

Illinois Emergency Operations Plan

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

Appendix X-2 Health Care 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 Managed Plan Emergency Support Function (ESF) #8 Appendix X-2 Health Care Services		
Title	ESF-8 Public Health, Healthcare, EMS, & Behavioral Health Appendix X-2 Health Care Services	
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State ESF-8, X-2 Coordinator	Support Agencies & Organizations
Illinois Department of Public Health (IDPH)	American Red Cross (Red Cross) 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 Financial & Professional Regulation (IDFPR)
Federal ESF-8, X-2 Coordinator	Illinois Department of Innovation and Technology (DoIT)
U.S. Department of Health and Human Services (HHS)	Illinois Department of Transportation (IDOT) Illinois Department of Veterans' Affairs (IDVA) Illinois Department on Aging (IDoA) Illinois Emergency Management Agency and Office of Homeland Security (IEMA-OHS) Illinois Environmental Protection Agency (IEPA) Illinois HELPS (IL HELPS) Illinois Medical Emergency Response Team (IMERT) Illinois National Guard (ILNG) Illinois Poison Center (IPC) Illinois State Police (ISP) Illinois Law Enforcement Alarm System (ILEAS) Mutual Aid Box Alarm System (MABAS)



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

1.2. Scope

- 1.2.1. This appendix addresses *health care*, which refers to services received by individuals or communities to promote, maintain, monitor, or restore health.
- 1.2.2. This appendix addresses the *healthcare system*, which is the overarching collection of health care providers and suppliers that provide the maintenance or improvement of health via the prevention, diagnosis, treatment, amelioration, or cure of disease, illness, injury, and other physical and mental impairments in individuals.
- 1.2.3. This appendix details the *health care services* required of the healthcare system during a disaster, which are any services included in the furnishing to any individual of medical care, or the hospitalization incident to the furnishing of such care, as well as the furnishing to any person of any other services to prevent, alleviate, cure, or heal human illness or injury, including behavioral health, mental health, home health, and pharmaceutical services and products.
- 1.2.4. This appendix addresses the health care elements of the:
 - 1.2.4.1. Public Health, Healthcare, and Emergency Medical Services Core Capability of the National Preparedness Goal (NPG).
 - 1.2.4.2. Federal ESF #8 - Public Health and Medical Services Annex to the National Response Framework (NRF), and
 - 1.2.4.3. The Health and Medical Community Lifeline as identified by FEMA.
- 1.2.5. Health care providers and suppliers regulated by the IDPH Office of Health Care Regulation (OHCR) under the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Rule include:
 - 1.2.5.1. Hospitals.



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- 1.2.5.2. Critical Access Hospitals (CAHs).
- 1.2.5.3. Rural Emergency Hospital (REH); In the Centers for Medicare and Medicaid Services (CMS) Rulemaking Process
- 1.2.5.4. Ambulatory Surgical Centers (ASCs).
- 1.2.5.5. Hospices.
- 1.2.5.6. Psychiatric Residential Treatment Facilities (PRTFs).
- 1.2.5.7. Programs for All-Inclusive Care for the Elderly (PACE).
- 1.2.5.8. Transplant Centers.
- 1.2.5.9. Long-Term Care (LTC) Facilities.
- 1.2.5.10. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).
- 1.2.5.11. Home Health Agencies (HHAs).
- 1.2.5.12. Comprehensive Outpatient Rehabilitation Facilities (CORFs).
- 1.2.5.13. Religious Nonmedical Health Care Institutions (RNHCIs).
- 1.2.5.14. Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services.
- 1.2.5.15. Community Mental Health Centers (CMHCs).
- 1.2.5.16. Organ Procurement Organizations (OPOs).
- 1.2.5.17. Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs), and
- 1.2.5.18. End-Stage Renal Disease (ESRD) Facilities.
- 1.2.6. This appendix addresses the response to mass casualty and mass effect incidents that lead to the evacuation of multiple healthcare services facilities or a cascading medical surge incident that exhausts the health care capabilities of one or more IDPH Public Health and Medical Services Response Regions.



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- 1.2.6.1. **Mass Casualty Incident (MCI):** An incident that generates many casualties whereby the available health care resources, or their management systems, are severely challenged or unable to meet the health care needs of the affected population. An MCI may occur simultaneously with a Mass Fatality Incident (MFI), requiring the same support services for victims and families. (HHS Assistant Secretary for Preparedness and Response [ASPR])
- 1.2.6.2. **Mass Effect Incident (MEI):** An incident that primarily affects the ability of an organization to continue its normal operations. For health care organizations, this can disrupt the delivery of routine health care services and hinder their ability to provide needed surge capacity. For example, a hospital's ability to provide medical care to the victims of an earthquake is compromised if it must focus on relocating current patients because a section of the facility was destroyed. (ASPR)
- 1.2.6.3. **Medical Surge:** The ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of health care organizations to survive a hazard impact and maintain or rapidly recover operations that were compromised; a concept known as medical system resiliency. (ASPR)
- 1.2.7. This appendix applies to the following entities:
 - 1.2.7.1. Illinois local units of government.
 - 1.2.7.2. Illinois state government.
 - 1.2.7.3. Federal government agencies, when deployed to the state.
 - 1.2.7.4. Public and private sector health care providers and suppliers, including those listed under the Scope above.
 - 1.2.7.5. Non-governmental organizations (NGOs) with a role in state health care operations, and
 - 1.2.7.6. Coordinating elements with a role in state health care operations.
- 1.2.8. The focus of the healthcare system is on the treatment of individual patients with illnesses or injuries through physician-patient relationships, not community health and population health, which is addressed in ESF-8, X-1 Public Health Services.



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- 1.2.9. *Pre-hospital care* is delivered by Emergency Medical Services (EMS) personnel operating through state-authorized EMS Systems and is addressed in ESF-8, X-3 Emergency Medical Services.
- 1.2.10. Behavioral health is considered a health care service by the state but is addressed separately in ESF-8, X-4 Behavioral Health Services.
- 1.2.11. Some health care services outlined herein are necessary to deliver health maintenance services under ESF-8, X-9 Maintaining Health Services.
- 1.2.12. The operational and tactical details necessary to implement this appendix can be found in the Illinois Department of Public Health (IDPH) Emergency Support Function (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 Overview, 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 IEOP ESF-8 coordinating agency with responsibility for operational and tactical health care services preparedness and the coordination of response to and recovery from a disaster or public health emergency affecting the healthcare system.
- 1.3.4. IDPH shares responsibility with health care services entities for overall authority and responsibility to determine health care-related risks and response measures throughout response and recovery.
- 1.3.5. The state recognizes that the healthcare system:
 - 1.3.5.1. Is focused on the health of individual patients through physician-patient relationships, not overarching community health or population health. See ESF-8, X-1 Public Health Services.
 - 1.3.5.2. Resides predominantly in the private sector through private non-profit and for-profit corporate entities that may not be swayed by orders from the governor or chief elected official.



- 1.3.5.3. Does not operate within legally defined borders (state, county, and municipal) like the emergency management and public health systems.
- 1.3.5.4. Has authority to deliver care only within each licensed facility's property borders. No provider can be made to deploy and deliver health care services off campus, as defined herein.
- 1.3.5.5. If not owned and operated by a government entity, neither a health care entity nor its employees have qualified immunity under the State Lawsuit Immunity Act (745 ILCS 5/) nor the Local Governmental and Governmental Employees Tort Immunity Act (745 ILCS 10/).
- 1.3.5.6. Consists of health care service providers outlined under Scope above, 17 of which are regulated by the IDPH and OHCR and are subject to inspection and potential adverse administrative action for non-compliance with state and federal regulations.
- 1.3.5.7. Is staffed by health care professionals, including doctors and nurses, who are licensed by the Illinois Department of Financial and Professional Regulation (IDFPR) and are eligible to have their scope of practice expanded by the governor.
- 1.3.5.8. Does include the state's EMS system, due to its associated relationship with a Resource Hospital. The EMS system operates under its own statutes and regulations in the Illinois EMS Act and its associated administrative code. See ESF-8, X-3 Emergency Medical Services.

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 Purpose, Scope, Policy, Situation Overview, and Planning Assumptions in ESF-8 Public Health, Healthcare, EMS, and Behavioral Health is incorporated herein by reference.
- 1.4.1.3. The need for health care services cannot be met by the private sector and is overwhelming the Authority Having Jurisdiction (AHJs), leading to requests for state resources.



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- 1.4.1.4. An incident has disrupted the FEMA Health and Medical Community Lifeline, leading to numerous illnesses, injuries, and fatalities, stressing the capacity of the healthcare system, requiring state-supported health care services through:
 - 1.4.1.4.1. Deployment and staffing of Temporary Medical Treatment Stations (TMTS).
 - 1.4.1.4.2. Deployment and staffing of Alternate Care Sites (ACS), and
 - 1.4.1.4.3. Augmenting staffing at private and public sector health care facilities through the deployment of:
 - 1.4.1.4.4. State mobile support teams (MSTs).
 - 1.4.1.4.5. Illinois National Guard (ILNG) personnel.
 - 1.4.1.4.6. Personnel deployed through the Emergency Management Assistance Compact (EMAC), and
 - 1.4.1.4.7. Personnel deployed through the HHS, Assistant Secretary for Preparedness and Response (ASPR), National Disaster Medical System (NDMS).
- 1.4.1.5. An incident has disrupted the FEMA Food, Hydration, Shelter, and Health and Medical Community Lifelines, leading at-risk individuals who are reliant on health maintenance services to be displaced from their homes, camps, or institutions, requiring sheltering by the state.
- 1.4.1.6. An incident has destroyed or disabled numerous health care facilities necessary to sustain health care services across one or more IDPH Public Health and Medical Services Response Regions.
- 1.4.1.7. An incident has decimated the health and well-being of the health care workforce necessary to sustain health care services across one or more IDPH Public Health and Medical Services Response Regions.
- 1.4.1.8. An incident has caused a loss of utilities, such as water, power, internet, and natural gas, necessary to sustain health care services across one or more IDPH Public Health and Medical Services Response Regions.
- 1.4.1.9. An incident has caused supply chain constraints that have left health care providers and suppliers without adequate supplies and equipment



necessary to sustain health care services across one or more IDPH Public Health and Medical Services Response Regions.

- 1.4.1.10. An incident has caused multiple inpatient health care providers across one or more IDPH Public Health and Medical Services Response Regions to evacuate or concurrently manage cascading medical surge challenges that have exhausted their inter-facility transfer agreements.
- 1.4.1.11. A geographically broad cyberattack has caused the loss of access to electronic health records (EHRs) necessary to sustain health care services across one or more IDPH Public Health and Medical Services Response Regions.

1.5. Hazard and Threat Analysis Summary

- 1.5.1. 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.

1.6. Assumptions

- 1.6.1. 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.
- 1.6.2. Planning assumptions stated under Assumptions in ESF-8 Public Health, Healthcare, EMS, and Behavioral Health are incorporated herein by reference.
- 1.6.3. 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 health care services.
- 1.6.4. A trained health care services workforce is not available to deploy to ACS and TMTS from overwhelmed health care providers and suppliers.
- 1.6.5. The private sector is primarily responsible for health care services and may not be responsive to the needs or demands of the SEOC, the governor, the chief elected official, or designees.
- 1.6.6. Health care providers will prioritize the life, health, and safety of their clients and staff above the needs of the SEOC, LHDs, and local EMAs.



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- 1.6.7. Health care providers will notify their clients' families, staff, corporate organizations, and contractual partners of disaster and emergency declarations and the activation of their EOCs.
- 1.6.8. Health care providers will coordinate the response within their facilities, between their facilities of shared ownership, and those under contractual agreement to accept their clients during a crisis.
- 1.6.9. Hospitals and critical access hospitals needing evacuation may not ask for government assistance, but their associated inter-facility transfer efforts will negatively affect the EMS system and its readiness for 911 calls.
- 1.6.10. The Hospital Incident Command System (HICS) will be activated within hospitals and critical access hospitals to coordinate response and recovery actions within their facilities and, if applicable, for all facilities within their parent healthcare system.
- 1.6.11. Health care providers and suppliers will not have adequate staffing to deploy personnel to their local Emergency Operations Center (EOC) or Public Health Emergency Operations Center (PHEOC).
- 1.6.12. The IDPH IMT or PHEOC has the resources necessary to activate.
- 1.6.13. Other than hospitals and critical access hospitals, no health care providers or suppliers outlined under the Scope above will have adequate staffing to activate facility EOCs.
- 1.6.14. There is no local agency or organization with the responsibility to provide or coordinate the delivery of health care services at the county and municipal levels.
- 1.6.15. IDPH regional Health Care Coalitions (HCCs) are a group of individual health care and response organizations that include hospitals, EMS, emergency management, and local public health in a defined geographic location. The HCCs are critical to information sharing and resource distribution during the response or recovery phases of a disaster or public health emergency.
- 1.6.16. Other than hospitals and critical access hospitals, no health care providers or suppliers outlined under the Scope above are included in the coordination responsibilities of the Regional Hospital Coordination Center (RHCC).



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- 1.6.17. Hospitals and critical access hospitals have access to the HHS, ASPR Hospital Preparedness (HPP) grant through IDPH and, therefore, have participated in multidisciplinary training and exercises with their EMAs and LHDs.
- 1.6.18. IDPH, OHCR, regulates health care providers and suppliers outlined under the Scope above to comply with the HHS, Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Rule, and will have:
 - 1.6.18.1. Engaged in risk assessment and emergency planning that considers:
 - 1.6.18.1.1. Hazards are likely in their geographic area.
 - 1.6.18.1.2. Care-related emergencies.
 - 1.6.18.1.3. Equipment and power failures.
 - 1.6.18.1.4. Interruption in communications, including cyber-attacks.
 - 1.6.18.1.5. Loss of all/portion of the facility, and
 - 1.6.18.1.6. Loss of all/portion of supplies.
 - 1.6.18.2. Developed a communications plan that:
 - 1.6.18.2.1. Complies with federal and state laws and regulations.
 - 1.6.18.2.2. Has a system to contact staff, including physicians, nurses, and other necessary people
 - 1.6.18.2.3. Is well-coordinated within the facility, across health care providers, and with state and local public health departments and emergency management agencies.
 - 1.6.18.3. Developed associated emergency management policies and procedures that comply with federal and state laws, rules, and regulations.
 - 1.6.18.4. Developed plans, policies, and procedures that have been tested through a training and testing program that is integrated with the preparedness efforts of LHDs and EMAs.
- 1.6.19. LHD Medical Reserve Corps (MRCs) will have limited or no resources to augment health care services.



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- 1.6.20. Limited health care resources will be available through IDPH to augment the healthcare system through the deployment of state personnel and the Illinois Medical Emergency Response Team (IMERT).
- 1.6.21. Limited health care resources will be available through the Emergency Management Assistance Compact (EMAC). Physical resources will be more readily available than staff.
- 1.6.22. Limited health care resources will be available through HHS, ASPR, and NDMS. Physical resources will be more readily available than staff.
- 1.6.23. The Illinois Department of Veterans' Affairs (IDVA) does not have dominion over VA hospitals and therefore cannot direct them to respond or pledge assets belonging to VA hospitals to an incident.
- 1.6.24. The American Red Cross cannot provide health services or support to temporary infirmaries, immunization clinics, morgues, hospitals, nursing homes, or other healthcare facilities.
- 1.6.25. The National Ambulance Contract (NAC) can only be activated under a federal response.
- 1.6.26. ESF-11 is the primary State resource for the treatment of ill or injured service animals, pets, working animals, laboratory animals, and livestock post-disaster.

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 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 stresses the healthcare system, IDPH will deploy an agency representative to the SEOC.
- 2.1.4. Through the Office of Preparedness and Response (OPR), Division of Disaster Planning and Readiness (DPR) - in coordination with the Office of Healthcare Regulation (OHCR) - IDPH is the primary agency responsible for coordinating the healthcare system's disaster operations in the SEOC.



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- 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).
- 2.1.6. IDPH OHCR regulates the health care providers and suppliers listed under the Scope above and enforces the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Rule. OHCR has the authority to take administrative action to force health care providers and suppliers into specific life-safety actions during response and recovery to protect patients and residents.
- 2.1.7. The acronym "CMS" is often used to refer to the Illinois Department of Central Management Services. In this appendix, the acronym "CMS" will also refer to the Illinois Department of Central Management Services, and any reference to the Center for Medicare and Medicaid Services within the U.S. Department of Health and Human Services (HHS) will be spelled out in full.
- 2.1.8. 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 providers and suppliers, whereas the term "health care" refers to the medical services received by an individual.
- 2.1.9. Health Care 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.
- 2.1.10. For preparedness, response, and recovery operations, hospitals and critical access hospitals utilize the IDPH EMS Regions map.
- 2.1.11. The IDPH Regional EMS Coordinators (REMSC) serve as the liaisons between hospitals, critical access hospitals, resource hospitals, Regional Hospital Coordinating Centers (RHCCs), and IDPH.
- 2.1.12. The RHCCs are the lead hospitals for the coordination of resources for hospitals and critical access hospitals within their EMS Regions.
- 2.1.13. Hospitals and critical access hospitals will make non-medical-related requests for resources directly through their local EMA.
- 2.1.14. When a non-RHCC hospital or critical access hospital exhausts its medical resources, it first requests resources from its resource hospital.



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- 2.1.15. If the resource hospital cannot provide the necessary medical resources, the hospital or critical access hospital then requests resources from its RHCC.
- 2.1.16. If the RHCC has exhausted its medical resources, it will request resources from another RHCC.
- 2.1.17. If the RHCC cannot obtain medical resources through another RHCC, it will advise requesting hospitals and critical access hospitals to request resources through their local health department (LHD).
- 2.1.18. If the LHD cannot fulfill a hospital or critical access hospital's request for medical resources, the LHD will request resources on the hospital's behalf from its local EMA, unless directed otherwise through their Regional Emergency Medical Disaster Plan.
- 2.1.19. When the local EMA cannot fulfill a resource request from a hospital or critical access hospital, it will request resources from the state through a WebEOC request routed to its IEMA-OHS Regional Coordinator.
- 2.1.20. Health care providers that are not a hospital or critical access hospital.
- 2.1.21. For preparedness, response, and recovery operations, the healthcare system – other than hospitals and critical access hospitals – utilizes the IDPH Public Health and Medical Services Response Regions map.
- 2.1.22. The IDPH REMSCs serve as the liaison between health care providers and IDPH.
- 2.1.23. RHCCs do not coordinate resources for health care providers and suppliers that are not hospitals or critical access hospitals.
- 2.1.24. Health care providers' non-medical-related requests for resources will be made directly through their local EMA.
- 2.1.25. If a health care provider – other than a hospital or critical access hospital - exhausts its medical resources, it first requests resources from its LHD.
- 2.1.26. If the LHD cannot fulfill the health care provider's medical resources request, the LHD will request resources on the provider's behalf from its local EMA, unless directed otherwise through its Regional Emergency Medical Disaster Plan.
- 2.1.27. If the local EMA cannot fulfill a resource request from a health care provider, it will request resources on the provider's behalf from the state through a WebEOC request routed to the provider's IEMA-OHS Regional Coordinator.



- 2.1.28. The governor's declarative authority for the state is outlined in the IEOP Base Plan: Concept of Operations and incorporated herein by reference.
- 2.1.29. 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.
- 2.1.30. 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 health care services.
- 2.2.4. IDPH is responsible for NAW for:
 - 2.2.4.1. IDPH leadership, offices, divisions, and employees.
 - 2.2.4.2. Regional Hospital Coordinating Centers (RHCCs).
 - 2.2.4.3. Health Care Coalitions (HCCs).
 - 2.2.4.4. Health care providers outlined under Scope.
 - 2.2.4.5. The Illinois Medical Emergency Response Team (IMERT), and
 - 2.2.4.6. Non-governmental partner organizations with a role in health care response or recovery operations.

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 systems, which include:
 - 2.4.3.1. Medical Emergency Communications of Illinois (MERCi)
 - 2.4.3.2. SIREN
 - 2.4.3.3. STARCOM21
- 2.4.4. 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. Health care providers outlined in the Scope above

2.4.4.12. Non-governmental health care 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 for the state 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 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 in ESF-5 Information and Planning and incorporated herein by reference.

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 governing 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 health care response and recovery operations in the SEOC.

2.7.2. Coordinating Elements

- 2.7.2.1. State hospital response and recovery activities are coordinated through eleven EMS Regions managed by IDPH.
- 2.7.2.2. The Regional Hospital Coordinating Centers (RHCCs) are the primary point of coordination for hospital and critical access hospital preparedness, response, and recovery for their IDPH EMS Region.
- 2.7.2.3. The IDPH Regional Emergency Medical Services Coordinators (REMSCs) serve as the liaisons between the RHCCs and the SEOC IDPH Agency Representative, IMT, or PHEOC for their IDPH EMS Region.
- 2.7.2.4. There is no regional coordinating element for health care response and recovery activities for health care providers and suppliers outlined under the Scope that are not hospitals and critical access hospitals.
- 2.7.2.5. Activation and application of the IDPH IMT is done in accordance with the IDPH ESF 8 Plan.
- 2.7.2.6. Activation and application of the PHEOC is done in accordance with the IDPH ESF 8 Plan.
- 2.7.2.7. Upon activation of the IDPH PHEOC or IMT, the PHEOC Director or IMT Lead and the SEOC Manager will coordinate through the SEOC IDPH Agency Representative.
- 2.7.2.8. 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.

2.7.2.9. IDPH

2.7.2.9.1. 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:

- 2.7.2.9.1.1. Office of the Director (OD)
- 2.7.2.9.1.2. Office of Disease Control (ODC)
- 2.7.2.9.1.3. Office of Finance and Administration (OFA)
- 2.7.2.9.1.4. Office of Health Care Regulation (OHCR)
- 2.7.2.9.1.5. Office of Health Promotion (OHPm)
- 2.7.2.9.1.6. Office of Health Protection (OHP)
- 2.7.2.9.1.7. Office of Human Resources (OHR)
- 2.7.2.9.1.8. Office of Information Technology (OIT/DoIT)
- 2.7.2.9.1.9. Office of Performance Management (OPM)
- 2.7.2.9.1.10. Office of Policy, Planning, and Statistics (OPPS)
- 2.7.2.9.1.11. Office of Racial and Cultural Health Equity (ORCHE)
- 2.7.2.9.1.12. Office of Women's Health and Family Services (OWHFS)

2.7.2.9.2. For incidents affecting individuals needing health care services, OPR and DPR will coordinate primarily with OHCR.

2.7.2.9.3. 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.

- 2.7.2.10. 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.
- 2.7.2.11. Unless a local government owns and operates a state-licensed health care facility outlined under Scope, their role in providing health care services during response and recovery is limited to recruiting health care professionals, securing triage and treatment space, and coordinating care for patients who are unable to access care in a licensed facility.
- 2.7.2.12. The local agency responsible for locating triage and treatment space and coordinating care for patients who are unable to access care may be either the local EMA or LHD.
- 2.7.2.13. 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.
- 2.7.2.14. General responsibilities of the Governor's Office are outlined under the IEOP Base Plan: Organization and Assignment of Responsibilities and incorporated herein by reference.
- 2.7.2.15. The Governor or designees may authorize waivers of certain scopes of practice and professional licensure and certification requirements for state-licensed or certified health care professionals.
- 2.7.2.16. 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.
- 2.7.2.17. Detailed procedures governing the activation and deployment of the ILNG are outlined under ESF-13 Public Safety and Security and incorporated herein by reference.
- 2.7.2.18. General procedures governing private sector integration in the state are outlined under the IEOP Base Plan: Organization and Assignment of Responsibilities.



- 2.7.2.19. Detailed procedures governing private sector integration in the state are outlined under ESF-14 Cross-Sector Business and Infrastructure.
- 2.7.2.20. General procedures governing mutual aid integration in the state are outlined under the IEOP Base Plan: Organization and Assignment of Responsibilities and incorporated herein by reference.
- 2.7.2.21. 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.
- 2.7.2.22. Illinois is an Emergency Management Assistance Compact (EMAC) state and may have access to health care resources through the compact.

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:
 - 2.7.1.3.1. Obtain subject matter expertise on health care response and recovery issues.
 - 2.7.1.3.2. Request and coordinate the delivery of medical countermeasures (MCM) from the Strategic National Stockpile (SNS).
 - 2.7.1.3.3. Request deployment of the National Disaster Medical System (NDMS) to support the state's health care response and recovery operations, and
 - 2.7.1.3.4. Get clarification on the appropriate use of funds during response and recovery from the HHS, ASPR, Hospital Preparedness Program (HPP).
- 2.7.3.3. General policies governing the use of federal resources are outlined under the IEOP Base Plan: Organization and Assignment of Responsibilities.



- 2.7.3.4. U.S. Department of Health and Human Services (HHS) is the federal coordinating agency for health care services.
- 2.7.3.5. The HHS, Assistant Secretary for Preparedness and Response (ASPR), Strategic National Stockpile (SNS) program may augment IDPH and identified public and private health care providers' and suppliers' resources with the deployment of Federal Medical Stations (FMS) and Medical Countermeasures (MCM) through the Strategic National Stockpile (SNS).
- 2.7.3.6. The HHS, ASPR, National Disaster Medical System (NDMS) may augment IDPH and identify public and private health care providers and suppliers with the deployment of doctors, nurses, and other health care personnel to alleviate the medical surge.

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 missions presented by the SEOC Manager.
- 3.1.1.2. Serve as the primary agency for coordination of the state's health care response and recovery efforts, ensuring that all response efforts integrate accessibility and functional needs considerations using the CMIST framework.
- 3.1.1.3. In coordination with the Red Cross, local governments, and NGOs providing congregate shelter services, ensure the provision of necessary health care services for individuals in state-recognized and state-supported shelters, addressing accessibility and functional needs through the CMIST framework as outlined in ESF-6, X-1 Shelter Support.
- 3.1.1.4. In coordination with the IDPH Office of Healthcare Regulation (OHCR), request and coordinate the waiver of applicable health care rules and regulations from the Illinois Department of Financial and Professional Regulation (IDFPR), ensuring that AFN considerations are met and CMIST principles are applied.



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- 3.1.1.5. In coordination with the IDPH Office of Healthcare Regulation (OHCR), order the evacuation of health care facilities when determined that life-safety issues require such, incorporating AFN considerations and CMIST principles to ensure equitable access and support.
- 3.1.1.6. Request and coordinate with the IDFPR on the expanded scope of practice for medical licenses of health care professionals, ensuring that AFN populations receive appropriate and equitable care using the CMIST framework.
- 3.1.1.7. Request and coordinate with IDFPR on the waiver of state licensure for non-state responders deploying to the state through EMAC, the National Ambulance Contract (NAC), and the HHS, ASPR, National Disaster Medical System (NDMS), ensuring that AFN populations are considered and CMIST principles are applied.
- 3.1.1.8. In coordination with the RHCCs, monitor and report on the evacuation of hospitals and critical access hospitals, ensuring AFN populations are identified, supported, and tracked in alignment with CMIST considerations.
- 3.1.1.9. In coordination with the RHCCs, monitor and report on the impending medical surge and bed availability challenges for hospitals and critical access hospitals, incorporating AFN considerations and CMIST principles in response planning.
- 3.1.1.10. Coordinate the use of EMS providers and other transportation means in support of health care facility evacuation, ensuring AFN considerations are met, and transportation resources align with CMIST needs.
- 3.1.1.11. Request and coordinate the receiving of federal health care resources (supplies and equipment) through the HHS, ASPR, and SNS, including Federal Medical Stations, ensuring these resources address AFN needs using CMIST principles.
 - 3.1.1.11.1. Request and coordinate the activation and response of state health care response teams and personnel, ensuring that all teams are prepared to address AFN populations using CMIST principles:
 - 3.1.1.11.2. Illinois Medical Emergency Response Team (IMERT).



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- 3.1.1.11.3. Region 2 Medical Emergency Response Team based out of OSF Saint Francis Medical Center.
- 3.1.1.11.4. Illinois Helps volunteers and
- 3.1.1.11.5. Local Medical Reserve Corps units.
- 3.1.1.11.6. Request and coordinate the activation and response of federal health care response teams and personnel through a CMIST-informed approach to AFN populations:
- 3.1.1.11.7. HHS, ASPR, National Disaster Management System (NDMS).
- 3.1.1.11.8. HHS, Office of the Surgeon General, Office of Force Readiness and Deployment (OFRD), U.S. Public Health Service (USPHS) Regional Incident Support Teams (RIST).
- 3.1.1.12. Coordinate the establishment of temporary medical treatment stations (TMTS) and alternate care sites (ACS) not located on health care facility properties, ensuring AFN accessibility and adherence to CMIST considerations.
- 3.1.1.13. 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 human and veterinary medical needs, ensuring CMIST considerations are applied to AFN populations.
- 3.1.1.14. Ensure appropriate patient confidentiality is maintained, including Health Insurance Portability and Accountability Act privacy and security standards, while ensuring AFN populations receive equitable access to medical services using CMIST principles.
- 3.1.1.15. Coordinate with local and regional agencies to integrate State assets with civilian volunteers deployed from local, state, and other authorities, ensuring AFN populations are considered using CMIST principles through the Emergency System for Advanced Registration of Volunteer Health Professionals and the Medical Reserve Corps.
- 3.1.1.16. Coordinate state medical messaging with jurisdictional officials, ensuring that all communications are accessible and consider AFN populations through CMIST principles.



- 3.1.1.17. Lead the Local/Regional response to State requests for medical assets and coordinate with Local departments/agencies and State partners on the acceptance of State medical assistance, ensuring access to functional needs considerations and CMIST principles are followed.
- 3.1.1.18. Lead the state effort to provide medical assistance to the affected area in an incident requiring a coordinated state response, ensuring access and functional needs populations receive equitable and appropriate care based on CMIST principles.
- 3.1.1.19. Coordinate public health and medical support and patient movement requirements with supporting departments, agencies, and governments throughout the incident, ensuring access and functional needs populations receive necessary support through CMIST principles.
- 3.1.1.20. Coordinate public health and medical support and patient movement requirements with supporting departments, agencies, and governments throughout the incident, ensuring access and functional needs populations receive necessary support through CMIST principles.

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.
- 3.2.1.2. Possesses statutory authority to take specific actions to prepare for, respond to, and recover from medical emergencies, ensuring the integration of accessibility and functional needs considerations using the CMIST framework.
- 3.2.1.3. Provides available logistical support (e.g., transportation) to medical response operations, ensuring transportation resources accommodate access and functional needs populations using CMIST principles.
- 3.2.1.4. Provides the capability to identify bed capacity for bed allocation among healthcare treatment networks, ensuring equitable access for populations with access and functional needs using CMIST considerations.



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- 3.2.1.5. Provides medical advice, specialized training, and on-site assistance for the treatment of all types of radiation exposure accidents, incorporating CMIST principles to support access and functional needs populations.
- 3.2.1.6. Provides patient tracking from point of entry to final disposition, ensuring that access and functional needs populations are accounted for using CMIST-informed tracking methods.
- 3.2.1.7. Provides resources to support pre-hospital triage and treatment, inpatient hospital care, outpatient services, medical-needs sheltering, pharmacy services, and dental care to victims with acute injury/illnesses or those who suffer from chronic illnesses/conditions, ensuring access and functional needs populations have equitable access using CMIST principles.
- 3.2.1.8. Provides support for triage, patient treatment, and patient movement, ensuring accessibility and accommodations for access and functional needs populations using CMIST guidelines.
- 3.2.1.9. Supports national, regional, or state teams to assess medical needs. This function includes the assessment of the healthcare system/facility infrastructure, integrating CMIST considerations to address access and functional needs challenges.
- 3.2.1.10. Maintains primary responsibility for the situational awareness of medical assistance; determining the appropriate level of response capability; and developing status updates and assessments, ensuring access and functional needs populations are included in planning and response.
- 3.2.1.11. Conducts field investigations, including collection and analysis of relevant samples; advises protective actions related to direct human and animal exposures and on indirect exposure through contaminated food, drugs, water supply, and other media; provides technical assistance and consultation on medical treatment, screening, and decontamination of injured or contaminated individuals. Provides for disaster-related health needs through direct services and/or referrals as necessary, ensuring that access and functional needs of populations are supported through CMIST principles.



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- 3.2.1.12. Assumes operational control of emergency medical response assets, as necessary, in the event of a public health emergency, except for members of the Illinois National Guard, who remain under the authority and control of the Governor, while ensuring access and functional needs populations are considered in response operations.
- 3.2.1.13. Provides technical assistance and consultation on medical treatment of victims of vector-borne diseases, incorporating CMIST-informed strategies for access and functional needs populations.
- 3.2.1.14. Supports a Joint Information Center (JIC) in the release of general medical response information to the public, ensuring accessibility for access and functional needs populations through CMIST-aligned communication strategies.
- 3.2.1.15. Provides public health and medical surveillance, laboratory diagnostics, and confirmatory testing, ensuring access and functional needs populations are included in monitoring and response efforts.
- 3.2.1.16. Disseminates public health information on protective actions related to exposure to health threats or environmental threats to healthcare personnel, ensuring accessibility for populations with access and functional needs using CMIST-informed strategies.
- 3.2.1.17. Provides direct consultations to healthcare personnel and local health departments regarding medical needs and concerns related to the emergency, ensuring access and functional needs populations' needs are addressed through CMIST principles.
- 3.2.1.18. Assists in identifying alternate water supplies and wastewater collection and treatment for critical healthcare facilities, ensuring access and functional needs populations reliant on specialized medical equipment have continued access to essential services.
- 3.2.1.19. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response issues with internal and external response and recovery partners, ensuring access and functional needs populations receive accessible, CMIST-aligned communications.
- 3.2.1.20. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response issues for the public, ensuring information is accessible to populations with access and functional needs.



- 3.2.1.21. When activated, staff the IDPH IMT or PHEOC with subject matter experts from necessary public health disciplines, ensuring that expertise includes access and functional needs and CMIST considerations.
- 3.2.1.22. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs), ensuring access and functional needs populations are represented in reports.
- 3.2.1.23. Support TMTS and ACSs located on healthcare facility properties, when requested, ensuring access and functional needs considerations are addressed using CMIST guidelines.
- 3.2.1.24. Maintain accurate contact data for healthcare system leadership and organizations through the State of Illinois Rapid Electronic Notification System (SIREN), ensuring access and functional needs -related providers and organizations are included.
- 3.2.1.25. Assist eligible healthcare services providers with requesting 1135 waivers from the HHS, Center for Medicare and Medicaid Services (CMS), ensuring that access and functional needs populations continue receiving essential services despite regulatory waivers.
- 3.2.1.26. Monitor and report the evacuation of healthcare facilities, ensuring access and functional needs populations receive appropriate accommodations and resources.
- 3.2.1.27. Support shelter-in-place efforts for inpatient or residential healthcare facilities to avoid evacuation, when requested, ensuring access and functional needs populations have necessary resources for continued care using CMIST principles.
- 3.2.1.28. Support evacuation efforts for inpatient or residential healthcare facilities, when requested, ensuring access and functional needs populations are prioritized and provided necessary support using CMIST guidelines.

3.3. Support State Agencies/Organizations

3.3.1. American Red Cross (ARC)

- 3.3.1.1. Staff the Red Cross SEOC Agency Representative position.



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- 3.3.1.2. Provide basic health care services at Red Cross-managed facilities.
- 3.3.1.3. Request from IDPH and coordinate necessary health care needs of clients in Red Cross-operated facilities that are not ill enough to require hospitalization, with consideration of potential medical, functional, or other additional needs or requirements of the public.
- 3.3.1.4. Provide blood and blood products from Red Cross blood centers.
- 3.3.1.5. Coordinate the provision of blood and blood products through the Association for the Advancement of Blood and Biotherapies (AABB) Task Force.
- 3.3.1.6. 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.
- 3.3.1.7. With the SEOC PIO and/or the JIC, coordinate public information and messaging on 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.
- 3.3.1.8. With the SEOC PIO and/or the JIC, coordinate public information and messaging on 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.
- 3.3.1.9. Assists community health personnel in vaccination and medical countermeasure distribution efforts, subject to staff availability, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.1.10. Provides for disaster-related health and behavioral health needs through direct services and/or referrals as necessary.
- 3.3.1.11. Refers concerns regarding animal healthcare, safety, or welfare in mass care facilities to the authority having jurisdiction on animal issues.



- 3.3.1.12. At the request of IDPH, coordinates with the AABB Task Force to provide blood as needed through regional blood centers, subject to availability.

3.3.2. Illinois Department of Agriculture (IDOA)

- 3.3.2.1. Coordinate veterinary care, treatment, shelter, and other essential services to livestock, household pets, and service animals.
- 3.3.2.2. Provide available veterinary personnel to assist in the treatment of animals.

3.3.3. Illinois Department of Central Management Services (CMS)

- 3.3.3.1. Staff the CMS SEOC Agency Representative position.
- 3.3.3.2. Identify state facilities that may be used as temporary medical treatment stations or alternate care 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.
- 3.3.3.3. Help locate and procure or lease non-state-owned facilities that may be used as temporary medical treatment stations or alternate care 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.
- 3.3.3.4. Assist with identifying non-essential personnel from state agencies available to assist in health care operations.
- 3.3.3.5. Assist in coordinating notification, activation, and deployment of state personnel required for health care operations.
- 3.3.3.6. Assist in coordinating Just in Time Training (JITT) for state agency personnel assigned to health care 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.
- 3.3.3.7. Assist with monitoring and advising the SEOC on sustainment requirements for state agency personnel assigned.



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- 3.3.3.8. Assist in acquiring/allocating state and federal surplus resources available for health care operations, including resources which may be used to assist individuals with physical, mobility, visual, hearing, cognitive, financial needs, abilities, or impairments with Access and Functional Need Support Services (AFNSS).
- 3.3.3.9. 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.
- 3.3.3.10. With the SEOC PIO and/or the JIC, support coordinating public information and messaging on 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.
- 3.3.3.11. With the SEOC PIO and/or the JIC, support the coordination of public information and messaging on 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.

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

- 3.3.4.1. Staff the SEOC DCFS Agency Representative position.
- 3.3.4.2. 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.
- 3.3.4.3. Coordinate health care services efforts for youth in state care.
- 3.3.4.4. At the request of the governor, coordinate health care services for unaccompanied youth not in state care.
- 3.3.4.5. 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.



- 3.3.4.6. With the SEOC PIO and/or the JIC, coordinate public information and messaging on 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.
- 3.3.4.7. With the SEOC PIO and/or the JIC, coordinate public information and messaging on 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. Illinois Department of Financial & Professional Regulation (IDFPR)

- 3.3.5.1. Provide temporary expansion of the scope of medical practice (e.g., vaccines).
- 3.3.5.2. Expedites the processing of temporary licenses for medical facilities (pharmacies/controlled substances) and practitioners, including out-of-state practitioners and reinstatements.
- 3.3.5.3. Provides contact information for available state veterinary personnel and/or sends mass email blasts to licensees as requested. 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.

3.3.6. Illinois Department of Innovation and Technology (DoIT)

- 3.3.6.1. Assist with providing telecommunications support services, devices, and equipment to state agencies, boards, and commissions assisting with state-supported health care operations, including resources which may be used to assist individuals with physical, mobility, visual, hearing, cognitive, or financial needs, or impairments with Access and Functional Need Support Services (AFNSS).
- 3.3.6.2. Assist with the emergency procurement of telecommunication devices and equipment with the SEOC that may be needed by state agencies assisting with state-supported health care 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).

- 3.3.6.3. Assist with providing information technology support services, devices, and equipment to state agencies, boards, and commissions assisting with state-supported health care 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).
- 3.3.6.4. Assist with providing emergency procurement of information technology devices and equipment with the SEOC that may be needed by state agencies assisting with state-supported health care 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).
- 3.3.6.5. Assist state agencies, boards, and commissions assisting with state-supported health care operations in identifying state agencies that can support the development and implementation of Geographic Information System (GIS) mapping solutions on their websites. Ensuring that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.6.6. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREP). Reports should include how response efforts are addressing applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond.
- 3.3.6.7. With the SEOC PIO and/or JIC, coordinate public information and messaging on response-related 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. Illinois Department of Transportation (IDOT)

- 3.3.7.1. Staff the IDOT SEOC Agency Representative position.



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- 3.3.7.2. Provide inspection and/or repair of critical transportation routes on state and federal highways.
- 3.3.7.3. Provide personnel to assist with SNS distribution as outlined in the state SNS Plan.
- 3.3.7.4. 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.
- 3.3.7.5. With the SEOC PIO and/or the JIC, coordinate public information and messaging on 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.
- 3.3.7.6. With the SEOC PIO and/or the JIC, coordinate public information and messaging on 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.

3.3.8. Illinois Department of Veterans' Affairs (IDVA)

- 3.3.8.1. Assist in the coordination of health care services to veterans inside and outside of IDVA facilities, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.8.2. Notify the SEOC IDPH Agency Representative of health care sustainment needs for IDVA health care facilities.
- 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 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.
- 3.3.8.6. With the SEOC PIO and/or the JIC, coordinate public information and messaging on 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.

3.3.9. 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, with consideration for potential medical, functional, or other additional access needs or requirements of the older adult population.
- 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 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.



- 3.3.9.8. With the SEOC PIO and/or the JIC, coordinate public information and messaging on 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.

3.3.10. Illinois Emergency Management Agency and 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 impacts to services, facilities, sites, and programs.
- 3.3.10.1.2. Collaborate with IDPH on requests for health care 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.
- 3.3.10.1.5. With the SEOC PIO and/or the JIC, coordinate public information and messaging on 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.
- 3.3.10.1.6. With the SEOC PIO and/or the JIC, coordinate public information and messaging on 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.
- 3.3.10.1.7. Coordinates search and rescue operations in cooperation with local EMAs, and requests federal SAR teams as appropriate.
- 3.3.10.1.8. Provides logistical support for deploying ESF-8 medical elements required and coordinates the use of mobilization



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centers/staging areas; transportation of resources; use of disaster fuel contracts; emergency meals; potable water; base camp services; supply and equipment resupply; and use of all state contracts and interagency agreements managed by IEMA-OHS for response operations.

3.3.10.1.9. If available, provide appropriate personnel, equipment, and supplies primarily for communications, aircraft, and the establishment of base camps for deployed state medical teams. Resources will be assigned commensurate with each unit's level of training and the adequacy and availability of equipment. ESF-4 is the contact for this support, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.10.1.10. In coordination with IDPH, designates and deploys available medical, surgical, and other health service support assets, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.10.1.11. Assists IDPH in the coordination of public health and medical support and patient movement requirements with supporting departments, agencies, and governments throughout the incident, ensuring accessible support and transportation are available regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.10.1.12. In coordination with IDPH, provide available logistical support (e.g., transportation) to medical response operations.

3.3.10.1.13. Through ESF-3 Public Works and Engineering, provide technical assistance, equipment, and supplies in support of IDPH to accomplish the temporary restoration of damaged public utilities affecting medical facilities.

3.3.10.1.14. Through ESF-3 Public Works and Engineering, it provides power (e.g., generators) to medical facilities.



3.3.10.1.15. In coordination with IDPH, supports a Joint Information Center (JIC) in the release of general medical response information to 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.

3.3.10.1.16. In coordination with IDPH, supports state medical messaging with jurisdictional officials. 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. 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 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.

3.3.10.2.4. With the SEOC PIO and/or the JIC, coordinate public information and messaging on 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.

3.3.10.3. Office of Nuclear Safety (ONS)



3.3.10.3.1. Provides decontamination guidance for radiologically contaminated individuals related to radiological or nuclear emergency events.

3.3.10.3.2. Provides technical guidance to health care facilities for contamination control, radiological detection equipment, donning and doffing of personal protective equipment, patient radiological surveys, and personnel monitoring.

3.3.11. Illinois Environmental Protection Agency (IEPA)

3.3.11.1. Staff the SEOC IEPA Agency Representative position.

3.3.11.2. Provide air monitoring and wipe sampling for selected hazardous materials inside buildings or structures, considering sensitivity and health risks for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.11.3. Provide toxicological expertise and risk communication expertise in support of health risk communication about chemicals or other health risks, ensuring impacts on vulnerable populations are considered.

3.3.11.4. Provide technical advice to health care providers on chemical decontamination of emergency responders or other exposed persons.

3.3.11.5. Provide technical advice to health care providers on the disposal of contaminated waste, ensuring impacts on vulnerable populations are considered.

3.3.11.6. 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

3.3.11.7. Provide technical expertise on disposal of biomedical waste.

3.3.11.8. 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.



- 3.3.11.9. With the SEOC PIO and/or the JIC, coordinate public information and messaging on 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.
- 3.3.11.10. With the SEOC PIO and/or the JIC, coordinate public information and messaging on 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.
- 3.3.11.11. Assists IDPH in identifying alternate water supplies and wastewater collection and treatment for critical healthcare facilities, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.12. Illinois HELPS (IL HELPS)

- 3.3.12.1. Message and deploy available personnel volunteers for casualty clearing and staging, patient management, and treatment.
- 3.3.12.2. Message and deploy healthcare providers registered in the Illinois Helps volunteer management system in a limited capacity to augment hospital staff and state deployable teams.

3.3.13. Illinois Law Enforcement Alarm System (ILEAS)

- 3.3.13.1. Support ISP by facilitating mutual aid response in providing crowd control at fixed and deployed healthcare facilities for the protection of workers and to address public safety and security.

3.3.14. Illinois Medical Emergency Response Team (IMERT)

- 3.3.14.1. Deploy at the request of IDPH and IEMA-OHS.
- 3.3.14.2. Manage and coordinate the response and recovery efforts of IMERT personnel and volunteers.
- 3.3.14.3. Provide personnel and equipment to support temporary medical treatment stations and alternate care sites, ensuring equitable



distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

- 3.3.14.4. 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.
- 3.3.14.5. With the SEOC PIO and/or the JIC, coordinate public information and messaging on 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.
- 3.3.14.6. With the SEOC PIO and/or the JIC, coordinate public information and messaging on 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.
- 3.3.14.7. Respond to state requests for medical assets.
- 3.3.14.8. Deploy available medical personnel for patient triage, treatment, and management, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.15. Illinois National Guard (ILNG)

- 3.3.15.1. Staff the SEOC ILNG Agency Representative position. This person will be prepared to:
 - 3.3.15.1.1. Coordinate ILNG personnel and equipment to support medical and non-medical transportation of patients, including the “walking wounded.” Provide accessible transportation regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.



- 3.3.15.1.2. Coordinate ILNG personnel, equipment, and security to support temporary medical treatment stations and alternate care sites.
- 3.3.15.1.3. Coordinate ILNG secondary personnel and equipment support for SNS distribution operations, in accordance with the State SNS Plan.
- 3.3.15.1.4. 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.
- 3.3.15.1.5. With the SEOC PIO and/or the JIC, coordinate public information and messaging on ILNG deployment issues with internal and external response and recovery partners, as well as with 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 Poison Center (IPC)

- 3.3.16.1. As requested by IDPH, augment the IPC call center to take calls from the general public regarding a healthcare emergency or disaster. 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.
- 3.3.16.2. 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.
- 3.3.16.3. With the SEOC PIO and/or the JIC, coordinate public information and messaging on 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.



- 3.3.16.4. With the SEOC PIO and/or the JIC, coordinate public information and messaging on 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.

3.3.17. 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 and equipment 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 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.
- 3.3.17.6. With the SEOC PIO and/or the JIC, coordinate public information and messaging on 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.
- 3.3.17.7. Supports IEMA-OHS in the provision of just-in-time training (JITT) related to dosimetry. 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.
- 3.3.17.8. The Primary Agency for ESF-13 Public Safety and Security provides crowd control at fixed and deployed healthcare facilities for the protection of workers and to address public safety and security.



3.3.18. Mutual Aid Box Alarm System (MABAS)

- 3.3.18.1. If available, provide appropriate personnel, equipment, and supplies primarily for communications, aircraft, and the establishment of base camps for deployed state medical teams. Resources will be assigned commensurate with each unit's level of training and the adequacy and availability of equipment. ESF-4 is the contact for this support. Ensure equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.18.2. Supports IEMA-OHS in efforts to provide technical consultation on the medical management of injuries and illnesses due to exposure to or contamination by ionizing radiation.
- 3.3.18.3. As available, deploys chemical, biological, radiological, and nuclear (CBRN) medical subject matter experts and/or teams for technical consultation and/or medical support.
- 3.3.18.4. Provides available logistical support (e.g., transportation, ambulances, personnel) to medical response operations, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.18.5. Supports IEMA-OHS in the provision of medical advice, specialized training, and on-site assistance for the treatment of all types of radiation exposure accidents.

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. Emergency Medical Treatment and Active Labor Act (EMTALA), 42 U.S.C. § 1395dd, as amended.
4. Section 564 of the Federal Food, Drug, and Cosmetic Act (Emergency Use Authorization (EUA)), 21 U.S.C. § 360bbb-3, as amended.



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5. Post-Katrina Emergency Management Reform Act of 2006 (Post-Katrina Act), Pub. L. No. 109-295, as amended.
6. Emergency Management Assistance Compact (EMAC) of 1996, Pub. L. No. 104-321, as amended.
7. Sandy Recovery Improvement Act of 2013, Pub. L. No. 113-2, as amended.
8. Section 319 of the Public Health Service Act: Public Health Emergencies, 42 U.S.C. § 247d, as amended.
9. Public Health Security and Bioterrorism Preparedness and Response Act of 2002, Pub. L. No. 107-188, as amended.
10. Pandemic and All-Hazards Preparedness Act of 2006, Pub. L. No. 109-417, as amended.
11. Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) of 2013, Pub. L. No. 113-5, as amended.
12. Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 (PAHPAIA), Public Law No. 116-22, as amended.
13. Section 1135 of the Social Security Act: Authority to Waive Requirements During National Emergencies, 42 U.S.C. § 1320b-5, as amended.
14. Illinois Compiled Statutes, 210 ILCS 50, Emergency Medical Services (EMS) Systems Act, as amended.
15. Illinois Compiled Statutes, 210 ILCS 85, Hospital Licensing Act, as amended.
16. Illinois Compiled Statutes, 745 ILCS 5, State Lawsuit Immunity Act, as amended.
17. Illinois Compiled Statutes, 745 ILCS 10, Local Governmental and Governmental Employees Tort Immunity, as amended.
18. Illinois Compiled Statutes, 20 ILCS 2105/2105-400, Department of Professional Regulation Law, as amended.

5. References

1. IEOP Base Plan, as amended
2. ESF-8 Public Health, Healthcare, EMS, and Behavioral Health, as amended



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3. National Response Framework (NRF), as amended
4. National Disaster Recovery Framework (NDRF), as amended
5. IDPH Emergency Support Function (ESF) 8 Plan, as amended
6. Illinois Strategic National Stockpile Plan, as amended
7. IDPH ChemPack Plan, as amended
8. ESF-6 Mass Care, Emergency Assistance, Temporary Housing, and Human Services, as amended
9. ESF-8, X-5 Fatality Management, as amended
10. ESF-8, X-7 Access and Functional Needs, 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.