose, have severe dementia or require life support systems. Before making a decision to evacuate, the medical risks associated with moving these frail residents must be weighed against the risk they are facing.

### Intermediate Nursing Care Facilities (ICF)

Second highest level of nursing home care. These residents require 24-hour nursing care, but their needs are not as medically complex as those in SNF. There can be considerable variation in the medical needs of ICF residents. While the majority of ICF residents are elderly, there are a growing number of ICF residents that have mental illness (MI) as their primary diagnosis. MI residents tend to be younger and more able-bodied. Caution should be used in making evacuation decisions at ICFs, but there may be some ICFs with a predominately MI population where evacuation will not present a medical risk.

### Shelter Care Facilities (SHL)

Lowest level of nursing home care. These residents require assistance with personal care and varying levels of oversight and supervision. SHL residents have minimal nursing care needs. Caution should be used in making evacuation decisions, but most SHL residents should be able to endure an emergency evacuation without serious medical risk.

### Facility Organization

There are facilities that provide multiple levels of nursing home care. It is common for a single facility to house SNF, ICF, and SHL residents. In addition there are hospitals that operate a SNF unit under the hospital license.

### Veterans Homes

Special licensing category created for the four state operated veterans' nursing homes (Quincy, Manteno, LaSalle, and Anna). Residents in these facilities may include those with SNF, ICF, or SHL care needs.

## Attachment 19

**Developmentally Disabled Care Facilities**

The following are the licensure categories that address care and programming for the developmentally disabled.

**Large Intermediate Care Facilities**

Intermediate Care Facilities for the Developmentally Disabled (ICFDD) - These are large setting facilities that provide nursing/personal care and programming for DD residents. These facilities tend to house clients with greater behavior and medical needs. While most DD residents could endure an evacuation without significant medical risk, behavioral issues must be considered when determining where they will be moved. There are freestanding licensed ICFDD's. IDPH regulates the DD portion of state operated DD facilities under federal rules.

**Small Intermediate Care Facilities**

Intermediate Care Facilities for the Developmentally Disabled 16-bed or less (ICFDD 16) - These are small group homes for DD clients. In general, ICFDD 16 clients tend to be higher functioning. The vast majority of ICFDD homes are in this category.

**Long-term Care for U-22**

Long-term Care For Under Age 22 Years (SNF Peds) - These are skilled nursing homes for children. The majority of the population has major medical needs in addition to a DD diagnosis. This is a very frail population and the same concerns regarding the evacuation of a geriatric SNF apply here. A significant number of SNF pediatric residents require some form of life support system. See Pediatric Annex.

**Community Living Facilities Act**

The Community Living Facilities (CLF) Act (210 ILCS 35) establishes a licensing category similar to the ICFDD 16 classification under the Nursing Home Care Act. The CLF statute came before the establishment of the 16-bed DD facilities and was an effort to support the establishment of small setting DD homes. The only significant difference between CLF and ICFDD 16 is CLFs house up to 20 clients.

**Assisted Living and Shared Housing Act**

Under the Assisted Living and Shared Housing Act (210 ILCS 9), IDPH regulates assisted living facilities. These facilities are similar to SHL in regards to the level of medical need of the residents.

## Medical Surge Care Sites

### **Alternate Care Site (ACS)/ Alternate Treatment Site (ATC)**

A temporary space for patient care under the authority of an existing healthcare facility/healthcare system. This would be utilized when regular treatment areas are at capacity or unavailable and the healthcare facility/system must provide care during a medical surge event. Examples include use of the hospital cafeteria as a treatment area, tents set up in the parking lot of a hospital, and/or using outpatient clinics or treatment centers in the community to provide medical surge care.

### **Temporary Medical Treatment Station (TMTS)**

A location that is not currently providing healthcare services and will be converted to enable the provision of healthcare services to support, at a minimum, inpatient and/or outpatient care required after a declared catastrophic disaster. TMTS includes facilities not currently licensed to provide healthcare services to help absorb the patient load after all other healthcare resources are exhausted. Patient care services will be established to absorb the patient load until the local healthcare system can manage the demands of patients during a medical surge. Services will not include all services found in hospitals and will vary based on resource availability and event-specific patient needs.

An epidemic caused by influenza or other infectious disease outbreak, a WMD or naturally occurring catastrophe could result in a massive number of casualties. The customary health care infrastructure may become insufficient or completely incapacitated. An interim method to manage a massive influx of patients or to decompress saturated hospitals is the utilization of temporary medical treatment stations (TMTS). A TMTS can be a fixed site such as a university gymnasium or mobile tents and specialized trailers. There are two distinct incident categories that could require the utilization of a TMTS.

1. **EMERGENT:** Likely requires rapid implementation in response to a sudden catastrophe. Mutual aid will likely be available although on an unknown time schedule. The scope of care provided will be fluid and based on responder medical skill level, leadership and organizational capability, available equipment and supplies, and specific patient needs. The clinical capabilities will be limited to initial stabilization with the goal of transferring patients with serious conditions to a higher level care as soon as possible. The clinical focus is to provide the best care for the most patients. The concept of operations should focus on a short term utilization lasting about 2 weeks.
2. **STRATEGIC:** Potential step in managing a slow onset catastrophic medical surge event like a pandemic. Mutual aid will likely be scarce or nonexistent. Scope of care should be pre-determined and based on a well-defined mission such as decompressing hospitals of low acuity patients or cohorting palliative care patients. A specific scope of care determination will help with identifying clinical provider skill sets and essential equipment and supply needs. The TMTS may be needed for many weeks to months.

Attachment 21

**Acronyms**

AC	Area Command
ACS	Alternate Care Site
AHJ	Authority Having Jurisdiction
ALF	Assisted Living Facility
ALS	Advanced Life Support
AODA	Alcohol and Other Drug Abuse
ARC	American Red Cross
ASPR	Assistant Secretary of Preparedness and Response
BLS	Basic Life Support
CDC	Centers for Disease Control and Prevention
CEMP	Comprehensive Emergency Management Program
CLS	Community Living Facility
CMS	Central Management Services
DHHS	Department of Health and Human Services
DMORT	Disaster Mortuary Operational Response Team
DPR	Disaster Planning and Readiness
EDAP	Emergency Department Approved for Pediatrics
EMA	Emergency Management Agency
EMAC	Emergency Management Assistance Compact
EMIS	Emergency Management Information System
EMS	Emergency Medical Services
EMSC	Emergency Medical Services for Children
EMT	Emergency Medical Technician
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ERC	Emergency Response Coordinator
ESAR-VHP	Emergency System for Advance Registration for Volunteer Health Professionals
ESDA	Emergency Services and Disaster Agency
ESF	Emergency Support Function
FCC	Federal Communications Commission
FEMA	Federal Emergency Management Agency
FMS	Federal Medical Station
FOUO	For Official Use Only
GLHP	Great Lakes Healthcare Partnership
HAN	Health Alert Network
HAZMAT	Hazardous Material
HCC	Healthcare Coalition
HIPAA	Health Information Portability and Accountability Act
HPP	Hospital Preparedness Program
HSPD	Homeland Security Presidential Directive
IAP	Incident Action Plan
IC	Incident Commander
ICC-T	Illinois Commerce Commission – Transportation
ICC-U	Illinois Commerce Commission – Utility

Attachment 21

ICF	Intermediate Care Facility
ICS	Incident Command System
ICFDD	Intermediate Care Facility for the Developmentally Disabled
ICMEA	Illinois Coroners and Medical Examiners Association
IDHS	Illinois Department of Human Services
IDMA	Illinois Department of Military Affairs
IDNR	Illinois Department of Natural Resources
IDOA	Illinois Department of Agriculture
IDoA	Illinois Department on Aging
IDOC	Illinois Department of Corrections
IDOT-A	Illinois Department of Transportation- Aeronautics
IDOT-H	Illinois Department of Transportation- Highways
IDPH	Illinois Department of Public Health
IDVA	Illinois Department of Veteran Affairs
IEMA	Illinois Emergency Management Agency
IEOP	Illinois Emergency Operations Plan
IEPA	Illinois Environmental Protection Agency
IESMA	Illinois Emergency Services Management Association
IGA	Intergovernmental Agreement
IHA	Illinois Health and Hospital Association
ILEAS	Illinois Law Enforcement Alarm System
ILS	Intermediate Life Support
IMATS	Inventory Management and Tracking System
IMERT	Illinois Medical Emergency Response Team
IMT	Incident Management Team
ING	Illinois National Guard
IPC	Illinois Poison Center
IPRA	Illinois Plan for Radiological Accidents
IPHMAS	Illinois Public Health Mutual Aid System
IREACH	Illinois Radio Emergency Assistance Channel
ISFDA	Illinois State Funeral Directors Association
ISP	Illinois State Police
ITECS	Illinois Transportable Emergency Communication System
JFO	Joint Field Office
JIC	Joint Information Center
JIS	Joint Information System
JOC	Joint Operations Center
LHD	Local Health Department
LTC	Long-Term Care
MABAS	Mutual Aid Box Alarm System
MARN	Mutual Aid Response Network
MCI	Mass Casualty Incident
MCM	Medical Counter Measures
MERCI	Medical Emergency Radio Communications of Illinois
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
NIMS	National Incident Management System
NRF	National Response Framework

Attachment 21

OFA	Office of Finance and Administration
OHCR	Office of Health Care Regulation
OHP	Office of Health Protection
OHPm	Office of Health Promotion
OHR	Office of Human Resources
OIT	Office of Information Technology
OPM	Office of Performance Management
OPPS	Office of Policy, Planning and Statistics
OPR	Office of Preparedness and Response
OSC	On-Scene Coordinator
OWA	Outlook Web Access
OWHFS	Office of Women’s Health & Family Services
PCCC	Pediatric Critical Care Center
PHEOC	Public Health Emergency Operations Center
PHEP	Public Health Emergency Preparedness
PHIS	Public Health Information Sharing
PHMSRR	Public Health and Medical Services Response Region
PIO	Public Information Officer
REMSC	Regional Emergency Medical Services Coordinator
RFMR	Request for Medical Resources
RFR	Request for Resources
RHCC	Regional Hospital Coordinating Center
RHO	Regional Health Office
RMERT	Regional Medical Emergency Response Team
RN	Registered Nurse
RRCC	Regional Response Coordination Center
SCIP	Statewide Communications Interoperability Plan
SEDP	Standby Emergency Department for Pediatrics
SEOC	State Emergency Operations Center
SIEC	State Interoperability Executive Committee
SIREN	State of Illinois Rapid Electronic Notification
SITREPS	Situation Reports
STIC	Statewide Terrorism and Intelligence Center
SNF	Skilled Nursing Facility
SNS	Strategic National Stockpile
SOP	Standard Operating Procedures
TMTS	Temporary Medical Treatment Station
TRT	Tactical Response Team
UAC	Unified Area Command
WMD	Weapons of Mass Destruction