

Illinois Emergency Operations Plan

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

Appendix X-1 Public Health Services

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 Emergency Operations Plan (IEOP)
Emergency Support Function (ESF) #8 Public Health, Healthcare, EMS, & Behavioral Health
Appendix X-1 Public Health Services
Version: September 23, 2026

 State of Illinois Managed Plan Emergency Support Function (ESF) #8 Appendix X-1 Public Health Services		
Title	ESF-8 Public Health, Healthcare, EMS, & Behavioral Health Appendix X-1 Public Health Services	
Managing Division/Branch	Division of Operations	Strategic Planning – Inter-Agency Strategic Planning Cell (ISPC)
Drafted/Evaluated	The ISPC, in coordination with the ESF planning group	October 2025
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Branch Manager Review and Approval	Scott Gauvin, Manager of Strategic Operations and Preparedness	July 7, 2026
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State ESF-8, X-1 Coordinator	Support Agencies & Organizations
Illinois Department of Public Health (IDPH)	American Red Cross (ARC) Illinois Department of Agriculture (IDOA) Illinois Department of Central Management Services (CMS)
Primary State Agencies & Organizations	Illinois Department of Children and Family Services (DCFS)
Illinois Department of Public Health (IDPH)	Illinois Department of Corrections (IDOC) Illinois Department of Human Services (IDHS) 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 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) Office of the Illinois Attorney General (OIAG)
Federal ESF-8, X-1 Coordinator	
U.S. Department of Health and Human Services (HHS)	



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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 the strategic framework and responsibility assignments for state agencies and private organizations whose expertise and resources are needed to support the public health system throughout the response to and recovery from a disaster or public health emergency.

1.2. Scope

- 1.2.1. This appendix addresses public health, which is the science of protecting and improving the health of individuals and their communities, which is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing, and responding to infectious diseases and infectious disease outbreaks. (Centers for Disease Control and Prevention (CDC) Foundation)
- 1.2.2. The public health system is the collection of public, private, and voluntary entities, as well as individuals and informal associations, that contribute to the delivery of essential public health services. (Illinois Administrative Code, Title 77, Chapter I, Subchapter h, Part 600.110)
 - 1.2.2.1. The state's public health system includes:
 - 1.2.2.1.1. The Illinois Department of Public Health (IDPH).
 - 1.2.2.1.2. 97 local health departments and districts, and
 - 1.2.2.1.3. Many public, private, and voluntary entities may or may not be funded by state public health grants and federal sub-grants issued through IDPH.
- 1.2.3. This appendix addresses the public health components of the:
 - 1.2.3.1. Public health, health care, and emergency medical services core capability of the NPG.
 - 1.2.3.2. Federal ESF #8 Public Health and Medical Services Annex to the NRF.
 - 1.2.3.3. The Health and Medical Community Lifeline as identified by FEMA.



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1.2.4. The 10 essential public health services describe the responsibilities of public health systems that are addressed herein. A formulation of the processes used in public health to prevent epidemics and injuries, protect against environmental hazards, promote healthy behaviors, respond to disasters, and ensure quality and accessibility of health services, the essential public health services are, Illinois Administrative Code, Title 77, Chapter I, Subchapter h, Part 600.110:

- 1.2.4.1. Monitor health status to identify community health problems.
- 1.2.4.2. Diagnose and investigate health problems and health hazards in the community.
- 1.2.4.3. Inform, educate, and empower individuals about health issues.
- 1.2.4.4. Mobilize community partnerships to identify and solve health problems.
- 1.2.4.5. Develop policies and plans that support individual and community health efforts.
- 1.2.4.6. Enforce laws and regulations that protect health and ensure safety.
- 1.2.4.7. Link individuals to needed personal health services and ensure the provision of health care when otherwise unavailable.
- 1.2.4.8. Ensure a competent public and personal health care workforce.
- 1.2.4.9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services; and
- 1.2.4.10. Research for new insights and innovative solutions to health problems.

1.2.5. This appendix applies to:

- 1.2.5.1. Illinois local governments.
- 1.2.5.2. Illinois state government.
- 1.2.5.3. Federal government agencies, when deployed to the state.
- 1.2.5.4. Non-governmental organizations (NGOs) with a role or responsibility in state public health operations.



- 1.2.5.5. Coordinating elements having a role in state public health operations.
- 1.2.6. The focus of the public health system is on community health and population health, not the treatment of individual patients' medical ailments, which is addressed in ESF-8, X-2 Health Care Services.
- 1.2.7. In addition to disasters, this appendix addresses public health emergencies, which are defined in the Illinois Emergency Management Agency Act (20 ILCS 3305/) and defined herein.
- 1.2.8. The operational and tactical details necessary to implement this appendix can be found in the Illinois Department of Public Health (IDPH) ESF-8 Plan and its associated annexes.

1.3. Policy

- 1.3.1. General response and recovery policy for the state is outlined in the IEOP Base Plan: Purpose, Scope, Policy, Situation, and Planning Assumptions and incorporated herein by reference.
- 1.3.2. All policies stated under Policy in ESF-8 Public Health, Healthcare, EMS, and Behavioral Health are incorporated herein by reference.
- 1.3.3. The state recognizes IDPH as the state ESF-8 coordinating agency with responsibility for operational and tactical public health preparedness planning and the coordination of response to and recovery from a disaster or public health emergency affecting individuals requiring public health services.
- 1.3.4. To the extent possible, implementation of public health response and recovery activities will be consistent with FEMA, HHS, and CDC guidance. Still, overall authority for public health decisions in the state rests with IDPH, not the federal government.
- 1.3.5. The state does not mandate that Local Health Districts (LHDs) serve as the ESF-8 lead agency for their jurisdiction.
- 1.3.6. IDPH has authority in matters of isolation and quarantine and may declare and enforce isolation and quarantine. IDPH may delegate this authority to LHDs.
- 1.3.7. IDPH retains overall authority and responsibility to determine public health-related risks and associated response and recovery measures in the state.



1.3.8. The state recognizes that the public health system:

- 1.3.8.1. Is focused on community health and population health, not the treatment of medical ailments of individual patients. See ESF-8, X-2 Health Care Services.
- 1.3.8.2. Resides in the public sector and answers to elected leaders at the federal, state, and local levels, and is subject to having public health policy decisions overturned by political bodies.
- 1.3.8.3. Is partially funded as a vertically integrated system through cooperative agreements between HHS and CDC, federally through IDPH, which issues sub-grants to LHDs.
- 1.3.8.4. Has legally defined borders (state, county, and municipal) that determine where individual agencies' authorities can be exercised.
- 1.3.8.5. Is operated at the state level by IDPH, and as a state government agency, both IDPH and its employees have qualified immunity under the State Lawsuit Immunity Act (745 ILCS 5/), and
- 1.3.8.6. Is operated at the local level by LHDs, and as local government entities in the state, LHDs and their employees have qualified immunity under the Local Governmental and Governmental Employees Tort Immunity Act (745 ILCS 10/).

1.4. Situation

1.4.1. General

- 1.4.1.1. The general situation overview for the state is outlined in the IEOP Base Plan: Purpose, Scope, Policy, Situation, and Planning Assumptions and incorporated herein by reference.
- 1.4.1.2. The situation overview stated under Situation in ESF-8 Public Health, Healthcare, EMS, and Behavioral Health is incorporated herein by reference.



- 1.4.1.3. An incident has disrupted the FEMA Health and Medical Community Lifeline, leading to numerous illnesses and fatalities requiring state-supported public health services.
- 1.4.1.4. Public health services' needs are overwhelming the Authority Having Jurisdiction (AHJ), and state resources are requested.
- 1.4.1.5. An incident has destroyed numerous public health facilities necessary to sustain operations across one or more IDPH Public Health and Medical Services Response Regions.
- 1.4.1.6. An incident has decimated the health and well-being of the public health workforce necessary to sustain operations across one or more IDPH Public Health and Medical Services Response Regions.
- 1.4.1.7. An incident has caused a loss of utilities, such as water, power, internet, and natural gas, necessary to sustain public health services operations across one or more IDPH Public Health and Medical Services Response Regions.
- 1.4.1.8. An incident has caused supply chain constraints that have left public health agencies without adequate supplies and equipment necessary to deliver public health services in one or more IDPH Public Health and Medical Services Response Regions.
- 1.4.1.9. An infectious or communicable disease outbreak requires epidemiological investigation and mass testing, contact tracing, dispensing, or vaccination across one or more IDPH Public Health and Medical Services Response Regions.
- 1.4.1.10. A foodborne disease outbreak requires epidemiological investigation and specimen testing across one or more IDPH Public Health and Medical Services Response Regions.

1.4.2. Hazard and Threat Analysis Summary

- 1.4.2.1. The state's hazard and threat analysis summary for natural-, technological-, and human-caused disasters is outlined in the IEOP Base Plan: Purpose, Scope, Policy, Situation, and Planning Assumptions and incorporated herein by reference.



1.5. Assumptions

- 1.5.1. General planning assumptions for the state are outlined in the IEOP Base Plan: Purpose, Scope, Policy, Situation, and Planning Assumptions and incorporated herein by reference.
- 1.5.2. Planning assumptions stated under Assumptions in ESF-8 Public Health, Healthcare, EMS, and Behavioral Health are incorporated herein by reference.
- 1.5.3. An incident has disrupted the FEMA Health and Medical Community Lifeline to such an extent that a local state of emergency has been declared, and resources have been requested from the state to support the delivery of public health services.
- 1.5.4. A trained public health workforce is available through IDPH and LHDs, and laboratory services are available through IDPH labs.
- 1.5.5. The Illinois Public Health Mutual Aid System (IPHMAS) has been activated but cannot provide adequate resources for those agencies requesting.
- 1.5.6. LHDs have the primary responsibility to provide public health services at the county and municipal level and will provide such services during a disaster or public health emergency.
- 1.5.7. LHDs will notify their staff and community partners of disaster and emergency declarations and activation of their local public health emergency operations centers (PHEOCs).
- 1.5.8. LHDs will coordinate response and recovery actions with their EMAs.
- 1.5.9. LHDs may not deploy staff to the local emergency operations centers (EOCs), depending on the jurisdiction's response model, plans, policies, and procedures.
- 1.5.10. LHDs receive the CDC Public Health Emergency Preparedness (PHEP) grant through IDPH and, therefore, have participated in multidisciplinary training and exercises with their EMAs and local health care providers.
- 1.5.11. LHDs will have a trained and available Medical Reserve Corps (MRC) to augment public health services.
- 1.5.12. The IDPH incident management team (IMT) or State PHEOC has the resources necessary to activate.



- 1.5.13. When requested by LHDs, IDPH will augment local public health services exceeding the capabilities of LHDs through the deployment of state personnel and mobile support teams (MSTs).
- 1.5.14. Limited public health resources will be available through the Emergency Management Assistance Compact (EMAC) to augment public health services.
- 1.5.15. Limited public health resources will be available through HHS, U.S. Public Health Service (USPHS), and CDC to augment public health services.
- 1.5.16. Currently, no state agency can provide aerial spraying for vector control (i.e., mosquitoes and other disease-carrying animals).
- 1.5.17. The U.S. Department of Defense has a reserve blood supply that, in most cases, would not be utilized for the civilian population.
- 1.5.18. The Illinois Department of Agriculture (IDOA-Ag) can help coordinate access to the fairgrounds across the state but does not have authority over the fairgrounds.

2. Concept of Operations

2.1. General

- 2.1.1. CONOPS principles for the state are outlined in the IEOP Base Plan: Concept of Operations and incorporated herein by reference.
- 2.1.2. CONOPS principles under the Concept of Operations in ESF-8 Public Health, Healthcare, EMS, and Behavioral Health are incorporated herein by reference.
- 2.1.3. During a state-declared disaster or public health emergency that adversely affects individuals needing public health services, IDPH will deploy an agency representative to the SEOC.
- 2.1.4. In coordination with the Office of Disease Control (ODC) and Office of Health Protection (OHP) - through the Office of Preparedness and Response (OPR), Division of Disaster Planning and Readiness (DPR) - IDPH is the primary agency responsible for coordinating state-supported public health services in the SEOC.
- 2.1.5. IDPH may support the IDPH SEOC Agency Representative through activation of the IDPH Incident Management Team (IMT) or Public Health Emergency Operations Center (PHEOC).



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- 2.1.6. For response and recovery operations, the public health system utilizes the IDPH Public Health and Medical Services Response Regions map.
- 2.1.7. The IDPH Regional Emergency Response Coordinators (ERCs) serve as the liaisons between IDPH and LHDs and coordinate activities with the IEMA-OHS Regional Coordinators to ensure resource requests and response efforts are not duplicated.
- 2.1.8. When an LHD exhausts its resources, it will request resources through the Illinois Public Health Mutual Aid System (IPHMAS).
- 2.1.9. If an LHD cannot obtain resources through an IPHMAS request, it will request resources through its local EMA, unless directed otherwise through its Regional Emergency Medical Disaster Plan.
- 2.1.10. If a local EMA cannot fulfill a resource request from an LHD, it will request resources on its behalf from the state through a WebEOC request routed to its IEMA-OHS Regional Coordinator.
- 2.1.11. As stated in the IEOP Base Plan, Appendix X-08, Glossary of Terms, the term “healthcare” as one word refers to the overarching system of health care providers and suppliers, whereas the term “health care” refers to the medical services received by an individual.
- 2.1.12. Public health services are Population-Related Disaster Services (PRDS) that often require the convergence of efforts under this appendix with those of ESF-6 Mass Care, Emergency Assistance, Temporary Housing, and Human Services, and ESF-8, X-7 Access and Functional Needs.
- 2.1.13. The Governor’s declarative authority is outlined in the IEOP Base Plan: Concept of Operations and incorporated herein by reference.
- 2.1.14. Resolution of general preparedness, response, and recovery-related legal questions and issues for the state is outlined in the IEOP Base Plan: Concept of Operations and incorporated herein by reference.
- 2.1.15. IDPH employs its own legal counsel and utilizes its internal policies and procedures to engage counsel for opinions and direction on preparedness, response, and recovery issues specific to its agency and interpreting its enabling legislation.



2.2. Notification, Alert, and Warning (NAW)

- 2.2.1. NAW for IEMA-OHS staff, state agencies, non-governmental organizations (NGOs), and mobile support teams (MSTs) is outlined in the IEOP Base Plan: Concept of Operations and incorporated herein by reference.
- 2.2.2. Detailed procedures governing NAW for the state are outlined under ESF-2, X-1 Notification, Alert, and Warning, and incorporated herein by reference.
- 2.2.3. The SEOC Manager or designated representative is responsible for NAW for the IDPH Agency Representative when a state-declared disaster requires state-supported public health services.
- 2.2.4. IDPH is responsible for NAW for:
 - 2.2.4.1. IDPH leadership, offices, divisions, and employees.
 - 2.2.4.2. LHDs.
 - 2.2.4.3. Health care providers, as defined in ESF-8 Public Health, Healthcare, EMS, and Behavioral Health.
 - 2.2.4.4. Non-governmental partner organizations with a role in public health services response or recovery operations, and
 - 2.2.4.5. The Illinois Medical Emergency Response Team (IMERT).

2.3. Activation

- 2.3.1. SEOC activation authority and decision-making are outlined in the IEOP Base Plan: Concept of Operations and incorporated herein by reference.
- 2.3.2. IDPH is responsible for activating its internal agency response and recovery coordination elements, including the IDPH IMT and PHEOC.
- 2.3.3. IDPH is responsible for activating IMERT.



2.4. Communications

- 2.4.1. General communications requirements and procedures for the state are outlined in the IEOP Base Plan: Communications Coordination and incorporated herein by reference.
- 2.4.2. Detailed communications requirements and procedures for the state are outlined under ESF-2 Communications and incorporated herein by reference.
- 2.4.3. IDPH is responsible for developing, testing, and maintaining its communications resources and systems, which include:
 - 2.4.3.1. Medical Emergency Communications of Illinois (MERIC)
 - 2.4.3.2. SIREN
 - 2.4.3.3. STARCOM21
- 2.4.4. During a crisis affecting individuals needing public health services, IDPH is responsible for maintaining communications with:
 - 2.4.4.1. IDPH leadership, offices, divisions, and employees
 - 2.4.4.2. Coroners and Medical Examiners
 - 2.4.4.3. Behavioral Health Providers
 - 2.4.4.4. EMS Providers
 - 2.4.4.5. EMS System
 - 2.4.4.6. Health Care Coalitions (HCCs)
 - 2.4.4.7. Illinois Medical Emergency Response Team (IMERT)
 - 2.4.4.8. Local Health Departments (LHDs)
 - 2.4.4.9. Regional Hospital Coordinating Centers (RHCCs)
 - 2.4.4.10. Resource Hospitals
 - 2.4.4.11. Non-governmental public health response partner organizations



2.5. Resource Management

- 2.5.1. General administration and finance requirements and procedures for the state are outlined in the IEOP Base Plan: Administration, Finance, and Logistics and incorporated herein by reference.
- 2.5.2. Detailed administration and finance requirements and procedures for the state are outlined under ESF-5, X-2 Financial and Administrative Management, and incorporated herein by reference.
- 2.5.3. General logistics requirements and procedures are outlined in the IEOP Base Plan: Administration, Finance, and Logistics and incorporated herein by reference.
- 2.5.4. Detailed logistics requirements and procedures for the state are outlined under ESF-7 Resource Management and Logistics and ESF-7, X-1 Distribution Plan, and incorporated herein by reference.
- 2.5.5. Resource management and logistics for IDPH-procured resources will be carried out in accordance with the IDPH ESF 8 Plan.
- 2.5.6. Resources received through the HHS Strategic National Stockpile will be distributed in accordance with the State SNS Plan and/or ESF-7, X-1 Distribution Plan.

2.6. Reporting Requirements

- 2.6.1. General information collection, analysis, and dissemination requirements and procedures for the state are outlined in the IEOP Base Plan: Information Collection, Analysis, and Dissemination and incorporated herein by reference.
- 2.6.2. Detailed procedures for information collection, analysis, and dissemination for the state are outlined under ESF-5 Information and Planning and incorporated herein by reference.
- 2.6.3. Mandatory reporters are required to provide notification to IDPH on specific reportable diseases in accordance with laws, rules, regulations, and policy, as outlined in Title 77: Public Health, Chapter I: Department of Public Health, Subchapter k: Communicable Disease Control and Immunizations Part 690 Control of Communicable Diseases Code, Section 690.200 Reporting. Mandatory reporters are:



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- 2.6.3.1. Physicians
- 2.6.3.2. Physician assistants
- 2.6.3.3. Nurses
- 2.6.3.4. Nursing assistants
- 2.6.3.5. Dentists
- 2.6.3.6. Health care practitioners
- 2.6.3.7. Emergency medical services personnel
- 2.6.3.8. Laboratory personnel
- 2.6.3.9. Long-term care personnel
- 2.6.3.10. Any institution, school, college/university, childcare facility, or camp personnel
- 2.6.3.11. Pharmacists
- 2.6.3.12. Poison center personnel
- 2.6.3.13. Blood bank and organ transplant personnel
- 2.6.3.14. Coroners, funeral directors, morticians, and embalmers
- 2.6.3.15. Medical examiners
- 2.6.3.16. Veterinarians
- 2.6.3.17. Correctional facility personnel
- 2.6.3.18. Food service management personnel
- 2.6.3.19. Any other person knowing a known or suspected case or carrier of a reportable communicable disease or communicable disease death
- 2.6.3.20. The master, pilot, or any other person in charge of any bus, train, ship, or boat, and the commander, pilot, or any other person in charge of any aircraft within the jurisdiction of the state



2.6.3.21. Researchers

2.7. Organization

2.7.1. Direction and Control

- 2.7.1.1. General direction, control, and coordination elements for the state are outlined in the IEOP Base Plan: Direction, Control, and Coordination and incorporated herein by reference.
- 2.7.1.2. Detailed direction, control, and coordination elements for the state are outlined under ESF-5, X-1 Direction, Control, and Coordination and incorporated herein by reference.
- 2.7.1.3. The SEOC IDPH Agency Representative is the primary point of coordination for state support of public health response and recovery operations in the SEOC.

2.7.2. Coordinating Elements

- 2.7.2.1. LHDs and their PHEOCs serve as the primary point of coordination for public health services within their jurisdiction.
- 2.7.2.2. IDPH public health preparedness, response, and recovery activities are coordinated through the seven IDPH Public Health and Medical Services Response (PHMSR) Regions.
- 2.7.2.3. The IDPH Regional Emergency Response Coordinators (ERCs) serve as the liaisons between LHDs and the SEOC IDPH Agency Representative, IMT, or PHEOC for their assigned IDPH Public Health Preparedness and Response Region.
- 2.7.2.4. Activation and application of the IDPH IMT is done in accordance with the IDPH ESF 8 Plan.
- 2.7.2.5. Activation and application of the PHEOC is done in accordance with the IDPH ESF 8 Plan.
- 2.7.2.6. General agency preparedness, response, and recovery coordination activities for state agencies, boards, commissions, and non-governmental



organizations with responsibilities in the IEOP are outlined in the IEOP Base Plan: Concept of Operations and incorporated herein by reference.

2.7.2.7. IDPH

2.7.2.7.1. The Office of Preparedness and Response (OPR), Division of Disaster Planning and Readiness (DPR) coordinates internal agency preparedness, response, and recovery elements with other IDPH offices and their associated divisions:

2.7.2.7.1.1. Office of the Director (OD)

2.7.2.7.1.2. Office of Disease Control (ODC)

2.7.2.7.1.3. Office of Finance and Administration (OFA)

2.7.2.7.1.4. Office of Health Care Regulation (OHCR)

2.7.2.7.1.5. Office of Health Promotion (OHPm)

2.7.2.7.1.6. Office of Health Protection (OHP)

2.7.2.7.1.7. Office of Human Resources (OHR)

2.7.2.7.1.8. Office of Information Technology (OIT/DoIT)

2.7.2.7.1.9. Office of Performance Management (OPM)

2.7.2.7.1.10. Office of Policy, Planning, and Statistics (OPPS)

2.7.2.7.1.11. Office of Racial and Cultural Health Equity (ORCHE)

2.7.2.7.1.12. Office of Women's Health and Family Services (OWHFS)

2.7.2.7.2. Coordinates agency response and recovery operations with state and federal agencies and non-governmental organizations (NGOs) through OPR and DPR by deploying an agency representative to the SEOC and, when necessary, activating the IDPH IMT or PHEOC.



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- 2.7.2.8. General responsibilities of local governments in the state are outlined under the IEOP Base Plan: Organization and Assignment of Responsibilities and incorporated herein by reference.
- 2.7.2.9. LHDs are the local government agencies with the authority and responsibility to administer public health-related programs and services within a county or municipality in the state.
- 2.7.2.10. LHDs may not be considered the Emergency Support Function (ESF) 8 primary agencies for their jurisdiction, depending on the jurisdiction's response model, plans, policies, and procedures.
- 2.7.2.11. General responsibilities of the Governor's Office are outlined under the IEOP Base Plan: Organization and Assignment of Responsibilities and incorporated herein by reference.
- 2.7.2.12. General procedures governing the activation and deployment of the Illinois National Guard (ILNG) are outlined under the IEOP Base Plan: Organization and Assignment of Responsibilities and incorporated herein by reference.
- 2.7.2.13. Detailed procedures governing the activation and deployment of the ILNG are outlined under ESF-13 Public Safety and Security, incorporated herein by reference.
- 2.7.2.14. General procedures governing private sector integration are outlined under the IEOP Base Plan: Organization and Assignment of Responsibilities and incorporated herein by reference.
- 2.7.2.15. Detailed procedures governing the deployment of private sector resources are outlined under ESF-14 Cross-Sector Business and Infrastructure and incorporated herein by reference.
- 2.7.2.16. General procedures governing private sector integration are outlined under the IEOP Base Plan: Organization and Assignment of Responsibilities and incorporated herein by reference.
- 2.7.2.17. Detailed procedures governing the use of mutual aid for the state are outlined under ESF-5, X-3 Mutual Aid Coordination, and incorporated herein by reference.



2.7.3. Federal Coordination

- 2.7.3.1. General procedures for federal coordination with the state are outlined in the IEOP Base Plan: Direction, Control, and Coordination and incorporated herein by reference.
- 2.7.3.2. The SEOC IDPH Agency Representative will coordinate with the U.S. Department of Health and Human Services (HHS), Assistant Secretary for Preparedness and Response (ASPR), to:
 - 2.7.3.2.1. Request and coordinate the delivery of medical countermeasures (MCM) from the Strategic National Stockpile (SNS), and
 - 2.7.3.2.2. Request deployment of the U.S. Public Health Service (USPHS) to support the state's public health response and recovery operations.
- 2.7.3.3. The SEOC IDPH Agency Representative will coordinate with the CDC to:
 - 2.7.3.3.1. Obtain subject matter expertise on public health response and recovery issues.
 - 2.7.3.3.2. Request deployment of CDC subject matter experts to support the state's laboratory, epidemiology, foodborne illness, or other public health programs.
 - 2.7.3.3.3. Get clarification on the appropriate use of funds during response and recovery from the CDC, Center for Preparedness and Response, Public Health Emergency Preparedness (PHEP) Program.
- 2.7.3.4. General policies governing the use of federal resources are outlined under the IEOP Base Plan: Organization and Assignment of Responsibilities and incorporated herein by reference.
- 2.7.3.5. IDPH will coordinate public health activities with the U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC).



- 2.7.3.6. IDPH may request that the CDC augment IDPH and LHD staffing with the deployment of federal subject matter experts in epidemiology, laboratory, foodborne illnesses, and other public health programs.
- 2.7.3.7. IDPH may request that the HHS United States Public Health Service (USPHS) Commissioned Corps augment IDPH and LHD staffing with the deployment of USPHS personnel.
- 2.7.3.8. IDPH may request that the HHS, Assistant Secretary for Preparedness and Response (ASPR), deploy medical countermeasures from the Strategic National Stockpile (SNS) to the state.

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 mission presented by the SEOC manager.
- 3.1.1.2. Serve as the coordinating agency for the state's public health response and recovery efforts in the SEOC, ensuring that all response efforts integrate access and functional needs considerations. Coordinate activities with applicable HHS and CDC offices, divisions, and programs, ensuring that public health guidance includes considerations for individuals with access and functional needs. Coordinate activities with IDPH leadership and applicable offices, divisions, and programs, incorporating access and functional needs perspectives into all public health initiatives. Coordinate regional activities with the IDPH ERCs, ensuring regional plans account for access and functional needs populations.
- 3.1.1.3. When activated, staff the IDPH IMT or PHEOC with subject matter experts from necessary public health disciplines and ensure it coordinates all tasks through the IDPH SEOC Agency Representative, ensuring that access and functional needs specialists are included in planning and response activities. In coordination with LHDs, ensure the provision of necessary public health services for state-recognized, state-supported, and



independent shelters, as outlined in ESF-6, X-1 Shelter Support, prioritizing accessibility features and medical needs.

- 3.1.1.4. Coordinate implementation of the State of Illinois Strategic National Stockpile (SNS) Plan, ensuring that distribution plans address the needs of individuals with disabilities and chronic medical conditions.
- 3.1.1.5. Provide laboratory testing and coordinate CDC laboratory testing for:
- 3.1.1.6. Infectious diseases, ensuring outreach to populations with access and functional needs. Communicable diseases: addressing barriers to testing access.
- 3.1.1.7. Food and dairy, incorporating dietary needs for medical conditions. Water samples from non-public sources, considering vulnerable populations reliant on well water.
- 3.1.1.8. The Bio-Watch program, ensuring timely interventions for high-risk groups. Coordinate all activities related to disease control through the Office of Disease Control (ODC):
- 3.1.1.9. Perform epidemiological studies and maintain surveillance and records on reportable diseases, including access and functional needs considerations.
- 3.1.1.10. Monitor and report on syndromic surveillance data being collected from health care providers, identifying disparities affecting individuals with access and functional needs.
- 3.1.1.11. Coordinate investigation of disease outbreaks in multi-jurisdictional and multi-disciplinary settings, ensuring outreach to vulnerable populations.
- 3.1.1.12. Coordinate the implementation of mass testing and vaccination sites, prioritizing accessibility and alternative communication formats.
- 3.1.1.13. Coordinate all activities related to food safety through the Food, Dairies, and Devices Section:
- 3.1.1.14. Provide technical consultation to local health department (LHD) food inspection efforts and provide technical consultation, incorporating access and functional needs.



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- 3.1.1.15. Upon request, assist LHDs with foodborne and waterborne illness investigations or other food-related emergencies, ensuring inclusion of high-risk populations.
- 3.1.1.16. Monitor and enforce regulations related to food and dairy transport and storage, ensuring safety for immunocompromised individuals.
- 3.1.1.17. Coordinate all activities related to the environment through the Division of Environmental Health:
- 3.1.1.18. Provide technical consultation to the local health department (LHD) vector control efforts, ensuring impacts on vulnerable populations are considered.
- 3.1.1.19. Assist with arranging inspections and investigations for structural pest and vector control, considering sensitivities and health risks for individuals with disabilities.
- 3.1.1.20. Complete the research necessary for the procurement and delivery of potable water, ice, portable toilets, and hand washing stations, and forward it to the CMS SEOC Agency Representative and/or IEMA-OHS Logistics to execute, ensuring ADA-compliant restrooms and hydration stations.
- 3.1.1.21. Complete the research necessary for the procurement and distribution of personal protective equipment (PPE) and forward it to the CMS SEOC Agency Representative and/or IEMA-OHS Logistics to execute, ensuring access to appropriately sized and adapted PPE for individuals with disabilities.
- 3.1.1.22. Request and coordinate the use of the Illinois Poison Center (IPC) as a call center to receive calls from the general public concerning public health issues, ensuring services are accessible to individuals with hearing or speech impairments.
- 3.1.1.23. With the IDPH and SEOC PIOs and/or the JIC, coordinate public information and messaging on public health issues with internal and external response and recovery partners, ensuring accessible communication methods.



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- 3.1.1.24. With the IDPH and SEOC PIOs and/or the JIC, coordinate public information and messaging on public health issues for the general public, providing materials in multiple formats, including braille, ASL interpretation, and plain language.
- 3.1.1.25. With the assistance of IDHS, provides public health, disease, and injury prevention messages and advisories that communicate relevant information on health hazards or other situations that could potentially threaten the public in multiple and accessible formats (e.g., visual public announcements, interpreters, etc.) and in a culturally and linguistically appropriate manner that is understandable to all appropriate populations, such as individuals with access and functional needs; those with limited English proficiency; pediatric populations; populations with disabilities and others with access and functional needs; the aging; and those with temporary or chronic medical conditions.
- 3.1.1.26. Collaborate with federal agencies for approval of special testing as well as clinical consultations as needed, ensuring considerations for individuals with disabilities and chronic conditions.
- 3.1.1.27. Coordinate state public health messaging with jurisdictional officials, ensuring inclusiveness in messaging strategies.
- 3.1.1.28. Coordinate with local and regional agencies to integrate State assets with civilian volunteers deployed from local, state, and other authorities, including those deployed through the Emergency System for Advanced Registration of Volunteer Health Professionals and the Medical Reserve Corps, ensuring access and functional needs-trained personnel are included in deployments.
- 3.1.1.29. Ensure appropriate patient confidentiality is maintained, including Health Insurance Portability and Accountability Act privacy and security standards, where applicable, while considering the privacy of individuals requiring accommodations.
- 3.1.1.30. Assign HHS personnel (i.e., U.S. Public Health Service Commissioned Corps, NDMS, Federal Civil Service, etc.) and public health volunteers (i.e., Public Health AmeriCorps, IL HELPS/ESAR-VHP, Medical Reserve Corps, etc.) to address public health needs, ensuring that personnel are trained in accommodating individuals with access and functional needs.



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- 3.1.1.31. Collaborate with IDoA, IEPA, IDNR, DCFS, IDOA-Ag, HFS, IDHS, and other ESF-8 partners to deliver an effective “one health” response that integrates human, animal, plant, and environmental health, ensuring access and functional needs inclusion in preparedness and response.
- 3.1.1.32. Monitor and ensure the safety, availability, and logistical requirements of blood, blood products, and tissue. This includes the ability of the existing supply chain resources to meet the manufacturing, testing, storage, and distribution of these products, prioritizing equitable access.
- 3.1.1.33. Liaise with the American Association for the Advancement of Blood and Biotherapies (AABB) Interorganizational Task Force on Domestic Disasters and Acts of Terrorism (AABB Task Force) or the American Red Cross to assist in logistical requirements and to coordinate a public blood announcement message for the need to donate blood, ensuring outreach to diverse communities.
- 3.1.1.34. Lead the State in the effort to provide public health and medical assistance to the affected area in an incident requiring a coordinated State response, ensuring access and functional needs considerations in deployment efforts.
- 3.1.1.35. Lead the local response to State requests for public health assets and coordinate with local departments/agencies and State partners on the acceptance of State public health assistance, prioritizing accessibility and inclusive service delivery.
- 3.1.1.36. In coordination with ESF-11, may task IDPH components and request assistance from other ESF-8 partner organizations to ensure the safety, security, and defense of federally regulated foods, ensuring access and functional needs are addressed.
- 3.1.1.37. Advocate for the Governor’s Office to declare a Public Health Emergency, as appropriate, ensuring consideration for populations with heightened vulnerabilities.
- 3.1.1.38. Assure the safety, defense, and security of food in coordination with other responsible State agencies (e.g., IDOA), prioritizing the needs of individuals with medical dietary restrictions.



- 3.1.1.39. Assist local, state, tribal, territorial, and insular area officials in establishing a registry of individuals potentially exposed to radiation in a radiological/nuclear incident; performing dose reconstruction; and conducting long-term monitoring of this population for potential long-term health effects, ensuring access and functional needs-related concerns are addressed.
- 3.1.1.40. Arrange for the procurement and transportation of equipment and supplies; diagnostic supplies; radiation detection devices; and medical countermeasures, including assets from the Strategic National Stockpile (SNS), in support of immediate public health, medical, and veterinary response operations, ensuring accessibility for 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. Staff the SEOC IDPH Agency Representative position, ensuring that the representative supports individuals with access and functional needs and applies the CMIST framework (communication, maintaining health, independence, support, safety, self-determination, and transportation) during coordination efforts.
- 3.2.1.2. Maintain accurate contact data for LHD leadership and response staff through the State of Illinois Rapid Electronic Notification System (SIREN), ensuring that contact information includes individuals with access and functional needs and provides clear communication following the CMIST framework.
- 3.2.1.3. Provide technical assistance in assessing and evaluating threats to public health, public welfare, and the environment, with special consideration for populations with access and functional needs, and ensure that response strategies address the CMIST framework (communication; maintaining health; independence; safety, support, and self-determination; and transportation).
- 3.2.1.4. Advise the public on the treatment and processes for emergency hauling, handling, or disinfection of drinking water, ensuring that advisories are



accessible to individuals with access and functional needs and consider CMIST principles, particularly safety and communication.

- 3.2.1.5. Monitor and report on the activation of IPHMAS agreements and the Medical Reserve Corps (MRC) by LHDs, ensuring that these efforts include the needs of individuals with access and functional needs and follow the CMIST framework for coordination.
- 3.2.1.6. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs), ensuring that reports reflect the status of individuals with access and functional needs and incorporate CMIST considerations for communication and medical needs.
- 3.2.1.7. Assume operational control of emergency public health response assets, as necessary, in the event of a public health emergency, ensuring that resources and strategies are inclusive of individuals with access and functional needs and address the categories of the CMIST framework.
- 3.2.1.8. Assist with isolation and quarantine measures as well as with medical countermeasures and vaccine point of distribution operations (e.g., mass prophylaxis), ensuring these operations are accessible to individuals with access and functional needs and follow the CMIST principles of communication, maintaining health and safety, support, and self-determination.
- 3.2.1.9. Liaise with the Governor's Office in situations where embassies and consulates need to be contacted, ensuring that the needs of individuals with access and functional needs are communicated effectively and within the CMIST framework.
- 3.2.1.10. Assess the threat of vector-borne diseases, ensuring that recommendations include the needs of individuals with access and functional needs and use the CMIST framework to address medical and safety concerns.
- 3.2.1.11. Assist in assessing potable water, wastewater, solid waste disposal, and other environmental health issues related to public health in establishments holding, preparing, and/or serving food, drugs, or medical devices at retail and medical facilities, ensuring that these assessments



include addressing the needs of individuals with access and functional needs and adhere to the CMIST framework.

- 3.2.1.12. Cooperate with local, state, tribal, territorial, insular area, and federal officials to guide the proper disposal of contaminated products and the decontamination of affected food facilities to protect public health, ensuring that guidance reflects the needs of individuals with access and functional needs and follows CMIST principles.
- 3.2.1.13. Cooperate with local, state, tribal, territorial, and insular area officials as well as the food industry to conduct tracebacks and/or recalls of adulterated products, ensuring that recalls and tracebacks consider the needs of individuals with access and functional needs and are coordinated using the CMIST framework.
- 3.2.1.14. Conduct field investigations, including the collection and laboratory analysis of relevant samples, providing support to individuals with access and functional needs, and using the CMIST framework to ensure proper communication, safety, and medical support.
- 3.2.1.15. Deploy or redeploy the SNS or other pharmaceutical or medical resources as appropriate, ensuring that deployments consider the needs of individuals with access and functional needs and are coordinated through the CMIST framework.
- 3.2.1.16. Maintain primary responsibility for the situational awareness of public health assistance, ensuring that situational awareness includes information about individuals with access and functional needs and incorporates CMIST considerations.
- 3.2.1.17. Use existing all-hazards surveillance systems to monitor the health of the general and medical needs population, ensuring that data includes individuals with access and functional needs and follows the CMIST principles to monitor communication, medical, and safety needs.
- 3.2.1.18. Provide technical assistance and environmental information for the assessment of the public health aspects of situations involving hazardous materials, ensuring that guidance is accessible to individuals with access and functional needs and adheres to the CMIST framework.



- 3.2.1.19. Provide technical assistance and consultation on protective actions regarding vector-borne diseases, ensuring that actions are accessible to individuals with access and functional needs and consider CMIST principles for medical care and safety.
- 3.2.1.20. Provide support for human and/or veterinary mass care sheltering, as resources are available, ensuring that shelters are accessible to individuals with access and functional needs and follow the CMIST framework for communication, safety, and medical care.
- 3.2.1.21. Provide quarantine assistance, ensuring that quarantine protocols address the needs of individuals with access and functional needs (AFN) and are communicated following the CMIST framework.
- 3.2.1.22. Provide available medical supplies and materiel for use at points of distribution, hospitals, clinics, or medical care locations operated for exposed populations, incident victims, or ill patients, ensuring that medical supplies are accessible to individuals with access and functional needs and are distributed in accordance with CMIST principles.
- 3.2.1.23. Monitor blood, blood products, and tissue supplies, shortages, and reserves, ensuring that monitoring includes the needs of individuals with access and functional needs and addresses CMIST concerns such as communication, medical care, and safety.
- 3.2.1.24. Possess statutory authority to take specific actions to prepare for, respond to, and recover from public health emergencies, ensuring that actions reflect the needs of individuals with access and functional needs and follow CMIST principles during response and recovery.
- 3.2.1.25. In cooperation with local, state, tribal, territorial, and insular area officials, conduct health surveillance to assess morbidity, mortality, and community needs related to the emergency, ensuring that health surveillance considers individuals with access and functional needs and addresses CMIST concerns like communication and medical care.
- 3.2.1.26. During a response, provide advice to private industry regarding the safety and efficacy of drugs; biologics (including blood, blood products, tissues, and vaccines); medical devices (including radiation-emitting and screening devices); and other products that may have been compromised



during an incident, ensuring that advice includes the needs of individuals with access and functional needs and aligns with CMIST principles.

- 3.2.1.27. Disseminate public health information on protective actions related to exposure to health threats or environmental threats to the public, ensuring that public health information is accessible to individuals with access and functional needs and follows CMIST for communication and safety.
- 3.2.1.28. Provide direct consultations to healthcare personnel and local health departments regarding medical needs and concerns related to emergencies, ensuring that consultations address the needs of individuals with access and functional needs and incorporate CMIST concepts of medical care and safety.
- 3.2.1.29. Provide direct consultations to healthcare personnel and local health departments regarding medical needs and concerns related to the emergency, ensuring that consultations address the needs of individuals with access and functional needs and incorporate CMIST concepts of maintaining health and safety, support, and self-determination.
- 3.2.1.30. Under IDPH's statutory authority, conduct animal response to zoonotic diseases to protect human health, ensuring that the response addresses the needs of individuals with access and functional needs and applies CMIST for safety and communication.
- 3.2.1.31. Support national, state, or regional teams to assess public health needs, ensuring that these assessments address the needs of individuals with access and functional needs and follow CMIST principles.
- 3.2.1.32. Support a Joint Information Center (JIC) in the release of general public health response information to the public, ensuring that information is accessible to individuals with access and functional needs and communicated using CMIST principles.
- 3.2.1.33. Support the Illinois Department of Agriculture (IDOA-Ag) and its authority to manage a foreign animal disease response for livestock or poultry diseases exotic to the United States that are either not or only mildly zoonotic, ensuring that these efforts consider the needs of individuals with access and functional needs and integrate CMIST principles.



- 3.2.1.34. Provide support for public health matters for radiological incidents, ensuring that public health actions address the needs of individuals with access and functional needs and use the CMIST framework for communication and safety.
- 3.2.1.35. Provide public health and medical surveillance, laboratory diagnostics, and confirmatory testing, ensuring that these efforts consider the needs of individuals with access and functional needs and apply CMIST principles.
- 3.2.1.36. Assess public health and medical effects resulting from all hazards, ensuring that assessments consider individuals with access and functional needs and follow CMIST guidelines for medical and safety concerns.

3.3. Support State Agencies/Organizations

3.3.1. Illinois Department of Agriculture (IDOA)

- 3.3.1.1. Staff the SEOC IDOA Agency Representative position.
- 3.3.1.2. Notify IDPH of all animal disease outbreaks.
- 3.3.1.3. Coordinate with IDPH in the case of an animal disease outbreak that has the potential to spread to humans.
- 3.3.1.4. Inform agricultural partners of all animal disease outbreaks and seek situational information.
- 3.3.1.5. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts are addressing applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond.
- 3.3.1.6. With the SEOC PIO and/or the JIC, coordinate public information and messaging on IDOA issues with internal and external 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.



- 3.3.1.7. With the SEOC PIO and/or the JIC, coordinate public information and messaging on IDOA issues for the general public. 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.
- 3.3.1.8. Provides technical expertise in support of animal and agricultural emergency management.
- 3.3.1.9. Coordinates personnel to assist in food safety, security, and protection activities. Provides available zoonotic and food surveillance data to ESF-8 and ESF-11 partners (e.g., IDPH, FDA, USDA)
- 3.3.1.10. Collaborates with IDPH to ensure the safety and defense of the State's supply of meat, poultry, dairy, and processed egg products.
- 3.3.1.11. Responds to animal and agricultural health and disease management issues.
- 3.3.1.12. Collaborates with IDPH, IEPA, IDNR, DCFS, IDoA, HFS, IDHS, and other ESF-8 partners to deliver effective "one health" response that integrates human, animal, plant, and environmental health.
- 3.3.1.13. Coordinates veterinary personnel, pharmaceuticals, equipment, and supplies in response to requests for state assistance, as appropriate.
- 3.3.1.14. Coordinates access to fairgrounds as needed to serve as base camps for deployed state public health and medical teams.
- 3.3.1.15. Assesses veterinary medical effects resulting from all hazards.
- 3.3.1.16. Ensures the safety and defense of the State's supply of meat, poultry, and processed egg products.

3.3.2. Illinois Department of Central Management Services (CMS)

- 3.3.2.1. Identify state facilities that may be used as testing, vaccination, or dispensing sites. Identified locations must ensure ADA accessibility and compliance to allow for support for the whole community, regardless of physical, mobility, visual, hearing, cognitive, financial needs, abilities, or impairments.



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- 3.3.2.2. Help locate and procure or lease non-state-owned facilities that may be used as testing, vaccination, or dispensing sites. Identified locations must ensure ADA accessibility and compliance to allow for support for the whole community, regardless of physical, mobility, visual, hearing, cognitive, financial needs, abilities, or impairments.
- 3.3.2.3. Assist with identifying personnel from state agencies available to assist in public health operations.
- 3.3.2.4. Assist with coordinating notification, activation, and deployment of state personnel required for public health operations.
- 3.3.2.5. Assist with coordinating JITT for state agency personnel assigned to public health operations. JITT 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
- 3.3.2.6. Assist in monitoring and advising the SEOC on sustainment requirements for state agency personnel assigned to public health operations.
- 3.3.2.7. Assist in acquiring/allocating state and federal surplus resources available for public health operations, 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 Need Support Services (AFNSS).
- 3.3.2.8. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how its response efforts are addressing applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond.
- 3.3.2.9. With the SEOC PIO and/or the JIC, assist in coordinating public information and messaging on CMS issues with internal and external 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.
- 3.3.2.10. With the SEOC PIO and/or the JIC, assist in coordinating public information and messaging on CMS issues for the public. 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.

- 3.3.2.11. Assist in providing personnel and management support related to worker safety and health in field operations during ESF-8 deployments. Support may include assisting other ESF-8 state partner agencies in finding workers within their agencies that can help with emergency response efforts and hiring additional personnel under emergency contracts.
- 3.3.2.12. Provides guidance, assists with and/or conducts investigations and compliance reviews, and advises on State and Federal civil rights laws and regulations, including their application to emergency management.

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

- 3.3.3.1. Staff the SEOC DCFS Agency Representative position.
- 3.3.3.2. Coordinate and support communications between IDPH and daycare and child-care centers. 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.
- 3.3.3.3. Coordinate public health testing, dispensing, and vaccination efforts for youth in state care. 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.
- 3.3.3.4. When requested by the governor, coordinate public health testing, dispensing, and vaccination efforts for unaccompanied youth not in state care. 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.
- 3.3.3.5. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts are addressing applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond.



- 3.3.3.6. With the SEOC PIO and/or the JIC, coordinate public information and messaging on children's services issues with internal and external 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.
- 3.3.3.7. With the SEOC PIO and/or the JIC, coordinate public information and messaging on children's services issues for the public. 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.
- 3.3.3.8. In coordination with the SEOC and IDPH, provide non-personally identifiable medical data on employees, volunteers, and clients regarding infectious and communicable disease testing and vaccination.
- 3.3.3.9. Collaborates with IDPH, IDOA-Ag, IDNR, IEPA, IDoA, HFS, IDHS, and other ESF-8 partners to deliver an effective "one health" response that integrates human, animal, plant, and environmental health.

3.3.4. Illinois Department of Corrections (IDOC)

- 3.3.4.1. Staff the IDOC SEOC Agency Representative position.
- 3.3.4.2. Provide personnel and logistics assets to assist with SNS distribution as outlined in the State SNS Plan.
- 3.3.4.3. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts are addressing applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond.
- 3.3.4.4. With the SEOC PIO and/or the JIC, coordinate public information and messaging on corrections issues with internal and external 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.
- 3.3.4.5. With the SEOC PIO and/or the JIC, coordinate public information and messaging on corrections issues for the public. 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.

- 3.3.4.6. In coordination with the SEOC and IDPH, provide non-personally identifiable medical data on employees and individuals in custody regarding infectious and communicable disease testing and vaccination.

3.3.5. Illinois Department of Human Services (IDHS)

- 3.3.5.1. Staff the SEOC IDHS Agency Representative position.
- 3.3.5.2. Assist with emergency pharmaceutical distribution and quality assurance, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.5.3. Provide personnel to assist with the distribution of pharmaceutical medical countermeasures from the SNS to patients and residents of IDHS facilities, if staffing allows.
- 3.3.5.4. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts are addressing applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond.
- 3.3.5.5. With the IDHS and SEOC PIOs and/or the JIC, coordinate public information and messaging on IDHS response issues with internal and external 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.
- 3.3.5.6. With the IDHS and SEOC PIOs and/or the JIC, coordinate public information and messaging on IDHS response issues for the public. 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.



- 3.3.5.7. In coordination with the SEOC and IDHS, provide non-personally identifiable medical data on IDHS facility residents and patients regarding infectious and communicable disease testing and vaccination.
- 3.3.5.8. Provides nutrition assistance to customers served by IDHS.

3.3.6. Illinois Department of Natural Resources (IDNR)

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

3.3.7. Illinois Department of Transportation (IDOT)

- 3.3.7.1. Provide inspection and/or repair of critical transportation routes on state and federal highways.
- 3.3.7.2. Staff the IDOT SEOC Agency Representative position.
- 3.3.7.3. Provide IDOT personnel to assist with SNS distribution as outlined in the State SNS Plan.
- 3.3.7.4. Coordinate the conveyance of transportation resources that pertain to the agency's capabilities.
- 3.3.7.5. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts are addressing applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond.
- 3.3.7.6. With the SEOC PIO and/or the JIC, coordinate public information and messaging on transportation issues with internal and external 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.
- 3.3.7.7. With the SEOC PIO and/or the JIC, coordinate public information and messaging on transportation issues for the general public. 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.

- 3.3.7.8. Responds to animal and agricultural health and disease management issues, in support of IDOA-Ag and IDPH.
- 3.3.7.9. At the request of ESF-8, provides technical support to assist applicable state agencies in the coordination of logistical movement support (e.g., supplies, equipment, blood supply).
- 3.3.7.10. At the request of ESF-8, assists with finding efficient and safe routes for vehicles.
- 3.3.7.11. At the request of ESF-8, assists with acquiring transport permits.
- 3.3.7.12. As the situation dictates, coordinates with the Federal Aviation Administration (FAA) for air traffic support for priority missions.
- 3.3.7.13. Collaborates with ILNG, CMS, IEMA-OHS, and other transportation-providing agencies to provide technical assistance in identifying and arranging for all types of transportation, such as air, rail, marine, motor vehicle, and accessible transportation.
- 3.3.7.14. Provides available logistical support (e.g., transportation) to public health response operations, as requested.

3.3.8. Illinois Department of Veterans' Affairs (IDVA)

- 3.3.8.1. Assist in the coordination of public health services to veterans inside and outside of IDVA facilities.
- 3.3.8.2. Notify the SEOC IDPH Agency Representative of public health testing, dispensing, and vaccination needs for IDVA clients, with consideration of potential medical, functional, or other additional needs or requirements of IDVA clients.
- 3.3.8.3. Request resources from and coordinate directly with the U.S. Department of Veterans Affairs, Office of Emergency Management, when necessary.
- 3.3.8.4. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts are



addressing applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond.

- 3.3.8.5. With the SEOC PIO and/or the JIC, coordinate public information and messaging on veterans' issues with internal and external 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.
- 3.3.8.6. With the SEOC PIO and/or the JIC, coordinate public information and messaging on veterans' issues for the public. 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.
- 3.3.8.7. In coordination with the SEOC and IDPH, provide non-personally identifiable medical data on employees, volunteers, and clients regarding infectious and communicable disease testing and vaccination.

3.3.9. Illinois Department on Aging (IDoA)

- 3.3.9.1. Staff the SEOC IDoA Agency Representative position.
- 3.3.9.2. Coordinate with the HHS Administration on Aging to implement federal disaster assistance programs to meet the needs of older adult populations.
- 3.3.9.3. Implement the Emergency Home Response Service (EHRS) of the Community Care Program to improve the independence and safety of clients in their own homes and reduce the need for nursing home care.
- 3.3.9.4. Coordinate and manage contact with older adult populations and their caregivers in the community through Area Agencies on Aging (AAA).
- 3.3.9.5. Provide information on the status and needs of older adult populations and their caregivers in the community.
- 3.3.9.6. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts are



addressing applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond.

- 3.3.9.7. With the SEOC PIO and/or the JIC, coordinate public information and messaging on aging issues with internal and external 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.
- 3.3.9.8. With the SEOC PIO and/or the JIC, coordinate public information and messaging on aging issues for the public. 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.
- 3.3.9.9. Collaborates with IDPH, IEPA, IDNR, DCFS, IDOAHFS, IDHS, and other ESF-8 partners to deliver effective “one health” response that integrates human, animal, plant, and environmental health.

3.3.10. Illinois Emergency Management Agency & Office of Homeland Security (IEMA-OHS)

- 3.3.10.1. SEOC Manager
 - 3.3.10.1.1. Coordinate collection, receipt, compilation, and development of situational reports on damage
 - 3.3.10.1.2. Collaborate with IDPH on requests for public health resources.
 - 3.3.10.1.3. Activate and deploy IMERT in collaboration with IDPH.
 - 3.3.10.1.4. Provide technical assistance to IDPH for the management and deployment of the SNS, as outlined in the State SNS Plan.
 - 3.3.10.1.5. With the SEOC PIO and/or the JIC, coordinate public information and messaging on SEOC issues with internal and external response and recovery partners. Ensure that all communication with the public is timely, clear, and



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accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

- 3.3.10.1.6. With the SEOC PIO and/or the JIC, coordinate public information and messaging on SEOC issues for the public. 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.
- 3.3.10.1.7. Maintains situational awareness and the common operating picture via the Homeland Security Information Network (HSIN).
- 3.3.10.1.8. Provides communication support in coordination with ESF-2 Communications.
- 3.3.10.1.9. Provides tactical communications support through Mobile Emergency Response Support, inclusive of all types (i.e., deployable satellite and radio frequency/radio communications).
- 3.3.10.1.10. Provides total asset visibility using geographic information systems to enable visibility of some ESF-8 resources through mapping capabilities and reports.
- 3.3.10.1.11. Provides situational awareness, cross-sector coordination, and prioritized recommendations regarding critical infrastructure and key resources.
- 3.3.10.1.12. Assists local, state, tribal, territorial, and insular area officials in the monitoring and surveillance of the incident area.
- 3.3.10.1.13. Assists in providing information to emergency management and public health officials in NDMS Federal Coordinating Center (FCC) areas.
- 3.3.10.1.14. Requests ESF-8 organizations to activate and deploy health professionals and veterinary personnel, pharmaceuticals,



equipment, and supplies in response to requests for state assistance, as appropriate.

3.3.10.1.15. Assigns state response teams to address public health needs, as appropriate.

3.3.10.1.16. Establishes an adult missing person call center and assists in the disposition of cases.

3.3.10.1.17. Assists in the tracking and distribution of federal support assets.

3.3.10.1.18. Supports IEPA in providing technical assistance and environmental information for the assessment of the public health aspects of situations involving hazardous materials.

3.3.10.1.19. Continuously acquires and assesses information on the incident. Sources of information may include state incident response authorities; officials of the responsible jurisdiction in charge of the disaster scene; and ESF-8 support departments, agencies, and organizations.

3.3.10.2. Business Emergency Operations Center (BEOC)

3.3.10.2.1. Coordinate needs identified by the SEOC with potential procurement or donor sources in the private sector.

3.3.10.2.2. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts are addressing applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond.

3.3.10.2.3. With the SEOC PIO and/or the JIC, coordinate public information and messaging on BEOC issues with internal and external 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.



- 3.3.10.2.4. With the SEOC PIO and/or the JIC, coordinate public information and messaging on BEOC issues for the public. 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.
- 3.3.10.2.5. Assists IDOT in collaborating with other transportation-providing state and private agencies to provide technical assistance in identifying and arranging for all types of transportation, such as air, rail, marine, and motor vehicle, and accessible transportation.

3.3.10.3. Office of Nuclear Safety (ONS)

- 3.3.10.3.1. Provides, in cooperation with other state and federal agencies, personnel and equipment, including portal monitors, to support initial screening; and provides guidance to local, state, tribal, territorial, and insular area personnel conducting screening/decontamination of people leaving a radiologically contaminated zone related to radiological or nuclear emergency events.
- 3.3.10.3.2. Guides to regional resources (e.g., personnel, specialized equipment, and supplies) to evaluate, control, and mitigate radiological hazards to workers and the public related to radiological or nuclear emergency events. Ensure that all communication with the public related to radiological or nuclear emergency events is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.10.3.3. Guides post-exposure evaluation of radiation dose received related to radiological or nuclear emergency events.
- 3.3.10.3.4. Assists public health and medical authorities related to radiological or nuclear emergency events in determining radiological dose information; assists in providing coordinated gathering of environmental radiological information and data; assists with consolidated data sample



analyses, evaluations, assessments, and interpretations; and provides technical information related to radiological or nuclear emergency events.

- 3.3.10.3.5. Guides state assets for external monitoring and decontamination activities related to radiological or nuclear emergency events pursuant to the IPRA Core Plan, the Radiation Protection Act of 1990, Incident Management for Radiological and Nuclear Emergency Events Appendix to Emergency Support Function 10 Oil and Hazardous Materials Response and other criteria established by state, regional, and local stakeholders, and in conjunction with IDPH and other ESF-8 partners.
- 3.3.10.3.6. Provides near real-time atmospheric transport, dispersion, deposition, and radiological dose assessment products related to radiological or nuclear emergency events that may be used by authorities in taking protective actions related to sheltering and evacuating affected populations.
- 3.3.10.3.7. Leads efforts to coordinate, produce, and disseminate dispersion modeling and hazard prediction products that represent the state position related to actual or potential radiological or nuclear emergency events, to aid emergency responders in protecting the public and environment.
- 3.3.10.3.8. Guides where to receive advice and specialized training in the medical management of injuries and illnesses due to all types of radiation exposure or contamination related to radiological or nuclear emergency events. Ensure that all communication with the public related to radiological or nuclear emergency events is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.10.3.9. Supports public health matters related to radiological or nuclear emergency events by providing assets to the Radiological Emergency Assessment Center (REAC) and/or Public Health Emergency Operations Center (PHEOC) under



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3.3.11. Illinois Environmental Protection Agency (IEPA)

- 3.3.11.1. Staff the SEOC IEPA Agency Representative position.
- 3.3.11.2. Provide technical advice and sample analysis for public water supply systems, ensuring impacts on vulnerable populations are considered.
- 3.3.11.3. Provide air monitoring and wipe sampling for selected hazardous materials inside buildings or structures, ensuring hazard impacts on vulnerable populations are considered.
- 3.3.11.4. Provide toxicological expertise and risk communication expertise in support of health risk communication about chemicals or other health risks, considering sensitivities and health risks for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.11.5. Provide technical advice to health care providers on chemical decontamination of emergency responders or other exposed persons, ensuring safety for immunocompromised individuals.
- 3.3.11.6. Provide technical advice to health care providers on the disposal of contaminated waste, considering sensitivity and health risks for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.11.7. Process expedited permits for waste disposal and open burning of debris.
- 3.3.11.8. Provide technical expertise on sanitation control for emergency bulk drinking water distribution, considering sensitivities and health risks for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.11.9. Provide sample collection for the Bio-Watch program and coordinate response requirements as appropriate.
- 3.3.11.10. Provide technical expertise on disposal of biomedical waste.



- 3.3.11.11. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts are addressing applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond.
- 3.3.11.12. With the SEOC PIO and/or the JIC, coordinate public information and messaging on environmental issues with internal and external 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.
- 3.3.11.13. With the SEOC PIO and/or the JIC, coordinate public information and messaging on environmental issues for the public. 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.
- 3.3.11.14. Assists IDPH in disseminating public health information on protective actions related to exposure to health threats or environmental threats. 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.
- 3.3.11.15. Provides available personnel to assist ESF-8 in the protection of public health (e.g., food, water, hygiene, wastewater removal, solid waste disposal, and vector control).
- 3.3.11.16. Assists IEMA-OHS in efforts to coordinate, produce, and disseminate dispersion modeling and hazard prediction products that represent the state position during an actual or potential hazardous material incident.
- 3.3.11.17. Collaborates with IDPH, IDOA-Ag, IDNR, DCFS, IDoA, HFS, IDHS, and other ESF-8 partners to deliver effective “one health” response that integrates human, animal, plant, and environmental health.
- 3.3.11.18. Provides technical assistance and environmental information for the assessment of the public health aspects of situations involving hazardous materials.

3.3.12. Illinois Law Enforcement Alarm System (ILEAS)



- 3.3.12.1. Assists IDPH and supports ISP by facilitating mutual aid response in the enforcement of court-ordered quarantine and isolation, as allowed by state and federal law.
- 3.3.12.2. Support ISP by facilitating mutual aid response in providing security for the SNS and secure movement of inbound medical equipment, supplies, blood, and tissues.

3.3.13. Illinois Medical Emergency Response Team (IMERT)

- 3.3.13.1. Deploy at the request of IDPH and IEMA-OHS.
- 3.3.13.2. Manage and coordinate the response and recovery efforts of IMERT personnel and volunteers.
- 3.3.13.3. Provide personnel and equipment to assist with public health testing, vaccination, and dispensing operations, 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).
- 3.3.13.4. Compile and report activities to be included in IEMA-OHS Situation Reports (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. With the IDPH and SEOC PIOs and/or the JIC, coordinate public information and messaging on IMERT issues with internal and external 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.
- 3.3.13.6. With the IDPH and SEOC PIOs and/or the JIC, coordinate public information and messaging on IMERT issues for the public. 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 National Guard (ILNG)



- 3.3.14.1. Staff the SEOC ILNG Agency Representative position. This person will be prepared to:
 - 3.3.14.1.1. Coordinate ILNG personnel and equipment support for public health testing, vaccination, and dispensing operations, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
 - 3.3.14.1.2. Coordinate ILNG air monitoring support for contaminants, as requested.
 - 3.3.14.1.3. Coordinate ILNG personnel, equipment, security, and transportation support for SNS distribution operations, in accordance with the State SNS Plan.
 - 3.3.14.1.4. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts are addressing applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond.
 - 3.3.14.1.5. With the SEOC PIO and/or the JIC, coordinate public information and messaging on ILNG issues with internal and external response and recovery partners, as well as the public. 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.

3.3.15. Illinois Poison Center (IPC)

- 3.3.15.1. When requested by IDPH, augment the IPC call center to take calls from the public regarding public health issues. 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.



- 3.3.15.2. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts are addressing applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond.
- 3.3.15.3. With the IDPH and SEOC PIOs and/or the JIC, coordinate public information and messaging on public health issues with internal and external 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.
- 3.3.15.4. With the IDPH and SEOC PIOs and/or the JIC, coordinate public information and messaging on public health issues for the public. 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.

3.3.16. Illinois State Board of Education (ISBE)

- 3.3.16.1. Provide nutrition assistance, considering all dietary and nutritional needs.

3.3.17. Illinois State Police (ISP)

- 3.3.17.1. Staff the SEOC ISP Agency Representative position.
- 3.3.17.2. Coordinate resources to provide security, traffic, and crowd control, and other functions of local and state law enforcement.
- 3.3.17.3. Provide personnel, equipment, security, and transportation support to assist with the distribution of SNS as outlined in the State SNS Plan.
- 3.3.17.4. Compile and report activities related to law enforcement activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts are addressing applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond.
- 3.3.17.5. With the SEOC PIO and/or the JIC, coordinate public information and messaging on law enforcement issues with internal and external



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.

- 3.3.17.6. With the SEOC PIO and/or the JIC, coordinate public information and messaging on law enforcement issues for the public. 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.
- 3.3.17.7. Assists IDPH in the enforcement of court-ordered quarantine and isolation, as allowed by state and federal law.
- 3.3.17.8. Supports IEMA-OHS's efforts to maintain situational awareness and the common operating picture via the Homeland Security Information Network (HSIN).
- 3.3.17.9. Supports ESF-8 in assuring the safety, defense, and security of food as it is being stored or transported, in coordination with IDPH.
- 3.3.17.10. Provides security for the SNS and secure movement of inbound medical equipment, supplies, blood, and tissues.
- 3.3.17.11. Provides IDPH with relevant information on any potential threat or other situation that could potentially threaten public health. This support is coordinated through the STIC.
- 3.3.17.12. Controls potential CBRN-related crime scenes in support of the FBI, if involved.

3.3.18. Office of the Illinois Attorney General (OIAG)

- 3.3.18.1. Support IDPH in the enforcement of court-ordered quarantine and isolation by acting as a liaison to local state attorneys.

3.3.19. American Red Cross (ARC)

- 3.3.19.1. Assists IDPH in efforts to monitor blood and blood products shortages and reserves.



3.3.19.2. Assists IDPH in the coordination of a state public blood announcement message for the need to donate blood, as required

4. Authorities

1. Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988 (Stafford Act), Pub. L. No. 93-288, as amended.
2. Health Insurance Portability and Accountability Act (HIPAA) of 1996: Privacy Rule, Pub. L. No. 104-191, as amended.
3. Public Readiness and Emergency Preparedness (PREP) Act of 2005, Pub. L. No. 109-148, as amended.
4. Volunteer Protection Act of 1997, Pub. L. No 105-295; 42 U.S.C. §§ 14501–14505, as amended.
5. Section 361 of the Public Health Service Act: Regulations to Control Communicable Diseases, 42 U.S.C. § 264, as amended.
6. Section 564 of the Federal Food, Drug, and Cosmetic Act (Emergency Use Authorization (EUA)), 21 U.S.C. § 360bbb-3, as amended.
7. Interstate Quarantine, 42 C.F.R. Part 70, as amended.
8. Foreign Quarantine, 42 C.F.R. Part 71, as amended.
9. Post-Katrina Emergency Management Reform Act of 2006 (Post-Katrina Act), Pub. L. No. 109-295, as amended.
10. Emergency Management Assistance Compact (EMAC) of 1996, Pub. L. No. 104-321, as amended.
11. Sandy Recovery Improvement Act of 2013, Pub. L. No. 113-2, as amended.
12. Section 319 of the Public Health Service Act: Public Health Emergencies, 42 U.S.C. § 247d, as amended.
13. Section 319F-2 of the Public Health Service Act: Strategic National Stockpile and Security (the Stockpile), 42 U.S.C. § 247d-6b; 42 U.S.C. § 300hh-10(c)(3)(b), as amended.
14. Public Health Security and Bioterrorism Preparedness and Response Act of 2002, Pub. L. No. 107-188, as amended.



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15. Pandemic and All-Hazards Preparedness Act of 2006, Pub. L. No. 109-417, as amended.
16. Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA), Public Law No. 113-5, as amended.
17. Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 (PAHPAIA), Public Law No. 116-22, as amended.
18. Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) of 2013, Pub. L. No. 113-5, as amended.
19. Section 1135 of the Social Security Act: Authority to Waive Requirements During National Emergencies, 42 U.S.C. § 1320b-5, as amended.
20. 42 U.S.C. § 247d, Illinois Compiled Statutes, 210 ILCS 45, Nursing Home Care Act, as amended.
21. Illinois Compiled Statutes, 225 ILCS 225, Private Sewage Disposal Licensing Act, as amended.
22. Illinois Compiled Statutes, 225 ILCS 235, Structural Pest Control Act, as amended.
23. Illinois Compiled Statutes, 410 ILCS 95, Vector Control Act, as amended.
24. Illinois Compiled Statutes, 410 ILCS 625, Food Handling Regulation Enforcement Act, as amended.
25. Illinois Compiled Statutes, 410 ILCS 635, Grade A Pasteurized Milk and Milk Products Act, as amended.
26. Illinois Compiled Statutes, 410 ILCS 650, Sanitary Food Preparation Act, as amended.
27. Illinois Compiled Statutes, 410 ILCS 620, Food, Drug, and Cosmetic Act, as amended.
28. Illinois Compiled Statutes, 410 ILCS 655, Safe Bottled Water Act, as amended.
29. Illinois Compiled Statutes, 415 ILCS 30, Illinois Water Well Construction Code, as amended.
30. Illinois Compiled Statutes, 415 ILCS 55, Illinois Groundwater Protection Act, as amended.
31. Illinois Compiled Statutes, 415 ILCS 75, Environmental Toxicology Act, as amended.
32. Illinois Compiled Statutes, 225 ILCS 85, Illinois Pharmacy Practice Act, as amended.



33. Illinois Diseased Animal Act, 510 ILCS 50/, as amended.
34. Illinois Administrative Code, 77 Ill. Admin. Code 750, Food Service Sanitation Code, as amended.
35. Illinois Administrative Code, 77 Ill. Admin. Code 925, Illinois Water Well Pump Installation Code, as amended.
36. Illinois Administrative Code, 77 Ill. Admin. Code 900, Illinois Drinking Water Systems Code, as amended.
37. Title 77: Public Health, Chapter I: Department of Public Health, Subchapter K: Communicable Disease Control and Immunizations, Part 690, Control of Communicable Diseases Code, Section 690.200 Reporting, as amended.

5. References

1. IEOP Base Plan, as amended
2. ESF-8 Public Health, Healthcare, EMS, and Behavioral Health, as amended
3. IDPH Emergency Support Function (ESF) 8 Plan, as amended
4. National Response Framework (NRF), as amended
5. National Disaster Recovery Framework (NDRF), as amended
6. Illinois Strategic National Stockpile Plan, as amended
7. IDPH CHEMPACK Plan, as amended
8. State of Illinois Bio-Watch Program SOPs, as amended
9. ESF-6 Mass Care, Emergency Assistance, Temporary Housing, and Human Services, as amended
10. ESF-8, X-5 Fatality Management, as amended
11. ESF-8, X-7 Access and Functional Needs, as amended
12. IDPH Pandemic Influenza Preparedness and Response Plan, as amended
13. IDPH incident- or hazard-specific plans for, but not limited to, Ebola, Zika, etc., 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.