Illinois Department of Public Health Emergency Support Function (ESF) 8 Plan

Public Health and Medical Services

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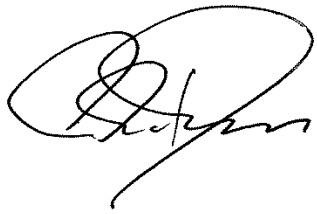
Foreword

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 as a guide to coordinate state government-wide response activities in the event of a public health and medical emergency. The IDPH ESF-8 Plan is to be complimentary to the state's Illinois Emergency Operations Plan (IEOP).

This plan was developed through a collaborative process involving Illinois Department of Public Health offices and divisions and partner state agencies that have a response role.



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1.0 Introduction

Local health departments (LHDs), collaboratively working with hospitals, emergency medical services, long-term care facilities and jurisdictional health and medical sites, have the primary responsibility of 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 their 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 emergency medical services personnel and health care facilities in public health emergencies. The Illinois Department of Public Health is the lead agency for Emergency Support Function (ESF) 8: Public Health and Medical Services. The Illinois Public Health and Medical Services Response Plan, also referred to as the IDPH ESF-8 Plan, is the guide for the Department's 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 ESF-8 Plan supports the public health and medical care component, as required in the State Emergency Operations Plan. IDPH is a supporting agency for Emergency Support Function (ESF) 6: Mass Care, Emergency Assistance, Housing, and Human Services.

1.1 Purpose

The purpose of the IDPH ESF-8 Plan is to provide operational guidance, detailing the public health 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. IDPH offices, divisions and sections will be responsible for regular review of their specific response roles, capabilities and responsibilities. The IDPH ESF-8 Plan establishes a framework that may be utilized by regional ESF-8 plans. The IDPH ESF-8 Plan does not dictate tactical or operational actions for the 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 also applies to 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 to be supported by the structure the IDPH ESF-8 Plan provides. The capabilities are as follows:

Public Health and Emergency Preparedness (PHEP) Capabilities	Hospital Preparedness Program (HPP) Capabilities
1. Community Preparedness and Health Care System Preparedness 2. Community Recovery and Health Care System Recovery 3. Emergency Operations Coordination 4. Emergency Public Information and Warning 5. Fatality Management 6. Information Sharing 7. Mass Care 8. Medical Countermeasure Dispensing 9. Medical Materiel Management and Distribution 10. Medical Surge 11. Non-Pharmaceutical Interventions 12. Public Health Laboratory Testing 13. Public Health Surveillance and Epidemiological Investigation 14. Responder Safety and Health 15. Volunteer Management	1. Health Care System Preparedness 2. Health Care System Recovery 3. Emergency Operations Coordination 5. Fatality Management 6. Information Sharing 10. Medical Surge 14. Responder Health and Safety 15. Volunteer Management

1.3 Situation

The IDPH ESF-8 Plan highlights the pivotal role of the public health and medical systems 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 to 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.

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
- Civil Disobedience
- Public Health Epidemic
- Agricultural Epidemic

The IDPH ESF-8 Plan is activated when the State Incident Response Center (SIRC) 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 coordination.

1.4 Assumptions

1. The Illinois Emergency Management Agency (IEMA) is the Authority Having Jurisdiction (AHJ) for the state of Illinois for disaster response and recovery actions.
2. IDPH is the primary agency for ESF-8 disaster response and recovery actions for the state. IDPH is a supporting agency for ESF-6.
3. An incident may not initially trigger a health emergency; although a secondary or cascading event stemming from the initial incident may do so.
4. Local emergency management agencies will notify local health departments/districts of incidents in their jurisdictions.
5. Local governments are the AHJ responsible for initial response and recovery actions for disasters.
6. The local AHJ's emergency operations center (EOC) will be activated to coordinate response and recovery actions.
7. The regional ESF-8 plan will be activated.
8. The Public Health and Medical Services Response Regions (PHMSRRs) (Attachment 2) serve as the primary regional geographical organizational structure for the IDPH ESF-8 Plan.
9. The PHMSRRs will operate under a regional ESF-8 plan as coalitions develop and collaborate.
10. LHD disaster response and recovery actions are stated in the emergency operations plan (EOP) of its AHJ.
11. The regional hospital coordinating center (RHCC) is the lead hospital for the coordination of disaster response and recovery actions for the hospitals within its region.
12. The RHCC, in consultation with IDPH, determines the prioritization of medical supplies and equipment allocation for the public health and health care systems in its region.

13. Non-medical request for resources (RFR) will be coordinated through the local EOC.

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, and local hospitals and emergency medical services (EMS) providers within each PHMSRR that may be called upon to provide or assist in emergency medical care when local resources are overwhelmed. (Attachments 1, 2, 3)

Regional Hospital Coordinating Center	City	EMS Region	PHMSRR
Rockford Memorial Hospital	Rockford	1	Rockford
OSF St. Francis Medical Center	Peoria	2	Peoria
St. John's Hospital	Springfield	3/odd years	Springfield
Memorial Medical Center	Springfield	3/even years	Springfield
Memorial Hospital	Belleville	4	Edwardsville
Memorial Hospital of Carbondale	Carbondale	5	Marion
Carle Foundation Hospital	Urbana	6	Champaign
Advocate Christ Medical Center	Oak Lawn	7	Chicago
Loyola University Medical Center	Maywood	8	Chicago
Advocate Sherman Hospital Association	Elgin	9	Chicago
NorthShore University HealthSystem Highland Park Hospital	Highland Park	10	Chicago
Advocate Illinois Masonic Hospital	Chicago	11	Chicago

This document is applicable as guidance information or as a template to the following organizations that may be called upon to provide support or response operations when local resources are overwhelmed:

- regional departments and agencies
- state and federal departments and agencies
- public service and/or private organizations and agencies

2.0 Concept of Operations

2.1 General

IDPH is responsible for the health of the general population in Illinois. This responsibility includes certain emergency preparedness activities, such as routine surveillance activities of regulated individuals or facilities, as well as complaint-initiated investigations, often conducted in partnership with other public agencies. In addition, 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 IDPH ESF-8 Plan is intended to establish a framework within which IDPH will support continuing development of appropriate procedures, guidelines and/or protocols to ensure the coordination of emergency preparedness, response and recovery activities. The establishment of policies, plan and procedures enables the agency to become aware of, gather additional information on, and act upon a potential or real emergency. By using an all-hazards plan approach, IDPH's preparedness and response protocols are identical, up to a point, for any type of disaster or outbreak.

2.2 National Response Framework

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.

2.3 Activation

2.3.1 When the governor declares a "State of Emergency", the SIRC is typically activated. The Illinois Emergency Management Agency (IEMA) will notify IDPH when they are required to implement all or a portion of the ESF-8 Plan. If the emergency involves a threat to public health, IDPH will in turn activate the Public Health Emergency Operations Center (PHEOC) to coordinate public health and medical system response operations.

2.3.2 In addition to a declared state of emergency, the IDPH director can activate the ESF-8 Plan in response to an event significantly impacting, or with the potential to significantly impact, the public's health. (Attachment 4)

2.3.3 If an IDPH facility becomes inoperable, the director may activate the IDPH Continuity of Operations Plan (COOP) to ensure the Department is capable of conducting its operations efficiently and with minimal disruption.

2.4 Levels of Response

2.4.1 Type 5 Health and Medical Emergency Event meets the following criteria:

- routine program investigation
- no media attention anticipated
- single IDPH program investigation
- single LHD involvement
- event lasting one day or less

2.4.2 Type 4 Health and Medical Emergency Event meets one or more of the following criteria:

- multiple IDPH division/section program response
- media attention possible
- potential for health and medical impact
- single LHD involvement
- event lasting more than one day

2.4.3 Type 3 Health and Medical Emergency Event meets one or more of the following criteria:

- most IDPH response offices involved
- definite media attention to incident
- significant health and medical impact
- most or all of an IDPH region involved
- activation of SIRC

2.4.4 Type 2 Health and Medical Emergency Event meets one or more of the following criteria:

- all IDPH response offices involved
- high profile media event
- definite health and medical impact
- multiple IDPH regions impacted
- state disaster declaration
- activation of the SIRC

2.4.5 Type 1 Health and Medical Emergency Event meets the following criteria:

- all IDPH offices involved and/or impacted
- state multi-media event
- widespread health and medical impact
- statewide involvement
- state disaster declaration
- activation of the SIRC

2.5 Organization

This plan establishes the organizational framework for the activation and management system for key IDPH activities implemented in disaster response and recovery actions. It is consistent with the National Response Framework (NRF), National Incident Management System (NIMS) and the Illinois Emergency Operations Plan (IEOP). The IDPH ESF-8 Plan also describes the major capabilities and resources available to IDPH to address various health hazards.

2.5.1 Local level

2.5.1.1 LHDs shall be prepared to implement plans when an emergency or disaster occurs.

2.5.1.2 Through these plans, LHDs shall access and utilize all available resources to protect against and cope with a public health emergency.

2.5.1.3 When LHDs determine that available resources are not adequate to respond to an emergency, they may request assistance through the regional ESF-8 plan.

2.5.1.4 When resources are not adequate through the regional ESF-8 plan, the state ESF-8 plan may be engaged.

2.5.2 State level

2.5.2.1 State emergency management officials will activate the SIRC to coordinate state and/or federal support to local jurisdictions.

2.5.2.2 All requests for health and medical assistance during emergency events will be routed through IEMA and the SIRC. The request will then be directed by the SIRC manager to the IDPH SIRC liaison to fill.

2.5.2.3 Upon receiving a request for medical resources (RFMR), IDPH communicates with the RHCC for intelligence gathering, information dissemination, additional resource requests and coordination of efforts.

2.5.3 Multi-state response structure

The incident may require accessing resources that exist outside the border of Illinois. The SIRC may consider requesting out-of-state resources through normal request patterns, interstate mutual aid agreements 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.

2.5.4 Federal response structure

When response to a disaster or emergency incident exceeds the resources and capabilities of Illinois to manage, 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 SIRC when a presidential disaster declaration appears imminent.

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 health and to 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
- Regional Health Offices (RHOs)

A majority, if not all, programs contained in these IDPH support offices are non-critical to IDPH emergency response functions. It is likely during Type 2 and 1 Health and Medical Emergency Events, staff from IDPH support offices will be utilized to assist the emergency operations of IDPH response offices.

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

3.1.1 Office of the Director and Chief of Staff

The director and chief of staff set emergency preparedness, response and recovery 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 Office of the Director oversees IDPH's seven regional offices, coordinating with the regional health officers on the operation of IDPH regional offices. The director will advise the governor and IEMA on health and medical response issues related to emergency events. Response roles are delineated in the Overall Operational Matrix and the Office of the Director Response Matrix. (Attachments 5 and 6)

3.1.1.1 Communications Manager/Public Information Officer (PIO)

The IDPH communications managers, in collaboration with public information officers detailed from the Illinois Department of Central Management Services (CMS), are responsible for media contact and public information activities for IDPH, including rumor control and emergency response and recovery information. This staff will coordinate with the Governor's Press Office and SIRC communication

staff during an incident, event, review, investigation and/or enforcement activities.

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 staffs 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 staffs on IDPH's emergency response and recovery efforts and initiatives. This division provides information to the Office of the Director, the Office of the Governor's Legislative Affairs and IEMA's legislative liaison on emergency response and recovery issues and concerns expressed by members of the Illinois General Assembly, the United States Congress and their staffs.

3.1.1.3 **Chief Counsel and Legal Staff**

The IDPH chief 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)**

OPR response roles are delineated in the Overall Operational Matrix and the OPR Response Matrix. (Attachments 5 and 7)

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

The Division of Disaster Planning and Readiness coordinates IDPH's preparedness activities in relation to all potential health and medical

emergencies. The division serves as a key state liaison for LHD emergency preparedness and coordinates response and recovery operations for statewide health and medical emergencies. The division develops emergency operating procedures for natural and man-made disaster response and recovery activities and serves as the IDPH liaison in the SIRC.

3.1.2.1.1 **Regional Section/Emergency Response Coordinator (ERC)**
The ERC position is responsible for assisting LHDs in response and recovery duties as needed during health and medical emergency events. ERCs also liaise with the Unified Area Command, managing requests, monitoring public health resources and gathering information for situational awareness.

3.1.2.1.2 **Training, Exercise and Evaluation Section**
This section collaborates with state response agencies, especially IEMA, and IDPH ERCs and Regional Emergency Medical Services Coordinators (REMSCs) and health care coalitions on the development, execution and documentation of 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 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 to 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 SIRC liaison secondary to the DPR division chief.

3.1.2.1.4 **Volunteer Management**
This section is responsible for systems that coordinate the identification, recruitment, registration, credential, 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 Regional

Hospital Coordinating Centers; 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. It also serves as the state liaison for hospital and EMS emergency preparedness activities. When a request for ambulances comes to the SIRC, IDPH coordinates with the Mutual Aid Box Alarm System (MABAS) to fill the request. 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 PHMSRR.

3.1.2.2.1 **Regional EMS Coordinators (REMSCs)**

REMSCs collaborate with regional hospital coordinating centers in their assigned region to assist with communications on the status of emergency response and recovery activities for hospitals in the EMS region. REMSCs will 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 also liaise with the Unified Area Command, managing requests, monitoring public health resources and gathering information for situational awareness.

3.1.2.3 **Division of Financial and Grant Management**

Division of Financial and Grant Management coordinates fiscal issues associated with the U.S. Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) Grant and the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) Grant. During a response, staff will fill the role of finance section chief.

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

The PHEP/HPP program manager develops policies, negotiates agreements, and uses other mechanisms to utilize federal funds from the CDC Public Health Emergency Preparedness (PHEP) and U.S. Department of Health and Human Services (HHS) Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) Grants to support and enhance IDPH, LHDs and hospitals in Illinois' public health and medical disaster emergency preparedness planning and response capabilities.

3.1.2.5 **Hospital Preparedness Coordinator**
Hospital preparedness coordinator operates the daily activities of the Hospital Preparedness Program with the RHCCs and other partners.

3.1.2.6 **Medical Counter Measures (MCM)/Strategic National Stockpile (SNS) Program Manager**
The SNS 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; collaborating with all appropriate state response agencies during the planning and response stages. Also responsible for coordinating with local and state health and medical entities to ensure sufficient volunteers have been organized to supplement local staffing.

3.1.2.6.1 ChemPack is a CDC project within the SNS program that involves the 'forward' placement of chemical antidote assets to aid state/local emergency response authorities during a chemical agent event when local resources have been depleted.

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 or vaccinations 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 Advises the public on the treatment and processes for emergency hauling, handling or disinfection of drinking water; conducts water quality monitoring; and assists with the procurement of emergency supplies of portable toilets and hand washing stations for persons affected by an emergency.

3.1.3.2.2 Provides public information on pesticides and assists local agencies with pest and vector control.

3.1.3.2.3 Provides technical assistance for shelter operations related to safe drinking water, waste disposal, vectors and vermin.

3.1.3.2.4 Staff may respond to hazardous materials incidents by providing technical assistance, health education or, in some cases, environmental monitoring and sampling.

3.1.3.2.5 Provides staff to support the IEMA Radiological Task Force and Illinois State Weapons of Mass Destruction Team.

3.1.3.2.6 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 Coordinates procurement of emergency supplies of potable water.

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 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 Assists 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 Assists 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 the Office of Health Protection, may, along with other IDPH programs and local authorities, participate in epidemiological and environmental investigations of disease outbreaks in hospitals and regulated acute care facilities.

3.1.4.1.2 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 Assists 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 Advises and provides technical assistance to, and, if necessary, direct long-term care (LTC) facilities to evacuate 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 Assists LTC facilities with the 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 the Office of Health Protection, 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 coordination with hospitals and medical facilities follows 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 (SIREN) which may be utilized in a health and medical emergency event.

3.1.5.2 Responsible for the SharePoint Web Portal and Intranet, which may be utilized in a health and medical emergency event.

3.1.6 Office of Finance and Administration (OFA)

3.1.6.1 Facilitates emergency procurement for contractual services or supplies when necessary.

3.1.6.2 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.

3.1.7 Office of Human Resources

3.1.7.1 Maintains an emergency database of employee information that may be accessed and searched, in the event of an emergency, to obtain technically qualified staff.

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

3.1.8 Office of Health Promotion

3.1.8.1 Assist with shelter accessibility for people with disabilities and others with access and functional needs during a health and medical emergency event.

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 Policy, Planning, and Statistics**
- **Office of Women's Health**
- **Office of Performance Management (OPM)**
- **Regional Health Offices (RHOs)**

3.2 Support Agencies/Facilities/Organizations

3.2.1 Regional Hospital Coordinating Center (RHCC)

3.2.1.1 Lead hospital in a PHMSRR and/or EMS region and responsible for coordinating health and medical emergency response for hospitals in the region.

3.2.1.2 Serves as the primary point of contact for communication and coordination of emergency response activities with its resource, associate and participating hospital(s) and EMS provider(s).

3.2.1.3 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 their LHDs and RHCC ongoing situational awareness of medical disasters, responses and resources occurring in their delivery service area.

3.2.1.4 Inform IDPH as appropriate when regional ESF-8 plan has been activated.

3.2.1.5 Inform IDPH when regional resources are near depletion.

3.2.1.6 Assist with communication and request for medical resources (RFMR) as specified in the regional ESF-8 plan of the PHMSRR where the LHD, hospital or health care provider resides.

3.2.1.7 In consultation with IDPH, determines the prioritization of medical supplies and equipment allocation for the public health and health care systems in its region.

3.2.2 **Resource Hospitals**

3.2.2.1 Lead hospital for EMS and has the authority and responsibility for all EMS system program plans, including clinical aspects and operation.

3.2.2.2 Communicate with RHCC for RFMR, or as indicated in the regional ESF-8 plan, of the PHMSRR where the hospital resides. (Attachment 8)

3.2.2.3 When RFMR cannot be filled within the region, the affected hospital will contact their 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.

3.2.2.4 Non-medical requests for resources (RFR) will be coordinated through the local emergency operations center (EOC).

3.2.2.5 Function as a liaison between the associate and participating hospitals within their region and the RHCC.

3.2.2.6 Local hospitals will initiate, and upon request, provide their LHDs and RHCC ongoing situational awareness of medical disasters, responses and resources occurring in their delivery service area.

3.2.3 **Associate Hospitals**

3.2.3.1 Responsible for supporting the health and medical emergency response activities of their resource hospital.

3.2.3.2 Communicate and submit RFMR as necessary and as indicated in the regional ESF-8 plan and this plan. (Attachment 8)

3.2.3.3 When RFMR cannot be filled within the region, the affected hospital will contact their 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 RFR will be coordinated through the local EOC.

3.2.3.5 Local hospitals will initiate, and upon request, provide their LHDs and RHCC ongoing situational awareness of medical disasters, responses and resources occurring in their delivery service area.

3.2.4 **Participating Hospitals**

3.2.4.1 Responsible for supporting the health and medical emergency response activities of their associate and resource hospitals.

3.2.4.2 Communicate and submit RFMR as necessary and as indicated in the regional ESF-8 plan and this plan. (Attachment 8)

3.2.4.3 When RFMR cannot be filled within the region, the affected hospital will contact their 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 the local EOC.

3.2.4.5 Local hospitals will initiate and, upon request, provide their LHDs and RHCC ongoing situational awareness of medical disasters, responses and resources occurring in their delivery service area.

3.2.5 **Local Health Departments (LHD)**

3.2.5.1 Maintain communication and provide situational awareness updates to hospitals as necessary.

3.2.5.2 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.

3.2.5.3 Communicate with RHCC for RFMR or, as indicated, in the regional ESF-8 plan, of the PHMSRR where the LHD resides. (Attachment 9)

3.2.5.4 Non-medical RFR will be coordinated through the local EOC.

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 Assist with distribution of Illinois Pharmaceutical Stockpile (IPS) emergency medical supplies and medications to first responders once SNS has been activated.

3.2.6 **Emergency Medical Services 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 **Illinois Emergency Management Agency (IEMA)**

3.2.7.1 Work with specific agency(ies) within jurisdiction(s) to gain a situational awareness of the incident.

3.2.7.2 Collaborate with IDPH on the RFMRs for specific resources for hospitals, public health departments, alternate care sites, alternate treatment sites and temporary medical treatment stations.

3.2.7.3 Collaborate with IDPH to fulfill the request for medical care by activating the Illinois Medical Emergency Response Team (IMERT).

3.2.7.4 Proceed with established procedures for requesting disaster declaration (state and federal) as indicated.

3.2.7.5 Proceed with established procedures for facilitating EMAC requests as indicated.

3.2.7.6 In an incident involving possible radiation, will provide or supervise the conduct of radiation monitoring for personnel contamination, and make referrals when appropriate to medical facilities for further evaluation and treatment.

3.2.7.6.1 Provide staff and equipment to monitor individuals for contamination prior to their being offered temporary shelter and other relief services.

3.2.7.6.2 Can provide similar assessments to ensure the safety of food, dairy products and drinking water supplies where radiological contamination may have occurred.

3.2.7.7 Provide personnel to assist in sample collection and transport; personnel certified by the American Red Cross in CPR and first aid, health physicists, laboratory technicians, X-ray equipment inspectors and operators, clerical support and general labor assistance.

3.2.8 **Illinois Department of Human Services (IDHS)**

3.2.8.1 Assist with evacuation of Alcohol and Other Drug Abuse (AODA) treatment facilities in the impacted areas.

3.2.8.1.1 Assist with the relocation of impacted treatment facilities and treatment clients who cannot be relocated to general population community shelters.

3.2.8.1.2 Arrange for staff from its network of providers to conduct AODA assessments of disaster victims, as needed, and provide referrals to treatment services, as indicated.

3.2.8.1.3 Arrange for staff from its network of AODA prevention programs to provide AODA prevention services to disaster victims residing in shelters, camps, mobile home parks and other temporary locations.

3.2.8.2 Assist with evacuation of mental and behavioral health treatment facilities in the impacted areas.

3.2.8.2.1 Assist with relocation or shelter-in-place of any impacted mental or behavioral health treatment facility.

3.2.8.2.2 Arrange for staff from its network of mental health providers to conduct mental health assessments of disaster victims, as needed, and provide referrals to treatment services, as indicated.

3.2.8.3 Provide support with counseling to both disaster victims and emergency workers through its local granted agencies. Provide IDPH with situational awareness of such activities.

3.2.8.4 Coordinate repackaging of emergency medications and supplies and assist with emergency pharmaceutical distribution and quality assurance.

3.2.9 **Illinois Department of Military Affairs (IDMA)**
IDMA functions as a liaison between the federal government and the Illinois National Guard (ING).

3.2.9.1 Provide personnel and equipment for triage and emergency medical care and portable medical aid stations.

3.2.9.2 Provide aircraft and aircrew members for emergency aero medical evacuation.

3.2.9.3 Provide tents for use as first aid stations.

3.2.9.4 Provide personnel and supplies for field sanitation services.

3.2.9.5 Provide air monitoring for contaminants.

3.2.9.6 Provide personnel and equipment to assist with the distribution of SNS push packages and managed inventory.

3.2.9.7 Provide backup security for emergency medical supplies.

3.2.9.8 Provide backup transportation for emergency medical supplies.

3.2.10 **Illinois State Police (ISP)**

3.2.10.1 Division of Operations will provide vehicle escorts to expedite transportation of medical teams to and from disaster site and provide vehicle escorts for emergency medical assets.

3.2.10.2 Division of Forensic Services and Identification will provide assistance to local coroners in the identification of fatalities.

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

3.2.11 **Illinois Department of Transportation (IDOT) – Division of Aeronautics**

3.2.11.1 Transport key health care and emergency workers, medical equipment and/or medical supplies using IDOT aircraft.

3.2.11.2 Transport blood, blood products and tissue as required to support emergency operations.

3.2.12 **Illinois Department of Transportation (IDOT) – Division of Highways**

3.2.12.1 Provide transportation of emergency medications and medical supplies.

3.2.12.2 Provide trucks and drivers to support distribution of the SNS.

3.2.13 **Illinois Department of Central Management Services (CMS)**

3.2.13.1 Responsible for coordinating 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

3.2.13.2 Coordinate the use of real property under its ownership or lease agreement and the acquisition of additional leased property, as necessary. This coordination will include 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.

3.2.13.3 Responsible for procurement of items not available through state sources from commercial vendors or suppliers.

3.2.13.4 Provide trucks to help support distribution of the SNS.

3.2.13.5 Assist with public and crisis information by:

- providing additional public information officers (PIOs)
- coordinating/supporting establishment and maintenance of Web pages to communicate disaster information
- establishment of phone banks for hotlines

3.2.14 **Illinois Environmental Protection Agency (IEPA)**

3.2.14.1 Provide technical advice and sample analysis for public water supply systems.

3.2.14.2 Provide air monitoring and wipe sampling for selected hazardous materials inside buildings or structures when monitoring resources are not committed to other hazardous materials missions.

3.2.14.3 Provide toxicological expertise and risk communication expertise in support of health risk communication about chemicals or other health risks.

3.2.14.4 Provide technical advice to medical care providers on chemical decontamination of emergency responders or other exposed persons, and the disposal of contaminated wastes.

3.2.14.5 Process expedited permits for waste disposal and/or open burning of debris in aid of vector control.

3.2.14.6 Provide technical expertise on sanitation control for emergency bulk drinking water distribution.

3.2.15 **Illinois Department of Corrections (IDOC)**

3.2.15.1 Provide transportation and security for the IPS.

3.2.15.2 Provide eight (8) regional distribution centers (RDCs). Responsible for security at each of these locations.

3.2.15.3 Provide back up security at the receiving, staging and shipping (RSS) facilities.

3.2.15.4 Provide backup warehouse operators at the RSS facilities.

3.2.15.4 Provide backup storage and/or transportation for emergency medications and medical supplies.

3.2.16 **Illinois Department of Natural Resources (IDNR)**
Provide manpower and vehicle escorts to expedite transportation of medical teams.

3.2.17 **Illinois Department of Veteran's Affairs (IDVA)**
Provide available emergency medical support services and/or supplies as are deemed appropriate and available and which will not unduly compromise or diminish the facility operations of the resident care and services.

3.2.18 **Medical Examiners/Coroners**
Has primary responsibility for emergency mortuary services. The medical examiner or coroner of the area is in charge of the death scene and of establishing the emergency morgue.

3.2.19 **Illinois Coroners and Medical Examiners Association (ICMEA)**
During a mass fatality event, will work with IDPH to determine need for additional resources. Will coordinate with hospitals, funeral homes and other statewide mortuary service providers to provide resources.

3.2.20 **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.

3.2.21 **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 PHEOC, 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

3.2.22 **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 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 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 IMERT EMAC Team: Composed of 24-30 responders deployable to other states for a two week period with medical and team support supplies.

3.2.22.5 Pediatric IMERT: Comprised of pediatric, neonatal and obstetric experts. This team will 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)**

All LHDs in Illinois have signed mutual aid assistance pacts that provide 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 who have signed on to the IPHMAS in terms of personnel, equipment, supplies and services. The services and help will be provided at no cost to the area dealing with the emergency and each LHD will be responsible for maintaining their own liability insurance.

3.2.24 **Illinois Veterinarian Emergency Response Team (IVERT)**

In coordination with the Illinois Department of Agriculture (IDA), IDPH is a supporting agency for ESF-11: Agriculture and Natural Resources. IDA provides coordination for IVERT when it is activated by IEMA.

3.2.24.1 Livestock Response

IVERT personnel will provide support to local and regional agencies responding to an event impacting livestock, especially infectious disease outbreaks. Increased emphasis for health and medical agencies will be those infectious disease outbreaks in livestock with the potential of infecting humans.

3.2.24.2 Pet and Service Animal Support

IVERT personnel will provide support at shelters for the pets and service animals of citizens displaced out of their homes during health and medical emergency events.

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

MABAS is a consortium of municipalities, fire districts and EMS providers who have committed to providing emergency service assistance. The goal of MABAS is to establish a standard, statewide mutual aid plan for fire, EMS, hazardous materials, mitigation and specialized rescue through a recognized system that will effectively support existing plans. MABAS has been recognized as an existing system that provides a 24-hour mechanism to mobilize emergency response and EMS resources to any given location within the state during a time of need through coordination with IEMA and IDPH/EMS.

3.2.25.2 Once the MABAS dispatch center is notified by IDPH/EMS through the PHEOC of a request for additional resources from the stricken community or region's incident command, the MABAS dispatch center will make balanced requests for response of participating

divisions to fill the assignment without significantly depleting any single division or geographic area.

3.2.25.3 MABAS assets include fire engines, ladder trucks, heavy rescue squads, ambulances, emergency medical technicians (EMTs) and hazardous material teams. MABAS is also capable of providing a consortium of special teams and equipment including water tankers, underwater rescue and recovery, specialized rescue (above/below grade and building collapse) and task force disaster response capabilities.

3.2.26 **American Red Cross (ARC)**

3.2.26.1 Provide emergency first aid for minor illnesses and injuries to disaster victims in mass care shelters, selected disaster cleanup areas, and other sites. Disaster health personnel (nurses, emergency medical technicians, first aid certified personnel, caseworkers, mental health professionals) are available for response.

3.2.26.2 Provide emotional counseling and psychological first aid for the disaster victims, family members of victims and disaster workers.

3.2.26.3 Acquaint families with available health resources and services and make appropriate referrals, as needed and requested.

3.2.26.4 Provide blood and blood products through Red Cross regional blood centers as needed and requested.

3.2.26.5 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.

3.2.27 **Other Non-Governmental Organizations (NGO)**
Upon request, other non-governmental organizations (NGOs), such as the Salvation Army or faith-based organizations, will provide food, clothing, shelter and other basic needs for survival during an emergency. Crisis counseling capability also is sometimes available.

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 SIRC 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.

4.1.3 Requests for health and medical assistance during emergency events will be routed through IEMA and the SIRC. The request will then be directed by the SIRC manager to the IDPH SIRC liaison to fill. IDPH will determine the best resources from a health and medical standpoint to deploy to fulfill the request.

4.1.4 The overall authority for direction and control of IDPH resources for response to a public health emergency is the IDPH director. The line of succession at IDPH goes from the director to the assistant director, forward to the appropriate deputy directors of the individual IDPH offices.

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.

4.2 Direction and Control Points

4.2.1 **Public Health Emergency Operations Center (PHEOC)** is led by the IDPH OPR. It serves as the strategic coordination center for emergency health and medical response activities for the Department, communicating with all required IDPH offices, LHDs, RHCCs and the SIRC through the SIRC liaison. The PHEOC, depending on the level of activation, 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.

4.2.2 **OPR Incident Management Team (IMT)**
The IMT is staffed according to the incident command system (ICS). The 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. (Attachment 10)

4.2.3 **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 **SIRC** 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 Type 3, 2 or 1 health and medical emergency incident or event. During Type 2 and Type 1 health and medical emergency events, 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 tactical response 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 SIRC.

4.2.7 The **Local Health Department (LHD)** is responsible as the ESF 8 lead in their local jurisdiction for coordinating response capabilities and resource requests that cannot be obtained locally or regionally for the hospitals, emergency medical services, long-term care facilities and other health and medical facilities.

4.2.8 **Regional Hospital Coordinating Centers (RHCCs)** serve as the lead hospital in a specific region responsible for coordinating the disaster medical response. The RHCC will serve as the primary point of contact for communication and coordination of disaster response activities with its hospital(s) and EMS provider(s).

4.2.9 **Information Centers** - 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 SIRC for Type 4 or 3 health and medical emergency events. For Type 2 or Type 1 health and medical emergency events, a joint information center (JIC) may be established to coordinate media requests and information dissemination. No media attention is anticipated for a Type 5 health and medical emergency event.

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. 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 11)

5.1 Notification

When a disaster or health emergency occurs, the duty officer for IDPH will be notified by the IEMA Communications 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.

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. Some of the possible established methods for communication include:

- Telephone (landline)
- Telephone (cellular)
- Facsimile (fax)
- Electronic mail (e-mail)
- WebEOC
- State of Illinois Rapid Electronic Notification (SIREN)
- Radio systems (Starcom, IREACH, MERCI, HAM/Amateur)
- Comprehensive Emergency Management Program (CEMP)
- Hospital bypass 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) for normal day-to-day communication and for communication during Type 5 health and medical emergency events.

5.2.2 **Health and Medical Partner Agencies**
IDPH communicates with its health and medical partners on a regular basis utilizing electronic mail; however, electronic mail (e-mail) may be limited during a health and medical emergency event dependent on the size and scale of the event. Communication from the IDPH SIRC liaison, when the SIRC is activated, will involve use of the WebEOC system for communication with the PHEOC and other IDPH offices as available.

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:

- Illinois Department of Public Health
- Local health departments
- Hospitals and hospital laboratories
- Emergency medical systems
- Long-term care facilities
- Rural health centers
- Medical response teams
- State response agencies

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 Operable and Interoperability Voice Wireless Trunked Network

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. During any event the necessary radio nets will be initiated in order to support the various voice communications needs for the health care community. The following radio nets would be initiated to mitigate any incident:

5.4.1 IDPH has developed a talk group configuration to allow for health community partners to communicate during all levels of incidents with the most reliable platform possible.

5.4.1.1 LHDs have regional talk groups that support the local, regional and statewide communications capabilities to support the mitigation of any incident.

5.4.1.2 RHCCs and local hospitals have regional talk groups that support the local, regional and statewide communications capabilities to support the mitigation of any incident.

5.4.1.3 IMERT has an assigned talk group that supports the local, regional or statewide communications capabilities to support the mitigation of any incident.

5.4.1.4 Local blood services and American Red Cross Disaster and Recovery Operation Group have an assigned talk group that supports the local, regional and statewide communications capabilities to support the mitigation of any incident.

5.5 Comprehensive Emergency Management Program (CEMP)

CEMP is a Web-based program in which internal communication and documentation can occur between IDPH and LHDs and hospitals. Workgroups can be developed within CEMP to facilitate communication and to provide situational awareness during an emergency response.

5.6 Hospital Bypass/State Disaster Reporting System

The Hospital Bypass System is a Web-based system that hospitals use to communicate bypass status, counts for required 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 12)

5.7 Emergency Network (EMnet)

5.7.1 EMnet is a possible back-up communications tool.

5.7.2 EMnet allows the SIRC to push out information and is fully integrated with the Emergency Alert System (EAS) and the National Weather Service (NWS), enabling dissemination of alerts.

5.7.3 The IDPH PHEOC and the RHCCs have EMnet terminals.

5.7.4 EMnet capability also is available at other state agencies, member agencies of the Chicago Transit Alert Network, the Greater Chicago American Red Cross, Metropolitan Salvation Army Emergency Disaster Services Agency and public safety agencies in every county of the state.

5.8 Illinois Radio Emergency Assistance Channel (IREACH)

5.8.1 IREACH: Most LHDs have received VHF portable radios capable of accessing Illinois Radio Emergency Assistance Channel (IREACH).

5.8.2 Governmental interagency mutual aid channel. IREACH can only be used by the following classes of response agencies:

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

5.8.3 The IREACH channel has been set aside by the Federal Communications Commission for the use of Illinois public safety agencies as a means of communications among public safety agencies when no other direct means of communications is available.

5.8.4 Radio traffic is restricted to official duties and the protection of life and/or property.

5.8.5 IREACH communications capabilities have been extended to public works agencies; many citizen corps groups and volunteer, not-for-profit agencies.

5.8.6 The American Red Cross Mobile Support Teams and all branches of the United States armed forces have been authorized to use the IREACH channel to facilitate communications between mobile command centers and responding resources within Illinois.

5.8.7 The IREACH channel is found in most law enforcement, fire department and emergency medical services' vehicles throughout the state, and has become the logical choice for most regional responses to floods, tornadoes and other disasters.

5.9 Medical Emergency Radio Communications of Illinois (MERCI)

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

5.9.2 Hospitals in Illinois with emergency departments have received MERCI radios.

5.9.3 MERCI also allows for mobile-to-ISP base station traffic and vice versa in certain areas of the state.

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

5.9.5 IMERT uses this channel to communicate with hospitals in a stricken area.

5.10 Ham/Satellite radio

In the event Starcom radios are inoperable, Ham or satellite radios may be used by hospitals 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 their Radio Amateur Civil Emergency Services (RACES) network group, provides the direction and support for these networks.

5.11 Public and Crisis Information (Risk Communication)

5.11.1 Telephone Lines

Phone banks for disaster hotlines will be established by CMS. A mechanism will be created to track call types for rumor control purposes. OPR will monitor the information received and requested from the media and the public.

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.

5.11.2 Internet

CMS will coordinate/support the establishment and maintenance of Web pages to communicate disaster information.

5.11.3 Media

In collaboration with the director, the Office of the Governor, CDC and IDPH PIOs detailed from CMS, the IDPH communications manager will create and disseminate information regarding the situation; major actions being taken; and

information about disease, public guidance and resources. Rumor control will be a primary concern, and it will be imperative to immediately issue information updates and to correct errors and misperceptions.

5.11.4 RightFax

5.11.4.1 The state uses Captaris RightFax, a fax server, document delivery and fax software. It integrates and automates the flow of a full range of fax, paper, and electronic documents and data. By using a RightFax fax server, the state can securely and efficiently deliver information from virtually any application via fax, e-mail, print devices or over the Internet.

5.11.4.2 The state has a database that contains hundreds of different lists for print, radio and television media, including statewide and county lists and specialty lists. E-mail addresses or fax numbers are utilized for RightFax. RightFax is utilized by the Governor's office, state agencies under the governor's authority and other constitutional officers. If PIOs have specialty lists they want to be able to send news releases to, they are able to provide the names, addresses, fax and/or e-mail addresses and phone numbers of the recipients and that information will be entered into a list in the database. Releases are sent to the cms.iisnews@illinois.gov inbox, where the state processes the news release through RightFax, checks formatting, adds the identification number, selects the lists requested in the originating e-mail, tests and sends it out within 10-15 minutes. If instructions indicate a specific time, the state can queue the news release to be sent at that time.

5.11.4.3 The RightFax server is available 24 hours a day, excluding planned or unplanned outages. Staff are equipped to utilize RightFax from home for after-hours releases or if an emergency would prevent getting to the office or accessing the office computer. If there are technical problems with the RightFax server on weekends or outside of normal business hours Monday through Friday, technicians may be available to remedy the problem. RightFax is compatible with Microsoft Word and Excel documents as well as PDFs, jpg and other picture files.

6.0 Recovery

The 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:

- Inform IDPH staff, news media and the public the emergency or threat no longer exists.
- Inform IDPH staff and partners on the process for returning to normal operations.
- Supervise the demobilization efforts.
- Ensure all systems and communications are operational and available to support normal operations.
- 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.
- Ensure records, reports and data from the incident are received by the planning section to share with appropriate agencies for review and improvement planning.
- Conduct follow-up with health agency partners for post-incident 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.

8.0 Authorities and References

8.1 National Response Framework (NRF)
8.2 National Incident Management System (NIMS)
8.3 Illinois Emergency Operations Plan
8.4 Emergency Medical Services Systems Act [210 ILCS 50]
8.5 Emergency Medical Services and Trauma Center Code (77 Illinois Administrative Code 515)

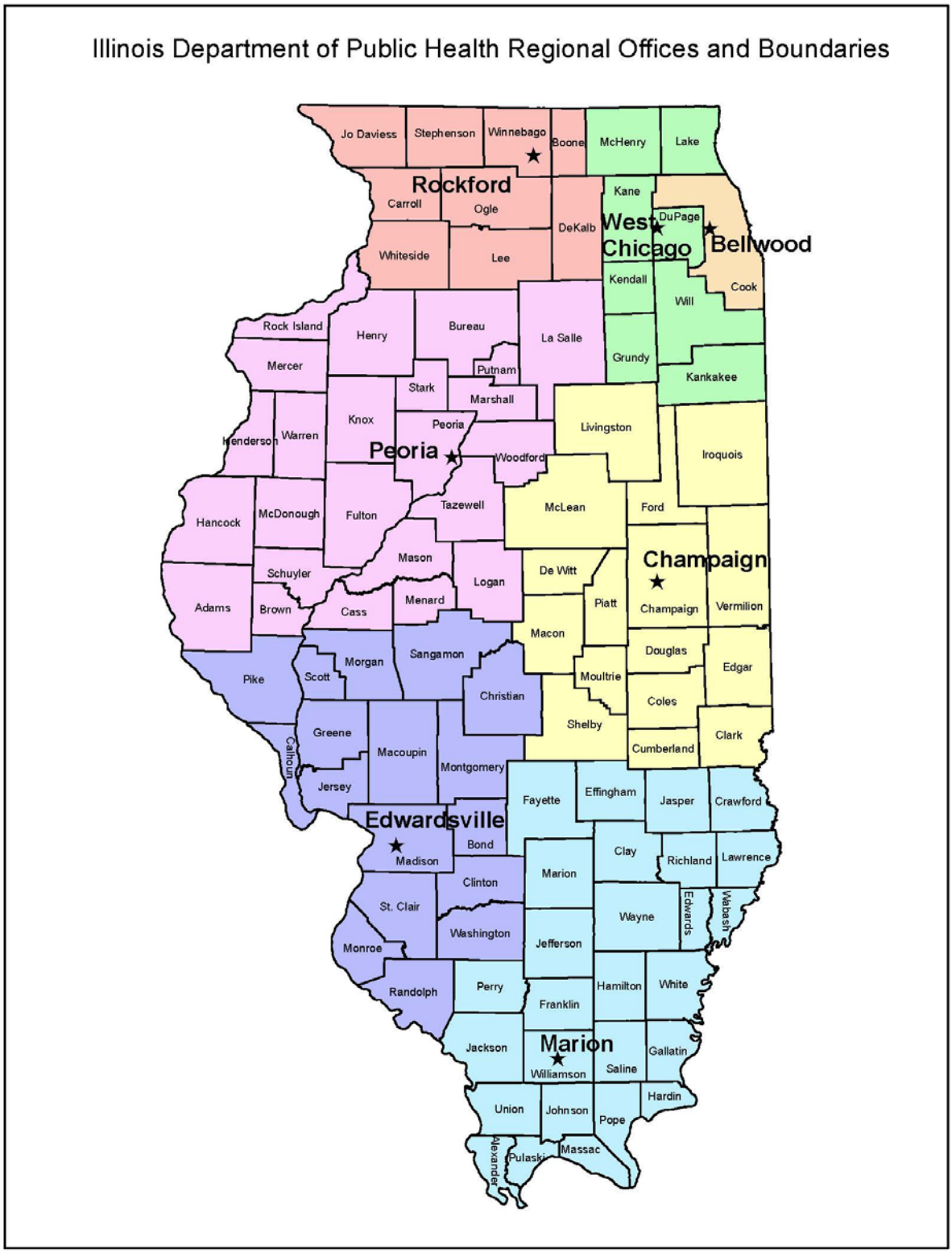
Attachments

1. Illinois Department of Public Health Regional Offices and Boundaries map
2. Public Health and Medical Services Response Regions map
3. Emergency Medical Service Regions map
4. Activation Pathway for the IDPH ESF-8 Plan
5. Overall Operations Matrix
6. Office of the Director Emergency Response Matrix
7. Office of Preparedness and Response Emergency Response Matrix
8. Hospital Disaster Resource Request Flowchart
9. Local Health Department Disaster Resource Request Flowchart
10. Chart of OPR Incident Management Team (IMT)
11. Medical Incident Report Form
12. Hospital Bypass System/Mass Casualty Incidents Inventory Items
13. Hospital Classification Levels
14. Ambulance Classification Levels
15. Long-Term Care Facility Classification Levels
16. Acronyms

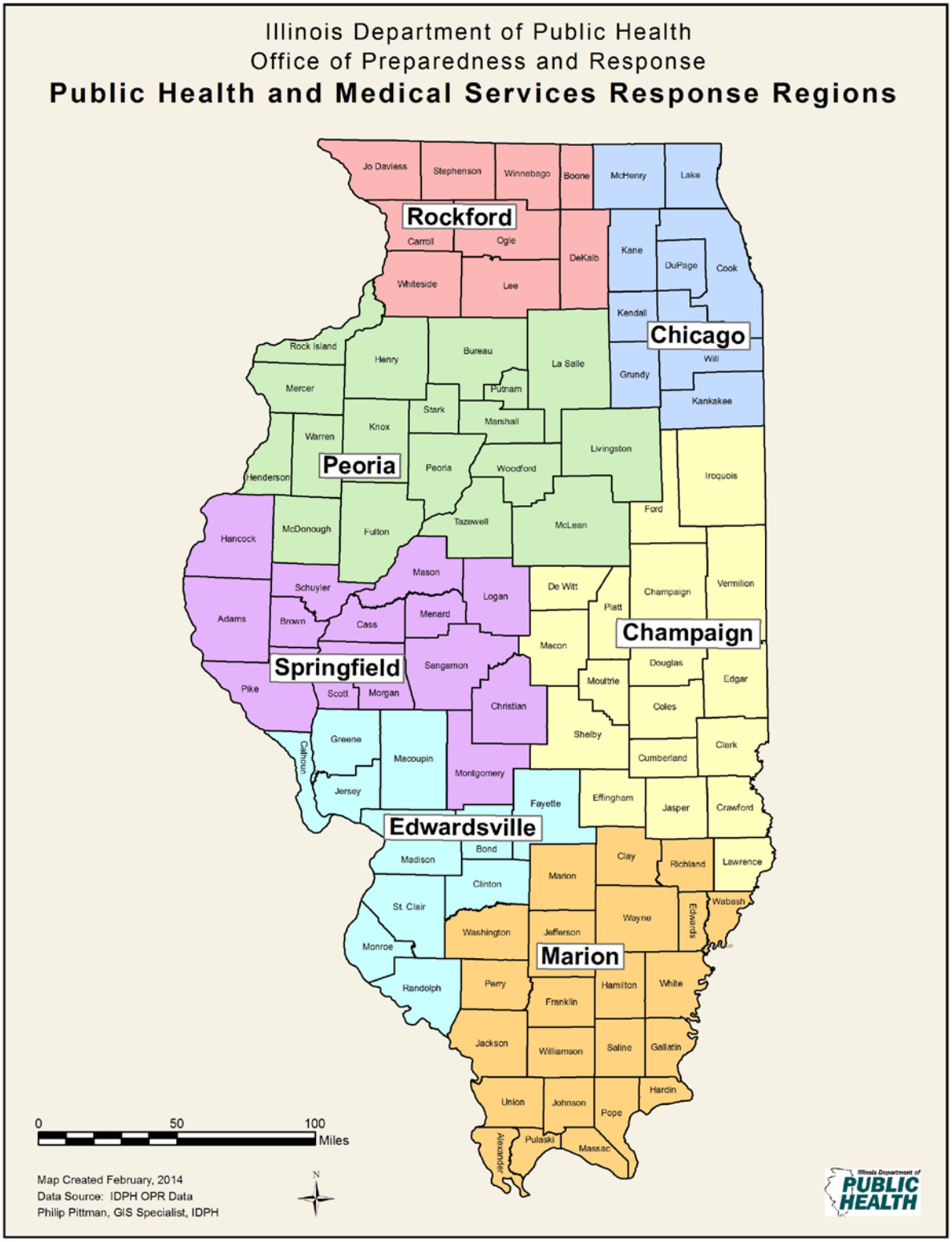
Annexes

1 Pediatric and Neonatal Surge Annex
2 Burn Surge Annex
3 Pandemic Influenza Annex
4 Medical Counter Measures/ChemPack Annex

Attachment 1



Attachment 2



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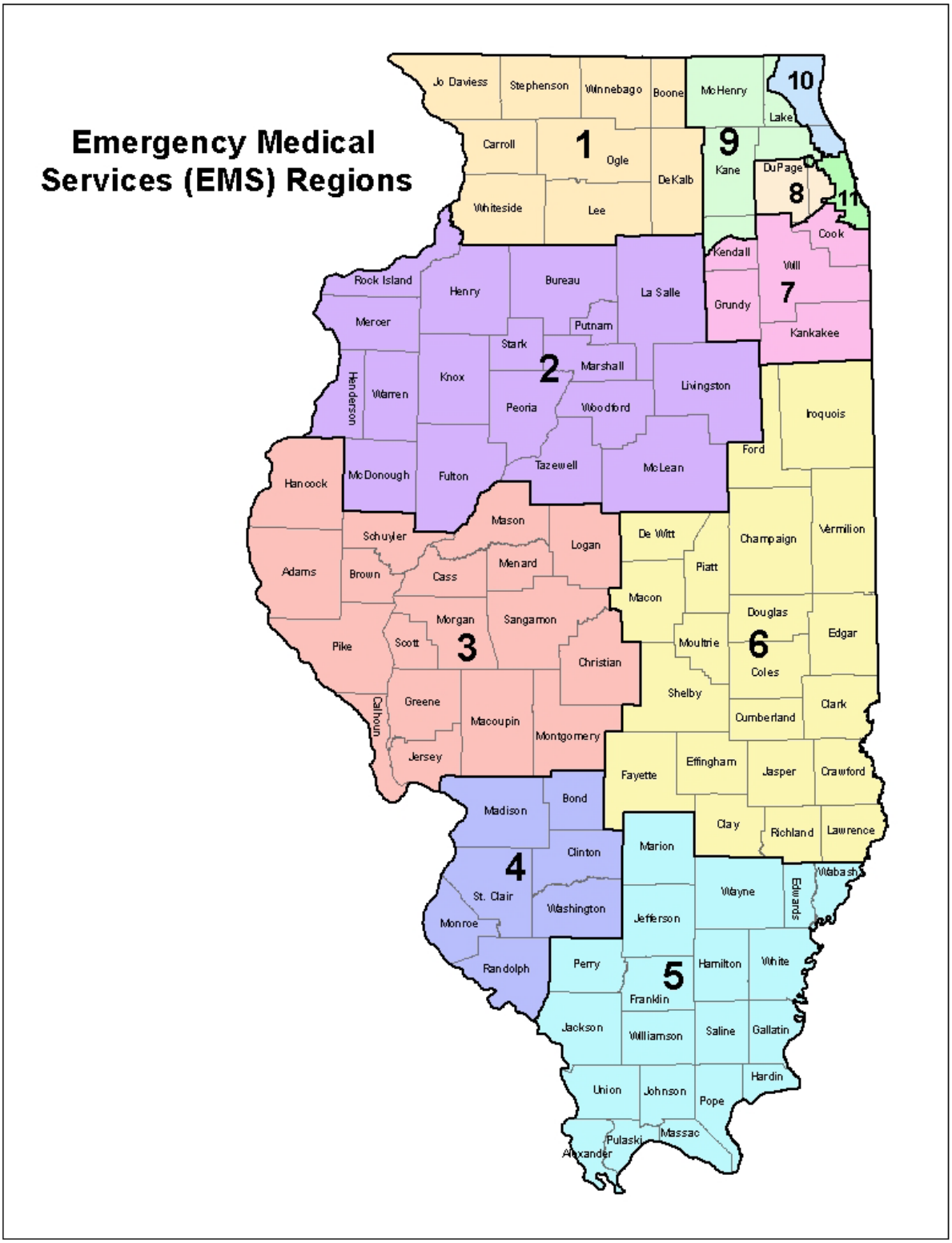
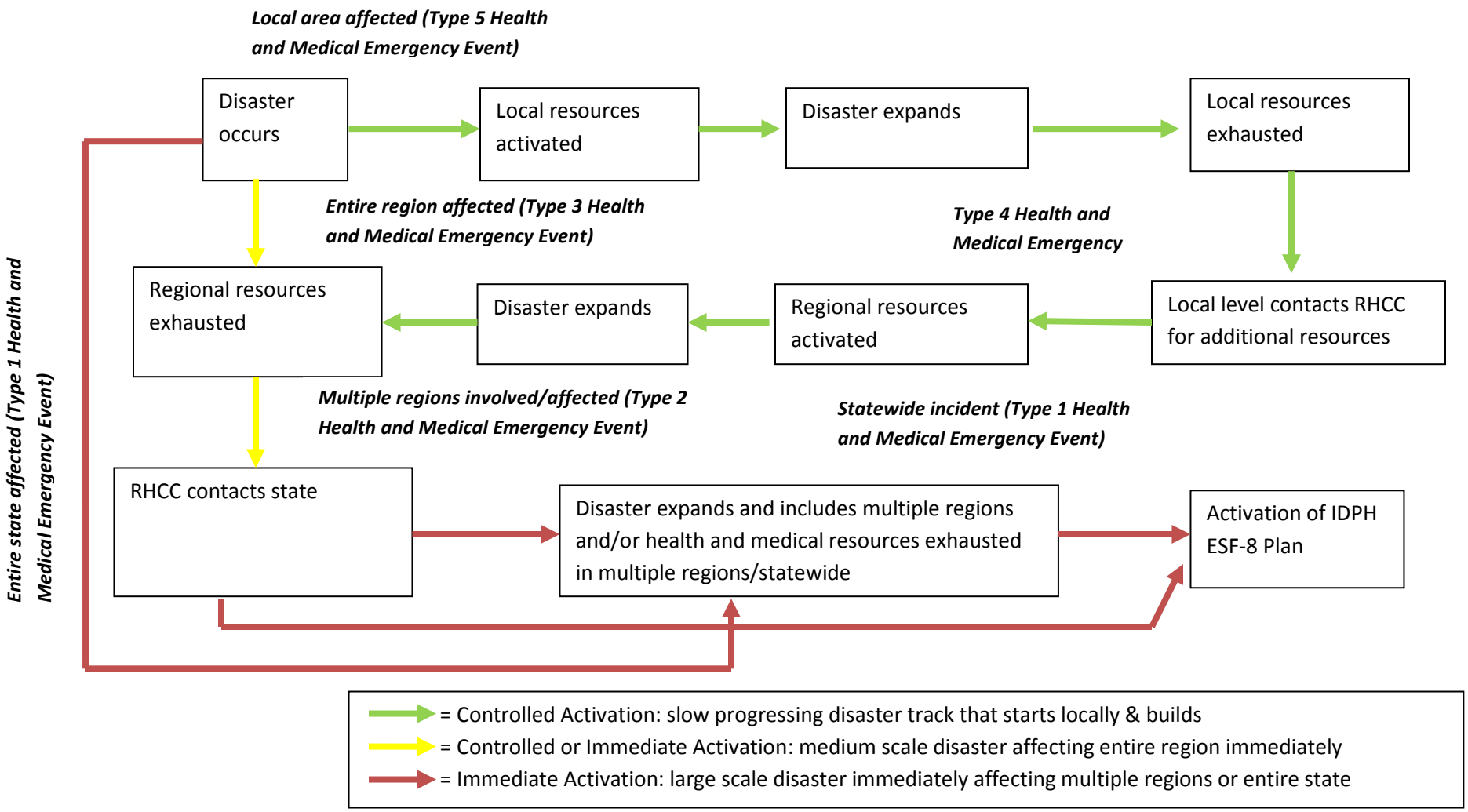


Attachment 4

Activation Pathway for the IDPH ESF-8 Plan



Attachment 5
Overall Operational Matrix

Emergency Management Level	Type 5:	Type 4:	Type 3:	Type 2:	Type 1:
Operational Elements	**Resources:** One or two single resources with up to six personnel. Command and general staff positions (other than the incident commander) are not activated. **Time Span:** Incident is contained within the first operational period and often within a few hours after resources arrive.	**Resources:** Command and general staff functions activated only if needed. Resources vary from single to several resources (e.g., strike teams). **Time Span:** Limited to one operational period in the control phase. Written IAP required. An operational briefing is completed.	**Resources:** Some or all of the command and general staff positions may be activated, as well as division or group supervisor and/or unit leader level positions. **Time Span:** The incident may extend into multiple operational periods and a written IAP may be required for each operational period.	**Resources:** Regional and/or national resources required to safely and to effectively manage the operations. Many command and general staff positions are filled. Operations personnel typically do not exceed 200 per operational period and the total does not exceed 500. **Time Span:** Incident has multiple operational periods. Written IAP is required for each operational period.	**Resources:** National resources required to safely and effectively manage operations. All command and general staff positions activated. **Time Span:** Incident has multiple operational periods. Written IAP required for each operational period.
Level of Public Health Emergency/ IDPH Involvement	Routine Program Management and Involvement; single IDPH program Investigation	Multiple IDPH office and/or division involvement	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
Example	TB outbreak; traffic accident involving food products; local hazardous materials incident	Small foodborne or waterborne outbreak	Large foodborne or waterborne outbreak; flood response	Large statewide outbreak response with activation of the Strategic National Stockpile	Earthquake, pandemic or terrorism (national implications)
Local Health Department Involvement	Single or multiple local health departments	Single or multiple local health departments	Multiple local health departments	Multiple local health departments	Multiple local health departments
Duration	1 day or Less / one operational period	One operational period	More than one operational period	More than one operational period	More than one operational period
Regional UAC Activation	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

Emergency Management Level	**Type 5:**	**Type 4:**	**Type 3:**	**Type 2:**	**Type 1:**
Coordination with Local Public Health	Program staff / Program staff	Program staff (Reporting through ICS Structure)	Program staff (Reporting through ICS Structure)	Through IDPH ICS; may include regional assessment staff.	Through IDPH ICS; may include regional assessment staff.
ICS Activated (Program or Department Level)	No / Program optional, depending on operational period	Yes (division/office/ department lead, as directed by deputy director)	Yes (division/office/ department lead, as directed by deputy director)	Yes (OPR lead)	Yes (OPR lead)
Incident Action Plan (IAP) Developed	No / If ICS activated, IAP and AAR needed	Yes (through planning chief)	Yes (through planning chief)	Yes (through planning chief)	Yes (through planning chief)
Briefings	No / If ICS activated, 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	Operational briefing should include duty officer, ERCs and RHOs
CEMP IMT Workgroup Activation	CEMP Workgroup	CEMP Workgroup	CEMP Workgroup - Yes (planning chief lead) (PHEOC template)	CEMP Workgroup - Yes (planning chief lead) (PHEOC template)	CEMP Workgroup - Yes (planning chief lead) (PHEOC Template)
PHEOC Activation? (Rename?)	No / No	Optional; CEMP can be used as a virtual PHEOC; physical PHEOC location determined by IC	Optional; PHEOC staffing is scalable; physical location determined by IC	Optional; PHEOC staffing is scalable; physical location (DNR) activated by IC	Yes; full PHEOC staffing; physical location (DNR) activated by IC
Reduce Programmatic Functions to fill ICS	No / No	Possible; program staff support incident; priorities set by division chief	Likely; program staff support incident; priorities set by division chief	Yes; all hands on deck; program priorities set by deputy directors	Yes; all hands on deck; program priorities set by deputy directors
AAR Developed?	No / If ICS activated, will need an IAP and AAR	Yes - (With OPR guidance)	Yes (With OPR guidance)	Yes (OPR lead)	Yes (OPR lead)

Attachment 6
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	The IDPH program classifying the incident as a Type 5 Health and Medical Emergency Event will be the initial lead program for the response. The Director of Public Health, appropriate IDPH deputy director of the program involved, or IDPH emergency officer, in consultation with the deputy director of the Office of Preparedness and Response (OPR), may re-classify the health and medical emergency event based on their judgment of the public health and medical impact.	• Routine program investigation • No media attention anticipated • Single IDPH program investigation • Single local health department involvement • Event lasting one day or less
Type 4	The director of Public Health, 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. The IDPH communications managers, in collaboration with appropriate IDPH program leads, will post news releases and public information fact sheets for the emergency event on the IDPH website. 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. A post-event review will be conducted and an after-action report (AAR) completed by the IDPH emergency officer 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 corrective action steps, to be submitted to the Office of the Director.	**Meets one or more of the following criteria:** • Multiple IDPH division/section program response • Media attention possible • Potential for health and medical impact • Single local health department involvement • Event lasting more than one day

Type 3	The director of Public Health, 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. The IDPH communications managers, in collaboration appropriate IDPH program leads, will post news releases and public information fact sheets for the incident on the IDPH website. 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. A post-event review will be conducted and AAR completed by the IDPH emergency officer 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 corrective action steps, to be submitted to the Office of the Director.	**Meets one or more of the following criteria:** • Most IDPH response offices involved • Definite media attention to incident • Significant health and medical impact • Most or all of an IDPH region involved • Activation of State Incident Response Center
Type 2	The director of Public Health will request all IDPH deputy directors to reduce programmatic functions to maintenance operations 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. The IDPH communications managers, in collaboration with appropriate IDPH program leads, will post news releases and public information fact sheets for the incident on the IDPH website. The director of Public Health, 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.	**Meets one or more of the following criteria:** **All IDPH response offices involved** • High profile media event • Definite health and medical impact • Multiple IDPH regions impacted • State disaster declaration • State Incident Response Center activation

Type 2	A post-event review will be conducted and AAR completed by the IDPH emergency officer 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 corrective action steps, to be submitted to the Office of the Director. For Type 2 Health and Medical Emergency Event each IDPH office will be designated either as a response office or a support office.	**Meets one or more of the following criteria:** **All IDPH response offices involved** • High profile media event • Definite health and medical impact • Multiple IDPH regions impacted • State disaster declaration State Incident Response Center activation
Type 1	For Type 1 Health and Medical Emergency Event each IDPH office will be designated either as a response office or a support office	**All IDPH offices involved and/or impacted** • State multi-media event • Widespread health and medical impact • Statewide involvement • State disaster declaration • State Incident Response Center activated 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.

Attachment 7

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	The appropriate IDPH program will implement its division or section plan of response, including internal and external communication, for the respective emergency category. The internal division or section response plan will include incident communication with its regional staff and affected local health department (LHD), if applicable. The IDPH program classifying the incident as a Type 5 Health and Medical Emergency Event will be the initial lead program for the response.	• Routine program investigation • No media attention anticipated • Single IDPH program investigation • Single LHD or hospital involvement • Event lasting one day or less
Type 4	Impacted IDPH programs will provide technical assistance to affected LHD, communicating with their regional staff and affected LHD, if applicable. The Office of Preparedness and Response (OPR), led by the IDPH emergency officer, will coordinate the Department's response to the incident. A comprehensive emergency management program (CEMP) workgroup will be created by OPR for the emergency event and will be utilized for event internal communication and documentation. IDPH emergency officer, upon consultation with the OPR deputy director and the Office of the Director will make a determination on which IDPH staff will be invited to the event CEMP workgroup. 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 departmental pertinent event information is shared with appropriate IDPH senior staff. The IDPH emergency officer, with the assistance of IDPH duty officers, will be responsible for contacting and coordinating communications with IEMA and state agencies involved with event response efforts, including requests for state assistance from IDPH. IDPH emergency officer or designee will prepare a departmental incident action plan (IAP) for each day of the Type 4 Health and Medical Emergency Event. The departmental IAP will outline the	**Meets one or more of the following criteria:** • Multiple IDPH division/section program response • Media attention possible • Potential for health and medical impact • Single LHD or hospital involvement • Event lasting more than one day

Type 4	key or critical missions needed to be completed and accomplished by IDPH staff during the next 24 hours covering a period from 0800 hours on the day of the issuance of the departmental IAP to 0800 hours on the next day. The daily IAP will include key or critical missions to be completed at operations centers staffed by IDPH personnel, including the State Incident Response Center (SIRC), Public Health Emergency Operations Center (PHEOC) and Regional Unified Area Command Posts. 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. IDPH emergency officer, in coordination with the OPR deputy director and the Office of the Director, will be responsible for the coordination of deployment of health and medical regional and state response teams with IEMA. Emergency response coordinators from the Division of Disaster Planning and Readiness and regional coordinators from the Division of Emergency Medical Systems for the region of the impacted local health department 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. Communications with the impacted LHDs or hospitals will be coordinated and technically supported through OPR. The director of Public Health, 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 their review of the impact of the event. A post-event review will be conducted and an AAR completed by the IDPH emergency officer 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 corrective action steps, to be submitted to the Office of the Director.	**Meets one or more of the following criteria:** • Multiple IDPH division/section program response • Media attention possible • Potential for health and medical impact • Single LHD or hospital involvement • Event lasting more than one day

Type 3	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 its respective emergency category. The internal division or section response plan will include incident communication with regional staff and affected LHDs. OPR, led by the IDPH emergency officer, will coordinate the Department's response to the event. A CEMP workgroup will be created by OPR for the emergency event and will be utilized for event internal communication and documentation. IDPH emergency officer, upon consultation with the OPR deputy director and the Office of the Director, will make a determination on which IDPH staffs are to be invited to the CEMP workgroup. 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 departmental pertinent event information is shared with appropriate IDPH senior staff. 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 needed to be completed and accomplished by IDPH staff during the next 24 hours covering a period from 0800 hours on the day of the issuance of the IAP to 0800 hours on the next day. The daily IAP will include key or critical missions to be completed at all operations centers staffed by IDPH personnel, including the SIRC, PHEOC and all unified area commands. 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. The IDPH emergency officer, with the assistance of IDPH duty officers serving as SIRC liaisons, will be responsible for contacting and coordinating communications with IEMA and state agencies involved with event response efforts through the SIRC, including requests for state assistance from IDPH. Emergency response coordinators from the Division of Disaster Planning and Readiness and regional coordinators from the Division of Emergency Medical Services staffing regional unified area command posts in the impacted regions will be responsible for coordinating multi-divisional field activities with appropriate IDPH program staff from both response and support offices, including the availability of regional personnel. Communications with impacted LHDs will be coordinated through OPR, ensuring technical expertise from appropriate IDPH programs is provided.	**Meets one or more of the following criteria:** • Most IDPH response offices involved • Definite media attention to incident • Significant health and medical impact • Most or all of an IDPH region involved • Local disaster declarations • Activation of State Incident Response Center (partial and/or business hours only)

Type 3	The IDPH communications managers, in collaboration with appropriate IDPH program leads, will post news releases and public information fact sheets for the incident on the IDPH website and Department social media sites. The director of Public Health, 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. A post-event review will be conducted and an AAR completed by the IDPH emergency officer 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 corrective action steps, to be submitted to the Office of the Director.	**Meets one or more of the following criteria:** • Most IDPH response offices involved • Definite media attention to incident • Significant health and medical impact • Most or all of an IDPH region involved • Local disaster declarations • Activation of State Incident Response Center (partial and/or business hours only)
Type 2	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. The director of Public Health will request all IDPH deputy directors reduce programmatic functions to maintenance operations 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. OPR, led by the IDPH emergency officer, will coordinate the Department's response to the event. A CEMP workgroup will be created by OPR for the emergency event and will be utilized for event internal communication and documentation. IDPH emergency officer, upon consultation with the OPR deputy director and the Office of the Director, will make a determination on which IDPH staff is to be invited to the CEMP workgroup.	**All IDPH response offices involved:** • High profile media event • Definite health and medical impact • Multiple IDPH regions impacted • State disaster declaration • State Incident Response Center activation (full and/or 24/7)

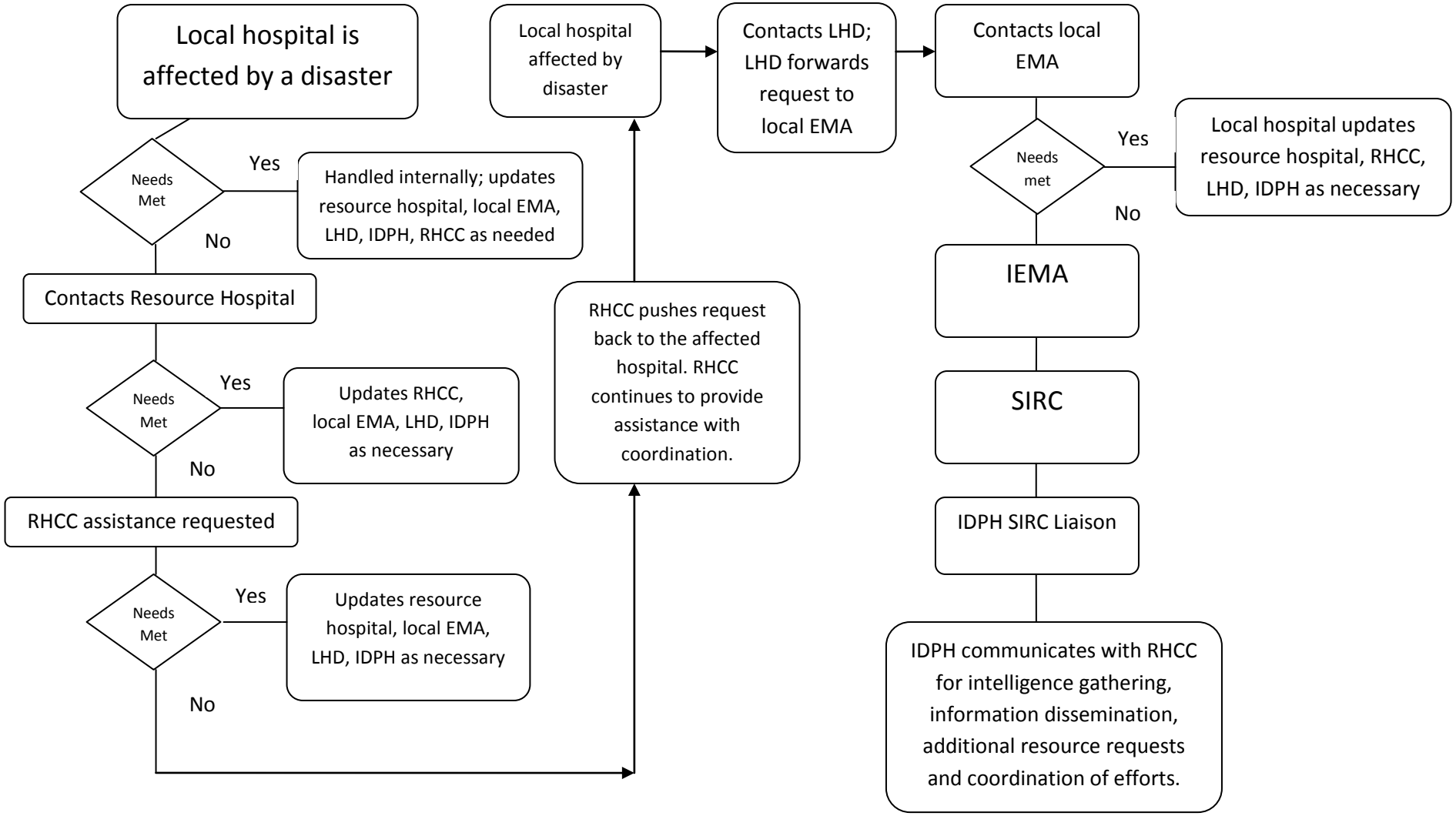
Type 2	The PHEOC will be activated for a Type 2 Health and Medical Emergency Event. A staffing plan for eight-hour operations and one for 12 hour operations will be prepared utilizing staff from all IDPH response offices ahead of time. Upon activation, these staff will report to the PHEOC and assume their assigned role. The Office of the Director will designate an incident commander at the PHEOC for the event. The CEMP workgroup created for the emergency event will be utilized for communication within the PHEOC, between the PHEOC and the SIRC, and between the PHEOC and IDPH personnel at the unified area commands. 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 departmental pertinent event information is shared with appropriate IDPH senior staff. 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 needed to be completed and accomplished by IDPH staff during the next 24 hours covering a period from 0800 hours on the day of the issuance of the IAP to 0800 hours on the next day. The daily IAP will include key or critical missions to be completed at operations centers staffed by IDPH personnel including the SIRC, PHEOC and all unified area commands. 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. The IDPH emergency officer, with the assistance of IDPH duty officers serving as SIRC liaisons, will be responsible for contacting and coordinating communications with IEMA and state agencies involved with event response efforts through the SIRC, including requests for state assistance from IDPH. Requests for state assistance from IDPH will be routed to the PHEOC by the IDPH SIRC liaisons. Emergency response coordinators from the Division of Disaster Planning and Readiness and regional coordinators from the Division of Emergency Medical Services 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. Communications with impacted LHDs will be coordinated through the PHEOC to ensure that technical expertise from appropriate IDPH programs is provided.	**All IDPH response offices involved:** • High profile media event • Definite health and medical impact • Multiple IDPH regions impacted • State disaster declaration • State Incident Response Center activation (full and/or 24/7)

Type 2	The IDPH communications managers, 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. The director of Public Health, 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. A post-event review will be conducted and an AAR completed by the IDPH emergency officer 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 corrective action steps, to be submitted to the Office of the Director.	**All IDPH response offices involved:** • High profile media event • Definite health and medical impact • Multiple IDPH regions impacted • State disaster declaration • State Incident Response Center activation (full and/or 24/7)
Type 1	For Type 1 Health and Medical Emergency Event each IDPH office will be designated either as a response office or a support office	**All IDPH offices involved and/or impacted** • State multi-media event • Widespread health and medical impact • Statewide involvement • State disaster declaration • State Incident Response Center activated 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 LHDs, if applicable.

Attachment 8

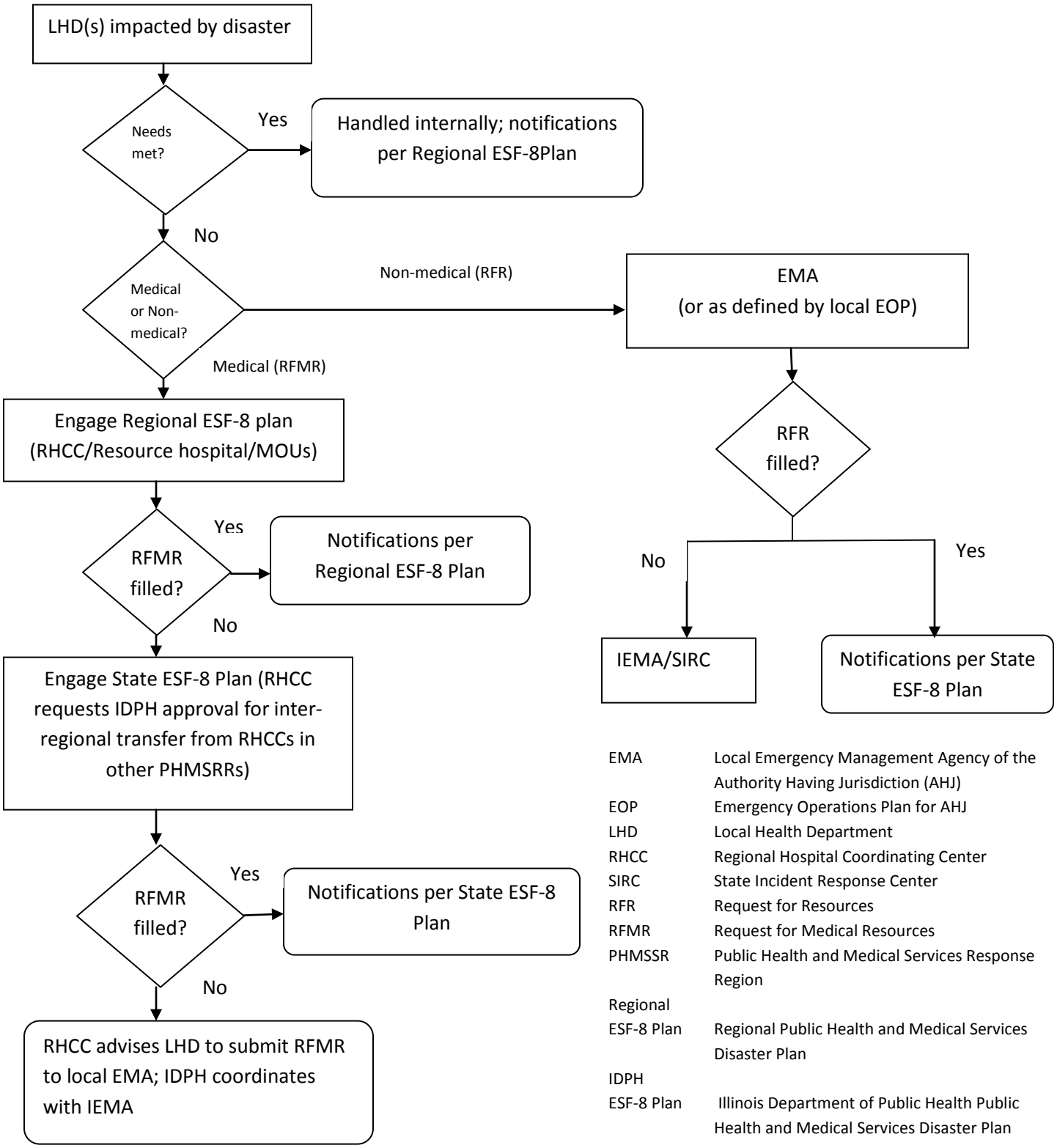
Hospital Disaster Resource Request Flowchart

(Request for Medical Resources)



Attachment 9

Local Health Department Disaster Resource Request Flowchart



EMA	Local Emergency Management Agency of the Authority Having Jurisdiction (AHJ)
EOP	Emergency Operations Plan for AHJ
LHD	Local Health Department
RHCC	Regional Hospital Coordinating Center
SIRC	State Incident Response Center
RFR	Request for Resources
RFMR	Request for Medical Resources
PHMSSR	Public Health and Medical Services Response Region
Regional ESF-8 Plan	Regional Public Health and Medical Services Disaster Plan
IDPH ESF-8 Plan	Illinois Department of Public Health Public Health and Medical Services Disaster Plan

Attachment 10

Chart of OPR Incident Management Team (IMT)

Command Staff

Incident Commander
Title
OPR deputy
EMS chief
FGM chief

Safety Officer	Liaison Officer	Public Information Officer	State ESF-8 Lead State Incident Response Center (SIRC)
Title	Title	Title	Title
T & E safety officer	OPR administrative assistant	Communications manager	DPR chief
EMS special programs coordinator	DPR administrative assistant	Communications manager	All-Hazards Planning Section chief
	EMS administrative assistant		

General Staff

Operations Section	Planning Section	Logistics Section	Finance and Administration Section
Title	Title	Title	Title
EMS chief	All-Hazards Planning Section chief	PHEOC coordinator	FGM chief
ERC regional supervisor	Evaluation coordinator	Accounting technician	HPP grants manager
HPP program manager			PHEP grants manager

Attachment 11

Illinois Department of Public Health

MEDICAL INCIDENT REPORT FORM

IDPH Duty Officer:	**Date/Time:**
From (Sender) **Name:**	**To (Received)** **Name:**
Title:	**Title:**
Contact Information:	**Contact Information:**
Address of Incident:	**Type/Nature of Incident:**
Report received via: ___Phone ____Radio ____Fax ____Other	
Priority: ____Urgent/High ____Non-urgent/Medium ____Informational/Low	
Date/Time PHEOC activated:	**Reason for Activation:**
Activation Level: ____Immediate ____Controlled	
CURRENT INCIDENT INFORMATION:	
STATUS OF LOCAL MEDICAL RESPONSE OPERATIONS:	
REQUIRED/REQUESTED ACTIONS AT THIS TIME	
FACILITY NAME/LOCATION:	
COMMENTS:	

Attachment 12
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 _____ Contact Name_____
Phone_____ Date/Time_____
Fax_____ Region_____

AVAILABLE IN-PATIENT BEDS	NUMBER
Total available beds	
Unstaffed beds	
Adult ICU	
Medicine and surgical	
Burn care	
Pediatric ICU	
Pediatric non-ICU	
Psychiatric	
Emergency department	
Negative pressure	
Other staffed	
Operating room	
OTHER	
O negative blood	
Decontamination facility	
Ventilators	

Attachment 13
Hospital Classification Levels

Regional Hospital Coordinating Center (RHCC)
RHCC is the lead hospital in a Public Health and Medical Services Response Region (PHMSRR) and/or Emergency Medical Services (EMS) Region responsible for coordinating health and medical emergency response for hospitals in the region. 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 PMSRR. 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, as well as health and medical requests for assistance that cannot be met by the RHCC, should be routed through local jurisdictional emergency management agency.

Resource Hospitals
Resource Hospitals are in the highest tier of Illinois hospitals in the EMS system and 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 disaster bags with supplies. The disaster bag supply list is shared with each regional emergency medical services coordinator (REMSC) through the Comprehensive Emergency Management Program (CEMP) as a part of the Healthcare System Preparedness Capability (HPP 01) chapter.

Associate Hospitals
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. It also must maintain a disaster bag with supplies. The disaster bag supply list is shared with each REMSC, each hospital and RHCC through the CEMP as a part of the Healthcare System Preparedness Capability (HPP 01) chapter.

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

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 the Department 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 the Department 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, interfacility 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 the Department 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.

Attachment 14
Ambulance Classification Levels

Critical Care Ambulance
Critical care ambulances perform skills beyond the national standard curriculum with an 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 that 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.

Attachment 15
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. From an ER perspective, facilities with SNF residents represent the greatest challenge. 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 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
A facility can provide multiple levels of care and it is common for a single building to house SNF, ICF and SHL residents. There are facilities that provide multiple levels of nursing home care. 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.

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 to. 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.

Attachment 16

Acronyms

AC Area Command
AHJ Authority Having Jurisdiction
ALF Assisted Living Facility
ALS Advanced Life Support
AODA Alcohol and Other Drug Abuse
ARC American Red Cross
BLS Basic Life Support
CDC Centers for Disease Control and Prevention
CEMP Comprehensive Emergency Management Program
CLS Community Living Facility
CMS Central Management Services
DMORT Disaster Mortuary Operational Response Team
DPR Disaster Preparedness and Response
EDAP Emergency Department Approved for Pediatrics
EMA Emergency Management Agency
EMAC Emergency Management Assistance Compact
EMIS Emergency Management Information System
EMnet Emergency Management Network
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
FEMA Federal Emergency Management Agency
HAN Health Alert Network
HAZMAT Hazardous Material
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
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
IDA 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
IEMMAS Illinois Emergency Management Mutual Aid System
IEOP Illinois Emergency Operations Plan
IEPA Illinois Environmental Protection Agency
ILEAS Illinois Law Enforcement Alarm System
ILS Intermediate Life Support
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
IVERT Illinois Veterinary Emergency Response Team
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
MOU Memorandum of Understanding
NIMS National Incident Management System
NRF National Response Framework
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
OWH Office of Women's Health

PCCC Pediatric Critical Care Center
PHEOC Public Health Emergency Operations Center
PHEP Public Health Emergency Preparedness
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
RRCC Regional Response Coordination Center
SCIP Statewide Communications Interoperability Plan
SEDP Standby Emergency Department for Pediatrics
SEOC State Emergency Operations Center
SHL Shelter Care Facility
SIRC State Incident Response Center
SIREN State of Illinois Rapid Electronic Notification
SITREPS Situation Reports
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