

Illinois Emergency Operations Plan

ESF-8 Public Health, Healthcare, EMS, & Behavioral Health

Illinois Emergency Management Agency and
Office of Homeland Security

September 23, 2026



Illinois Emergency Management Agency
and Office of Homeland Security



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 State of Illinois Managed Plan Emergency Support Function (ESF) #8 Public Health, Healthcare, EMS & Behavioral Health		
Title	ESF-8 Public Health, Healthcare, EMS & Behavioral Health	
Managing Division/Branch	Division of Operations	Strategic Planning – Inter-Agency Strategic Planning Cell (ISPC)
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Supersedes	August 2021, Annex 8 – Public Health and Medical Services	



State ESF-8 Coordinator	Support Agencies & Organizations
Illinois Department of Public Health (IDPH)	American Red Cross (ARC) Illinois Coroners and Medical Examiners Association (ICMEA)
Primary State Agencies & Organizations	Illinois Council for Developmental Disabilities (ICDD)
Illinois Department of Public Health (IDPH)	Illinois Deaf and Hard of Hearing Commission (IDHHC)
Federal ESF-8 Coordinator	Illinois Department of Agriculture (IDOA)
U.S. Department of Health and Human Services (HHS)	Illinois Department of Central Management Services (CMS)
	Illinois Department of Children and Family Services (DCFS)
	Illinois Department of Corrections (IDOC)
	Illinois Department of Financial and Professional Regulation (IDFPR)
	Illinois Department of Health Care and Family Services (HFS)
	Illinois Department of Human Rights (IDHR)
	Illinois Department of Human Services (IDHS)
	Illinois Department of Innovation and Technology (DoIT)
	Illinois Department of Labor (IDOL)
	Illinois Department of Natural Resources (IDNR)
	Illinois Department of Transportation (IDOT)
	Illinois Department of Veterans' Affairs (IDVA)
	Illinois Department on Aging (IDoA)
	Illinois Emergency Management Agency & Office of Homeland Security (IEMA-OHS)
	Illinois Environmental Protection Agency (IEPA)
	Illinois Funeral Directors Association (IFDA)
	Illinois Guardianship and Advocacy Commission (IGAC)
	Illinois Law Enforcement Alarm System (ILEAS)
	Illinois Medical Emergency Response Team (IMERT)
	Illinois National Guard (ILNG)
	Illinois Poison Center (IPC)
	Illinois State Board of Education (ISBE)
	Illinois State Police (ISP)



State of Illinois Emergency Operations Plan (IEOP)
Emergency Support Function (ESF) #8 Public Health, Healthcare, EMS, & Behavioral Health
Version: September 23, 2026

State ESF-8 Coordinator	Support Agencies & Organizations
	Illinois Voluntary Organizations Active in Disasters (IL VOAD) Illinois Workers' Compensation Commission (IWCC) Mutual Aid Box Alarm System (MABAS) Office of the Illinois Attorney General (OIAG)



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Record of Changes

When changes are made to this document, the following procedures will be followed:

1. Changes will be issued by the Inter-Agency Strategic Planning Cell at IEMA-OHS and transmitted to agencies, personnel, and other designees specified by the IEMA-OHS Director or designee via electronic means.
2. When a change is made, an entry will be made in the following log:

CHANGE NUMBER	DATE ENTERED	PAGES OR SECTIONS CHANGED	ENTERED BY
1	October 2025	Bi-Annual Review	Glenn Smith



1. Introduction

1.1. Purpose

- 1.1.1. To provide strategic and operational guidance for coordination of state support to public health and medical services throughout response and short-, intermediate-, and long-term recovery.

1.2. Scope

- 1.2.1. For this annex, "public health emergency" is defined as an occurrence or imminent threat of an illness or health condition that:
 - 1.2.1.1. Is believed to be caused by any of the following:
 - 1.2.1.1.1. Bioterrorism,
 - 1.2.1.1.2. The appearance of a novel or previously controlled or eradicated infectious agent or biological toxin,
 - 1.2.1.1.3. A natural disaster,
 - 1.2.1.1.4. A chemical attack or accidental release, or
 - 1.2.1.1.5. A nuclear attack or accident, and
 - 1.2.1.2. Poses a high probability of any of the following harms:
 - 1.2.1.2.1. A large number of deaths in the affected population,
 - 1.2.1.2.2. A large number of serious or long-term disabilities in the affected population, or
 - 1.2.1.2.3. Widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of Individuals in the affected population.
- 1.2.2. For this annex, the term local health department or district (hereinafter referred to as "local health department") refers to the local governmental agency that administers and ensures health-related programs and services within a particular jurisdiction.



- 1.2.3. IDPH retains overall primary authority and responsibility to determine public health-related risks and public health response measures throughout response and short-, intermediate-, and long-term recovery.
- 1.2.4. IEMA-OHS retains overall command, coordination, and management of state disaster response and recovery.
- 1.2.5. State-supported operations are scalable and modular based on the scope and magnitude of the event and the ability of an Authority Having Jurisdiction (AHJ) to provide for life-safety and life-essential services.
- 1.2.6. This annex applies to all local, state, and federal governments, voluntary and private-public health care agencies, and coordinating elements having a role or responsibility in state public health and medical operations.
- 1.2.7. This annex does not address:
 - 1.2.7.1. IDPH plans for specific illnesses, including but not limited to Ebola, Zika, etc.
 - 1.2.7.2. Novel influenza response; see Illinois Pandemic Influenza Preparedness and Response Plan.
 - 1.2.7.3. Implementation of medical countermeasures (MCM); see State of Illinois Strategic National Stockpile Plan; and
 - 1.2.7.4. Radiological hazardous materials operations; see ESF-10, X-1 Radiologic Materials.

1.3. Policy

- 1.3.1. General implementation of this annex will not supersede federal laws, rules, and regulations.
- 1.3.2. To the extent possible, implementation of prevention, protection, response, and recovery processes must be consistent with federal and industry guidance.
- 1.3.3. Procedures for utilization, control, and use of public health and medical resources will incorporate and consider operational priorities that include, but are not limited to:
 - 1.3.3.1. Protection of life,



- 1.3.3.2. Public health and safety,
- 1.3.3.3. Property protection,
- 1.3.3.4. Environmental protection,
- 1.3.3.5. Restoration of essential utilities,
- 1.3.3.6. Restoration of essential program functions, and
- 1.3.3.7. Coordination as appropriate.
- 1.3.4. At the direction of the Governor or designee, state agencies without a direct response role may be tasked with providing agency personnel in support of public health and medical operations.
- 1.3.5. State employees and resources may be reassigned in accordance with the IEMA Act.
- 1.3.6. State agency personnel must be trained for the assigned mission and made aware of the potential risks involved. Training should include policies, procedures, and plans for the assistance and inclusion of all individuals regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 1.3.7. Upon notification of the potential need for public health and medical operations, the State Emergency Operations Center (SEOC) and IDPH will consult public health and medical subject matter experts on requirements and resources.
- 1.3.8. The state will authorize proactive deployment of public health and medical liaisons from state agencies and recognized mobile support teams (MST) appropriate to the event to designated state field locations and areas of operation (AO).
- 1.3.9. The governor or designee will authorize and direct the use of state resources to support and assist public health and medical efforts, including those of the private sector, after considering priority and cost.
- 1.3.10. Implementation of this annex will not supersede existing contractual or other legal obligations between the state and the private sector.
- 1.3.11. IDPH has authority in matters of isolation and quarantine and may declare and enforce quarantine and isolation when none exists and modify or relax it when it has been instituted. This authority may be delegated to local health departments.



1.4. Situation

- 1.4.1. An incident has occurred or has the potential to occur, resulting in severe illness or injuries, fatalities, disruption of normal life systems, and possible loss of critical facilities necessary to sustain public health and medical networks.
- 1.4.2. Local governmental and private sector public health or medical capabilities are insufficient, creating potential life, health, and safety consequences.

1.5. Assumptions

- 1.5.1. A trained local workforce and volunteers are available.
- 1.5.2. Local governments have the primary responsibility to provide emergency medical and public health services.
- 1.5.3. State agencies will provide or augment emergency medical and health services exceeding the capabilities of local governments.
- 1.5.4. Federal agencies and departments will support health and medical operations as requested by the state.
- 1.5.5. Secondary and cascading events will increase the complexity and magnitude of public health impacts.
- 1.5.6. Local health departments will notify whole community partners and coordinate the initial incident response.
- 1.5.7. Local and departmental emergency operations centers (EOCs) must be activated to coordinate response and recovery actions.

2. Concept of Operations

2.1. General

- 2.1.1. The Regional Hospital Coordinating Center (RHCC) is the lead hospital for the coordination of public health and medical operations for hospitals within its region.
- 2.1.2. The RHCC, in consultation with IDPH, determines the prioritization of medical supplies and equipment allocation for the public health and healthcare systems in its region.



- 2.1.3. Non-medical requests for resources must be coordinated through the local EOC.
- 2.1.4. IDPH will provide primary coordination for the state's public health and medical operations from the SEOC and support the SEOC as necessary through the activation of the IDPH Public Health Emergency Operations Center (PHEOC).

2.2. Notification, Alert, and Warning (NAW)

- 2.2.1. SEOC NAW of SEOC liaisons must be handled in accordance with ESF-2, X-1 Notification, Alert, and Warning.
- 2.2.2. Primary and support agencies are responsible for internal and support partner NAW.
- 2.2.3. IDPH is responsible for the NAW of public health and medical partners in accordance with the Illinois Department of Public Health Emergency Support Function (ESF) #8 Plan.

2.3. Activation

- 2.3.1. The SEOC will provide state support through the activation of identified agency representatives in accordance with the SEOC Management and Coordination Standard Operating Procedure (SOP).
- 2.3.2. The SEOC Activation Level SOP must be used to determine staffing levels necessary for public health and medical services coordination.
- 2.3.3. IDPH is responsible for determining the need for public health and medical services resource notification, activation, deployment, and coordination in accordance with the IDPH Emergency Support Function (ESF) 8 Plan.
- 2.3.4. IDPH may activate the PHEOC to provide support, coordination, intelligence, and information sharing with the SEOC, public health and medical partners, stakeholders, and emergency personnel in accordance with the IDPH ESF 8 Plan.

2.4. Communications

- 2.4.1. Communications throughout response and recovery must be conducted in accordance with standard operating procedures and managed using established procedures, processes, and policies outlined in ESF-2 Communications.



- 2.4.2. Communications must be conducted in a manner consistent with the National Incident Management System (NIMS), utilizing clear text and frequencies coordinated with the SEOC.
- 2.4.3. IDPH is responsible for communications with public health and medical partners in accordance with the IDPH ESF 8 Plan.

2.5. Resource Management

- 2.5.1. Resource management and logistics must be carried out in accordance with ESF-7 Resource Management and Logistics.
- 2.5.2. Resource management includes mutual aid agreements and assistance agreements, the use of special federal and state teams, and resource mobilization protocols, requiring all deployed medical assets and temporary facility expenditures to utilize unified state cost-accounting templates to clear FEMA Category B audit validation.

2.6. Reporting Requirements

- 2.6.1. SEOC information, intelligence, and situation reporting must be conducted in accordance with the SEOC Situation and Rapid Needs Assessment Standard Operating Guideline.
- 2.6.2. Mandatory reporters are required to provide notification to IDPH on specific reportable diseases in accordance with laws, rules, regulations, and policy.
- 2.6.3. The IDPH PHEOC will coordinate with SEOC through the SEOC IDPH Agency Representative.

2.7. Organization

2.7.1. Direction and Control

- 2.7.1.1. IDPH and IEMA-OHS will consult on and coordinate state response and recovery measures to a public health emergency.
- 2.7.1.2. State agencies and external organizations retain operational control of resources.
- 2.7.1.3. The SEOC is the single point of coordination for state support of response and short-, intermediate-, and long-term recovery operations.



- 2.7.1.4. The SEOC Manager, in coordination with the SEOC IDPH Agency Representative or designees, may establish Lines of Effort (LOE) Coordination Teams for public health and medical operations.

2.7.2. Coordinating Elements

- 2.7.2.1. Upon activation of the IDPH PHEOC, the PHEOC Director and the SEOC Manager will coordinate through the SEOC IDPH Agency Representative to ensure overall situational awareness and coordination.
- 2.7.2.2. State-deployed MSTs may be assigned to support or coordinate local or state strategic operations.
- 2.7.2.3. State Unified Area Command (SUAC) and State Area Command (SAC) elements may be deployed by the SEOC to coordinate information and resource requirements for operations.
- 2.7.2.4. One or more LOE Coordination Teams may be implemented by the SEOC for specific strategic action planning for public health and medical operations.
- 2.7.2.5. Strategic and operational guidance on LOE operations can be found in the IEOP Base Plan, Appendix X-4 Lines of Effort.

2.7.3. Federal Coordination

- 2.7.3.1. Direct coordination with federal agencies will occur through appropriate and designated agencies.
- 2.7.3.2. IDPH may coordinate with the Department of Health and Human Services, IDHS, and IDVA to activate the National Disaster Medical System (NDMS).

3. Roles and Responsibilities

3.1. State ESF Coordinator

3.1.1. Illinois Department of Public Health (IDPH)

- 3.1.1.1. Coordinate the utilization of required ESF-8 support to execute the missions presented by the SEOC manager.



- 3.1.1.2. IDPH provides a variety of services related to public health, public welfare, and the environment. These services include coordinating public messaging and communications, providing technical assistance to local health departments (LHDs) and healthcare coalitions (HCCs), ensuring safe and healthy living conditions, and activating medical response teams. The department also ensures the safety of food and dairy products, the public water supply, and private water wells with a focus on populations that may have heightened vulnerabilities.
- 3.1.1.3. Coordinate communication between the response effort and the public health and medical communities, ensuring that information is accessible to individuals with access and functional needs by utilizing multiple communication formats, plain language, and culturally and linguistically appropriate messaging.
- 3.1.1.4. Provide technical assistance in assessing and evaluating threats to public health, public welfare, and the environment, ensuring that assessments include the specific needs of individuals with access and functional needs, including those who may require medical support, assistive technology, or modified environmental conditions
- 3.1.1.5. Coordinate public information and rumor control with internal and external partners, ensuring that messaging is accessible, clear, and provided in alternative formats (e.g., sign language, braille, translated materials, and plain language) to effectively reach individuals with access and functional needs.

3.2. Primary State Agency/Organization

3.2.1. Illinois Department of Public Health (IDPH)

- 3.2.1.1. Advise the public on the treatment and processes for emergency hauling, handling, or disinfection of drinking water, ensuring information is accessible to individuals with access and functional needs through multiple formats and plain language.
- 3.2.1.2. Assist with the procurement of potable water, ice, and portable toilets, ensuring the inclusion of accessible facilities, such as ADA-compliant restrooms and hydration stations for individuals with physical, mobility, or medical needs.



- 3.2.1.3. Perform epidemiological studies and maintain surveillance and records on reportable diseases, ensuring that data collection includes considerations for individuals with access and functional needs, including those with chronic medical conditions or disabilities.
- 3.2.1.4. Coordinate implementation of the State of Illinois Strategic National Stockpile (SNS) Plan, ensuring that medical countermeasures and emergency supplies are accessible to individuals with access and functional needs, including those requiring durable medical equipment technology or specialized care.
- 3.2.1.5. Provide information to the public on health and safety issues, making information available in accessible formats, including plain language, sign language interpretation, braille, and translated materials to ensure inclusivity.
- 3.2.1.6. Provide confirmatory laboratory testing for the Bio-Watch program and technical assistance as appropriate, ensuring timely support for populations with medical vulnerabilities.
- 3.2.1.7. Provide technical assistance and coordination for:
 - 3.2.1.7.1. Planning and implementing the evacuation of health care facilities, coordinating services for individuals requiring medical equipment, transportation assistance, or caregiver support,
 - 3.2.1.7.2. Assuring safe and healthy living conditions at mass care facilities which allow for the highest degree of independence possible for those utilizing the facilities, incorporating accommodations for individuals with access and functional needs, including medical needs, sensory disabilities, and communication barriers,
 - 3.2.1.7.3. Assisting with inspections and investigations of structural pest and vector control, considering impacts on individuals with chemical sensitivities and health conditions,
 - 3.2.1.7.4. Assisting with inspections of fixed and mobile food establishments, ensuring food safety measures address dietary restrictions and medical conditions,



- 3.2.1.7.5. Ensuring the safety of food and dairy products, non-community public water supply, and private water wells, focusing on protecting vulnerable populations, such as immunocompromised individuals
- 3.2.1.7.6. Clinical and environmental laboratory testing supporting the needs of all affected populations, including those requiring specific medical interventions.
- 3.2.1.8. Coordinate activation of mutual aid agreements for disaster medical service providers:
 - 3.2.1.8.1. For supporting medical needs, activation of Illinois Helps volunteers and Medical Reserve Corps may be requested, ensuring personnel are trained in access and functional needs and CMIST considerations.
 - 3.2.1.8.2. For specialized consultation support and supporting poison-specific and public health call centers, the Illinois Poison Center may be utilized, ensuring accessibility for individuals with sensory disabilities and communication barriers.
 - 3.2.1.8.3. For medical support, the Illinois Medical Emergency Response Team (IMERT) may be activated jointly by IDPH and IEMA-OHS and placed under the direct coordination of IDPH, ensuring access and functional needs -trained personnel are deployed as needed.
- 3.2.1.9. Assist with determining proper alternate medical care facilities for people whose placement in mass care facilities would not be medically appropriate, ensuring individuals with complex medical needs receive appropriate care and accommodation.
- 3.2.1.10. Coordinate investigation of disease outbreaks in multi-jurisdictional and multi-disciplinary settings, including considerations for populations with access and functional needs.
- 3.2.1.11. Coordinate expanded scope of practice for medical licenses of EMS professionals, ensuring training includes considerations for serving individuals with access and functional needs, including those requiring alternative communication methods or specialized transport.



- 3.2.1.12. Coordinate local-to-local mutual aid requests for emergency medical services, ensuring that requests account for access and functional needs - related needs such as medical transport, in-home care, and assistive device support.
- 3.2.1.13. Coordinate the activities of:
 - 3.2.1.13.1. Health care facilities ensuring compliance with access and functional needs accommodations and regulatory requirements,
 - 3.2.1.13.2. Local health departments supporting inclusive public health response strategies,
 - 3.2.1.13.3. Emergency medical services ensuring personnel are trained in access and functional needs -related considerations,
 - 3.2.1.13.4. Medical mobile support teams deploying resources tailored to individuals with access and functional needs, and
 - 3.2.1.13.5. Other requested medical resources prioritizing accessibility and functional support services.

3.3. Support State Agencies/Organizations

3.3.1. American Red Cross (ARC)

- 3.3.1.1. The ARC provides a range of services, including basic health support in Red Cross shelters, emotional counseling, and coordination of blood products.
- 3.3.1.2. They coordinate with the SEOC, IDPH, and IDHS for medical and behavioral health services, as well as vaccination efforts.
- 3.3.1.3. Additionally, they assist with family reunification and mental health support during aviation or rail accidents.
- 3.3.1.4. They staff the ARC SEOC Agency Representative position and coordinate public information with response partners. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.



3.3.2. Illinois Coroners and Medical Examiners Association (ICMEA)

- 3.3.2.1. ICMEA coordinates coroner support, fatality management, resource allocation, mutual aid, WebEOC module implementation, and supports IDPH, ISP, and IEMA-OHS in postmortem data collection, victim identification, and related technical assistance.

3.3.3. Illinois Council for Developmental Disabilities (ICDD)

- 3.3.3.1. ICDD compiles and reports activities for IEMA-OHS SITREPs, offers expertise and network access to IDHS for communications services to individuals with developmental disabilities, and coordinates response messaging internally and externally. Reports should include how response efforts are addressing applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond.

3.3.4. Illinois Deaf and Hard of Hearing Commission (IDHHC)

- 3.3.4.1. IDHHC provides communication services for individuals with hearing limitations, supports sign language users, ensures communication services in shelters through partnerships, compiles information for IEMA-OHS SITREPs, and coordinates response messaging internally and externally. Reports should include how response efforts are addressing applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond.

3.3.5. Illinois Department of Agriculture (IDOA)

- 3.3.5.1. Staff the SEOC IDOA Agency Representative position
- 3.3.5.2. Notify IDPH, other critical agencies, and agricultural partners of animal disease outbreaks
- 3.3.5.3. Collaborate with various agencies for a comprehensive “One Health” response.
- 3.3.5.4. Assist and collaborate with other agencies to provide technical guidance to ensure the safety of the state’s agricultural products.



- 3.3.5.5. Respond to animal health issues, coordinate veterinary resources, and assist in collecting and reporting veterinary industry impacts in emergencies.
- 3.3.5.6. Assist other state agencies in epidemiologic investigations.

3.3.6. Illinois Department of Central Management Services (CMS)

- 3.3.6.1. CMS staffs the SEOC CMS Agency Representative position,
- 3.3.6.2. Identifies state facilities available for use for testing, vaccination, and dispensing, ensuring identified locations are ADA accessible and compliant to allow for support for the whole community, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.6.3. Assist state personnel, resources, and facilities for public health, EMS, health care, and behavioral health operations.
- 3.3.6.4. Aid in the procurement of equipment and transportation,
- 3.3.6.5. Provide site evaluation for various operations, including the temporary interment of decedents.

3.3.7. Illinois Department of Children and Family Services (DCFS)

- 3.3.7.1. Staff the SEOC DCFS Agency Representative position.
- 3.3.7.2. Coordinate with IDPH for youth services, including health care and behavioral health.
- 3.3.7.3. Report missing children in state care and collaborate with various agencies for public information.
- 3.3.7.4. For youth in state care, provide consent for medical treatment and transfer, coordinate access to medical equipment, and secure placements.

3.3.8. Illinois Department of Corrections (IDOC)

- 3.3.8.1. Support SNS distribution by:



- 3.3.8.1.1. Managing regional distribution centers.
- 3.3.8.1.2. Providing security and transportation.
- 3.3.8.1.3. Sharing medical data on IDOC employees and persons in custody.
- 3.3.8.1.4. Staffing the SEOC IDOC Agency Representative position.
- 3.3.8.1.5. Coordinating public information with response and recovery partners. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.9. Illinois Department of Financial and Professional Regulation (IDFPR)

- 3.3.9.1. Collaborate with IEMA-OHS and IDPH to suspend licensure requirements, modify and expand the scope of practice, and expedite licensing processes.
- 3.3.9.2. Assist with temporary interment, waiving funeral director licensure requirements, and processing temporary licenses for handling decedents.

3.3.10. Illinois Department of Healthcare and Family Services (HFS)

- 3.3.10.1. Coordinate the procurement and delivery of durable medical equipment technology, assistive technology devices, non-emergency medical transportation services, and consumable medical supplies, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments
- 3.3.10.2. Provide lists of individuals in the Medicaid program who have or continue to receive these supplies.
- 3.3.10.3. Provide technical expertise on public health issues for the medically needy population.
- 3.3.10.4. Collaborate with the Red Cross and local entities to provide support to state-supported shelters.



3.3.11. Illinois Department of Human Rights (IDHR)

- 3.3.11.1. IDHR compiles information for IEMA-OHS SITREPs. Reports should include how response efforts are addressing applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond.
- 3.3.11.2. Offers expertise on fair distribution of assistive technology and safety services to at-risk individuals,
- 3.3.11.3. Provides subject matter expertise on fair transportation services, and
- 3.3.11.4. Coordinates response messaging internally and externally. Ensures that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.12. Illinois Department of Human Services (IDHS)

- 3.3.12.1. IDHS coordinates the evacuation of state-operated developmental centers (SODCs) and state-operated psychiatric hospitals (SOPH).
- 3.3.12.2. Provides support services, medication access, and behavioral health services during disasters.
- 3.3.12.3. Assist with emergency pharmaceutical and SNS distribution to residents and patients of IDHS facilities.
- 3.3.12.4. Manage communications, public information, and support for individuals with access and functional needs. Ensures that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.12.5. IDHS serves as the primary agency for behavioral health response and recovery.
- 3.3.12.6. IL HELPS deploys volunteers for casualty clearing, staging, patient management, and treatment, as well as healthcare providers to augment hospital staff and deployable teams.

3.3.13. Illinois Department of Innovation and Technology (DoIT)



- 3.3.13.1. DoIT assists in providing telecommunications and information technology support to state agencies for health care operations.
- 3.3.13.2. Facilitates emergency procurement for IT devices and equipment.
- 3.3.13.3. Aids in GIS mapping solutions.
- 3.3.13.4. Compiles information for IEMA-OHS SITREPs. Reports should include how response efforts are addressing applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond.
- 3.3.13.5. Coordinates response messaging internally and externally. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.14. Illinois Department of Labor (IDOL)

- 3.3.14.1. IDOL offers on-site safety consultation,
- 3.3.14.2. Exercises regulatory authority over government organizations,
- 3.3.14.3. Provides technical assistance for safety materials, and
- 3.3.14.4. Refers worker concerns beyond its jurisdiction to the federal Occupational Safety and Health Administration (OSHA).

3.3.15. Illinois Department of Natural Resources (IDNR)

- 3.3.15.1. Collaborates with IDPH, IDOA, IEPA, DCFS, IDoA, HFS, IDHS, and other ESF-8 partners to deliver an effective “One Health” response that integrates human, animal, plant, and environmental health.

3.3.16. Illinois Department of Transportation (IDOT)

- 3.3.16.1. IDOT supports public health response operations by providing technical assistance in identifying transportation options in support of operations.
- 3.3.16.2. The department also plays a role in air traffic support.



- 3.3.16.3. Additionally, IDOT ensures the safety of public works and engineering efforts during response and recovery.
- 3.3.16.4. Provide inspection and/or repair of critical transportation routes on state and federal highways.
- 3.3.16.5. Coordinate the conveyance of transportation resources that pertain to the agency capabilities.

3.3.17. Illinois Department of Veterans' Affairs (IDVA)

- 3.3.17.1. IDVA coordinates veteran assistance and medical and behavioral health services.
- 3.3.17.2. The department collaborates with the SEOC, IDPH, and the U.S. Department of Veterans Affairs.
- 3.3.17.3. Contributes to public health messaging on veterans' issues. Ensures that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.17.4. Additionally, it handles non-personally identifiable medical data for veterans.

3.3.18. Illinois Department on Aging (IDoA)

- 3.3.18.1. IDoA coordinates disaster assistance for older adults,
- 3.3.18.2. Implements programs and manages contacts through Area Agencies on Aging (AAAs).
- 3.3.18.3. It also implements the Emergency Home Response Service (EHRS) to enhance independence and safety for older adult clients.

3.3.19. Illinois Emergency Management Agency and Office of Homeland Security (IEMA-OHS)

- 3.3.19.1. IEMA-OHS coordinates response and recovery efforts through the SEOC, compiles situation reports, manages resources, and organizes public information.



- 3.3.19.2. The BEOC coordinates private sector support.
- 3.3.19.3. The Office of Nuclear Safety leads radiological or nuclear emergency event responses.
- 3.3.19.4. The SEOC Safety Officer monitors health and safety plans, addresses hazards, and investigates incidents.
- 3.3.19.5. IEMA-OHS ensures collaboration among other agencies for a comprehensive and effective response.

3.3.20. Illinois Environmental Protection Agency (IEPA)

- 3.3.20.1. IEPA provides technical advice and sample analysis for public water supply systems.
- 3.3.20.2. Coordinates air monitoring and wipe sampling for hazardous materials, ensuring that assessments include the specific needs of individuals with access and functional needs, including those who may require medical support, assistive technology, or modified environmental conditions.
- 3.3.20.3. Offers toxicological expertise and risk communications support for health risks, ensuring that assessments include the specific needs of individuals with access and functional needs, including those who may require medical support, assistive technology, or modified environmental conditions.
- 3.3.20.4. Advise on the chemical decontamination of emergency responders, managing waste disposal permits, and various other aspects of environmental health during emergencies.
- 3.3.20.5. IEPA collaborates with various partners for a comprehensive “One Health” response, ensuring the integration of human, animal, plant, and environmental health.

3.3.21. Illinois Funeral Directors Association (IFDA)

- 3.3.21.1. IFDA coordinates funeral director support.
- 3.3.21.2. Coordinates mutual aid with local funeral homes.
- 3.3.21.3. Aids IDPH in victim identification.



3.3.21.4. Supports IDPH and IEMA-OHS in assisting medico-legal authorities with decedent processing, tracking, and documentation.

3.3.21.5. Offers technical assistance on fatality management.

3.3.22. Illinois Guardianship and Advocacy Commission (IGAC)

3.3.22.1. IGAC assumes legal guardianship of people as appropriate.

3.3.22.2. Compiles information for IEMA-OHS SITREPs. Reports should include how response efforts are addressing applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond.

3.3.22.3. Investigates complaints of rights violations.

3.3.22.4. Provides legal counsel.

3.3.22.5. Offers client lists in affected areas.

3.3.22.6. Advocates for rights.

3.3.22.7. Coordinates response messaging with the SEOC PIO and/or the JIC, ensuring that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.23. Illinois Law Enforcement Alarm System (ILEAS)

3.3.23.1. ILEAS aids IDPH and supports ISP in enforcing court-ordered quarantine.

3.3.23.2. Ensuring secure transport of medical supplies.

3.3.23.3. Providing crowd control at healthcare facilities.

3.3.23.4. Assisting in death investigations and evidence recovery in suspected criminal or terroristic activities.

3.3.24. Illinois Medical Emergency Response Team (IMERT)

3.3.24.1. IMERT deploys at IDPH and IEMA-OHS's request for triage and treatment.

3.3.24.2. Coordinates personnel and volunteers for response and recovery.



- 3.3.24.3. Supports temporary medical treatment stations, with consideration of potential medical, functional, or other additional needs or requirements of the public.
- 3.3.24.4. Compiles information for IEMA-OHS SITREPs. Reports should include how response efforts are addressing applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond.
- 3.3.24.5. Provides limited medical supplies and equipment for patient support, including resources which may be used to assist individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments with Access and Functional Needs Support Services (AFNSS).

3.3.25. Illinois National Guard (ILNG)

- 3.3.25.1. The ILNG staffs the SEOC ILNG Agency Representative position.
- 3.3.25.2. Provides personnel and equipment to support public health operations, air monitoring, SNS distribution, and medical and non-medical transportation, including resources that may be used to assist individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments with Access and Functional Need Support Services (AFNSS).
- 3.3.25.3. ILNG personnel also assist with decedent recovery and response worker health and safety efforts.

3.3.26. Illinois Poison Center (IPC)

- 3.3.26.1. IPC augments call centers for public health, healthcare, and behavioral health issues upon IDPH request.
- 3.3.26.2. Compiles information for IEMA-OHS SITREPs. Reports should include how response efforts are addressing access and functional needs, such as the availability of accessible communication, transportation, and beyond.
- 3.3.26.3. Coordinates public information with the SEOC PIO and/or the JIC and ensures that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.



3.3.26.4. Provides state poisoning data.

3.3.27. Illinois State Board of Education (ISBE)

3.3.27.1. ISBE provides nutrition assistance and resources for the movement and sheltering of at-risk/medically fragile populations beyond state capacity.

3.3.28. Illinois State Police (ISP)

3.3.28.1. ISP provides vehicle escorts for medical teams, security, traffic control, and other law enforcement functions.

3.3.28.2. They assist in the distribution of the Strategic National Stockpile (SNS),

3.3.28.3. Support public safety, and

3.3.28.4. Coordinate with various agencies for information sharing and crowd control. Ensures that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.28.5. Additionally, they provide aid in the enforcement of Gubernatorial Executive and Department General Orders, CBRNE-related incidents, and forensic analysis in cases of suspected terrorism or criminal activity.

3.3.29. Illinois Voluntary Organizations Active in Disasters (IL VOAD)

3.3.29.1. IL VOAD assists in recruiting and deploying volunteers for a wide variety of public health issues.

3.3.29.2. Compiles information for IEMA-OHS SITREPs. Reports should include how response efforts are addressing applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond.

3.3.29.3. Coordinates public information internally and for the general public with the SEOC PIO and/or the JIC, in collaboration with IDPH and IDHS. Ensures that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.



3.3.30. Illinois Workers' Compensation Commission (IWCC)

- 3.3.30.1. Resolves disputes between employees and employers regarding work-related injuries or illnesses.

3.3.31. Mutual Aid Box Alarm System (MABAS)

- 3.3.31.1. MABAS supports IEMA-OHS and IDPH in radiation incidents,
- 3.3.31.2. Deploys CBRN experts,
- 3.3.31.3. Provides logistical support, and
- 3.3.31.4. Deploys medical personnel for various emergency response tasks, including casualty management and victim transfer.

3.3.32. Office of the Illinois Attorney General (OIAG)

- 3.3.32.1. OIAG supports IDPH in enforcing quarantine and isolation.
- 3.3.32.2. Provides legal advice on decedent identification.
- 3.3.32.3. Compiles activities for SITREPs. Reports should include how response efforts are addressing applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond.
- 3.3.32.4. Offers legal counsel on access and functional needs policy decisions.
- 3.3.32.5. Staffs the SEOC OIAG Agency Representative position.

4. Authorities

1. Illinois Compiled Statutes, 210 ILCS 45, Nursing Home Care Act, as amended.
2. Illinois Compiled Statutes, 210 ILCS 50, Emergency Medical Services (EMS) Systems Act, as amended.
3. Illinois Compiled Statutes, 210 ILCS 85, Hospital Licensing Act, as amended.
4. Illinois Compiled Statutes, 225 ILCS 225, Private Sewage Disposal Licensing Act, as amended.
5. Illinois Compiled Statutes, 225 ILCS 235, Structural Pest Control Act, as amended.



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6. Illinois Compiled Statutes, 410 ILCS 95, Vector Control Act, as amended.
7. Illinois Compiled Statutes, 410 ILCS 625, Food Handling Regulation Enforcement Act, as amended.
8. Illinois Compiled Statutes, 410 ILCS 635, Grade A Pasteurized Milk and Milk Products Act, as amended.
9. Illinois Compiled Statutes, 410 ILCS 650, Sanitary Food Preparation Act, as amended.
10. Illinois Compiled Statutes, 410 ILCS 655, Safe Bottled Water Act, as amended.
11. Illinois Compiled Statutes, 415 ILCS 30, Illinois Water Well Construction Code, as amended.
12. Illinois Compiled Statutes, 415 ILCS 55, Illinois Groundwater Protection Act, as amended.
13. Illinois Compiled Statutes, 415 ILCS 75, Environmental Toxicology Act, as amended.
14. Illinois Administrative Code, 77 Ill. Admin. Code 750, Food Service Sanitation Code, as amended.
15. Illinois Administrative Code, 77 Ill. Admin. Code 925, Illinois Water Well Pump Installation Code, as amended.



17. United States Code, 36 U.S.C. §§300101-300111, re-codified 2007, Congressional Charter of the American National Red Cross, as amended

18. Department of Professional Regulation Law (20 ILCS 2105/2105-400), as amended

5. References

1. IDPH Emergency Support Function (ESF) 8 Plan, as amended
2. The Illinois Plan for Radiological Accidents (IPRA), Vol. 1, Concept of Operations, as amended
3. Illinois Strategic National Stockpile Plan, as amended
4. IDPH SOPs, as amended
5. IDPH ChemPack Plan, as amended

6. Acronyms & Definitions

1. For all definitions and acronyms addressed in this plan, please refer to the IEOP Base Plan, Appendix X-7 Glossary of Terms.