

Illinois Emergency Operations Plan

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

Appendix X-3 Emergency Medical 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-3 Emergency Medical Services		
Title	ESF-8 Public Health, Healthcare, EMS, & Behavioral Health Appendix X-3 Emergency Medical 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
Evaluated Against	1. Prior version, if applicable. 2. Federal statutes and regulations. 3. State statutes and administrative codes. 4. Federal, state, and IEMA-OHS policies and directives. 5. National Preparedness Goal 6. National Response Framework 7. FEMA Community Lifelines 8. National Disaster Recovery Framework (NDRF) 9. IEMA-OHS policies, plans, and common definitions list. 10. Corrective actions from After-Action Reports (AARs) and real-world events where this ESF was engaged.	
Plan Type	☒ New ☐ Revised	
Branch Manager Review and Approval	Scott Gauvin, Manager of Strategic Operations and Preparedness	July 7, 2026
Senior Official Review and Approval	Theodore ‘Ted’ Berger, Director Clayton Kuetemeyer, Deputy Director Christopher Dodd, Chief of Operations Louise Conway, Chief Legal Counsel	September 23, 2026
Supersedes	N/A	



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State ESF-8, X-3 Coordinator	Support Agencies & Organizations
Illinois Department of Public Health (IDPH)	Illinois Department of Central Management Services (CMS)
Primary State Agencies & Organizations	Illinois Emergency Management Agency and Office of Homeland Security (IEMA-OHS)
Illinois Department of Public Health (IDPH)	Illinois National Guard (ILNG)
Federal ESF-8, X-3 Coordinator	Mutual Aid Box Alarm System (MABAS)
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 EMS throughout the response to and recovery from a disaster or public health emergency.

1.2. Scope

- 1.2.1. This appendix addresses EMS, which provides urgent pre-hospital treatment and stabilization for serious illness and injuries and transport to definitive care. (National Highway Transportation Safety Board [NTSB])
 - 1.2.1.1. **Pre-Hospital Care:** Those medical services rendered to patients for analytic, resuscitative, stabilizing, or preventive purposes, precedent to and during transportation of such patients to health care facilities. (Illinois Compiled Statutes, 210 ILCS 50, Section 3.10)
- 1.2.2. An EMS system is an organization of hospitals, vehicle service providers, and personnel approved by IDPH in a specific geographic area, which coordinates and provides pre-hospital and inter-hospital emergency care and non-emergency medical transports at a basic life support (BLS), intermediate life support (ILS) and/or advanced life support (ALS) level according to a System program plan submitted to and approved by IDPH, and according to the EMS Region Plan adopted for the EMS Region in which the System is located. (Illinois Compiled Statutes, 210 ILCS 50/3.5)
- 1.2.3. This appendix addresses the EMS components of the:
 - 1.2.3.1. Public health, health care, and emergency medical services are the core capability of the NPG.
 - 1.2.3.2. Federal ESF #8 - Public Health and Medical Services Annex to the NRF, and
 - 1.2.3.3. The Health and Medical Community Lifeline as identified by the Federal Emergency Management Agency (FEMA).
- 1.2.4. This EMS system:



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- 1.2.4.1. Provides emergency medical services in the pre-hospital setting once dispatched to the scene of an emergency or mass casualty incident that has caused serious illness or injury.
- 1.2.4.2. Focuses on the treatment and transport of individual patients by emergency medical services personnel through either online or offline medical control with oversight by an EMS System Medical Director.
- 1.2.4.3. Consists of numerous government and private non-profit and for-profit providers operating under one of 61 EMS systems within the 11 EMS regions regulated by the IDPH, Division of Emergency Medical Systems and Highway Safety.
- 1.2.5. This annex addresses mass casualty and mass effect incidents that result in a disaster, as defined herein, leading to SEOC activation and a cascading shortage of ambulances that exhaust EMS capabilities across one or more IDPH EMS Regions.
 - 1.2.5.1. **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])
 - 1.2.5.2. **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 the surge capacity needed. For example, a hospital's ability to provide medical care to earthquake victims is compromised if it must focus on relocating current patients because a section of the facility was destroyed. (ASPR)
 - 1.2.5.3. **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)
- 1.2.6. This appendix applies to:



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- 1.2.6.1. Illinois local governments.
- 1.2.6.2. Illinois state government.
- 1.2.6.3. Federal government agencies, when deployed to the state.
- 1.2.6.4. Public and private sector EMS systems and EMS providers.
- 1.2.6.5. Non-governmental organizations (NGOs) with a role or responsibility in state EMS operations; and
- 1.2.6.6. Coordinating elements with a role in state EMS operations.
- 1.2.7. The focus of EMS is on the treatment of individual patients with illnesses or injuries in a pre-hospital setting by EMS personnel, not within the confines (on-campus) of a state-licensed healthcare facility, which is addressed in ESF-8, X-2 Health Care Services.
- 1.2.8. 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, 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 ESF-8 coordinating agency with responsibility for operational EMS preparedness and the coordination of response to and recovery from a disaster or public health emergency affecting the EMS system.
- 1.3.4. IDPH shares responsibility with EMS systems and EMS providers for overall authority and responsibility to determine EMS-related risks and response measures throughout response and recovery.
- 1.3.5. The state recognizes that the EMS system:
 - 1.3.5.1. Is delivered through a disparate collection of government, private non-profit, and for-profit entities - or not at all - depending on the jurisdiction.



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- 1.3.5.2. Is made up of individual providers that have delegated authority to deliver emergency pre-hospital care only within defined response areas, unless engaged through a mutual aid agreement.
- 1.3.5.3. Is focused on the medical care of individual patients through an indirect physician-patient relationship established through standing medical orders and standard operating procedures (SOPs).
- 1.3.5.4. If not operated by a government entity, the EMS corporate entity and its employees do not have qualified immunity under the State Lawsuit Immunity Act (745 ILCS 5/) or the Local Governmental and Governmental Employees Tort Immunity Act (745 ILCS 10/).
- 1.3.5.5. The immunity from civil liability clause of the State Emergency Medical Services (EMS) Systems Act (210 ILCS 50/3.150) applies to any licensee (person, agency, private organization, or governmental body) operating in good faith, and
- 1.3.5.6. Is regulated by the IDPH, Division of Emergency Medical Systems and Highway Safety, and EMS providers are subject to inspection and legal action for non-compliance with state regulations.
- 1.3.6. EMS personnel must be licensed by the IDPH Division of Emergency Medical Systems and Highway Safety and/or provide care within an EMS System Program Plan, and
- 1.3.7. EMS personnel are bound by the EMS Act and protocols, policies, and procedures approved by their local EMS System Medical Director.

1.4. Situation

- 1.4.1. General
 - 1.4.1.1. General situation overview information for the state is outlined in the IEOP Base Plan: Purpose, Scope, Policy, Situation Overview, 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.



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- 1.4.1.3. An incident has disrupted the Health and Medical Community Lifeline, leading to numerous illnesses and fatalities requiring state-supported EMS.
 - 1.4.1.4. An incident has destroyed numerous EMS vehicles necessary to sustain operations across one or more IDPH Public Health and Medical Services Response Regions.
 - 1.4.1.5. An incident has decimated the health and well-being of the EMS workforce necessary to sustain operations across one or more IDPH Public Health and Medical Services Response Regions.
 - 1.4.1.6. An incident has caused a loss of fuel necessary to sustain EMS operations across one or more IDPH Public Health and Medical Services Response Regions.
 - 1.4.1.7. An incident has caused supply chain constraints that have left EMS providers without adequate supplies and equipment necessary to provide EMS.
 - 1.4.1.8. An incident has caused multiple inpatient health care providers to require evacuation or concurrently manage cascading medical surge challenges that have led to the implementation of inter-facility transfer agreements, exhausting EMS capability.
- 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 Overview, and Planning Assumptions.

1.5. Assumptions

- 1.5.1. General planning assumptions for the state are outlined in the IEOP Base Plan: Purpose, Scope, Policy, Situation Overview, 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.



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- 1.5.3. An incident has disrupted the 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 EMS.
- 1.5.4. A trained EMS workforce will be available in upstate jurisdictions (North of Interstate 80).
- 1.5.5. A trained EMS workforce may not be available in downstate jurisdictions (South of Interstate 80) and, when available, will likely be insufficient.
- 1.5.6. EMS is not an essential government service in the state and is not provided by all jurisdictions.
- 1.5.7. EMS providers are a disparate system of public, private non-profit, and for-profit entities and may not be responsive to the needs or demands of the governor, chief elected official, or designees.
- 1.5.8. Prolonged transport times and out-of-service times during patient transfers at hospitals will negatively impact the availability of EMS providers to respond.
- 1.5.9. The EMS system will be stressed by the competing needs for 911 response and inter-facility transport from surged or damaged health care facilities.
- 1.5.10. Local EMS mutual aid will be exhausted.
- 1.5.11. IDPH has no operational capability to augment EMS for local jurisdictions.
- 1.5.12. Intra-state mutual aid coordinated through the SEOC IDPH and Mutual Aid Box Alarm System (MABAS) Agency Representatives will be available.
- 1.5.13. EMS strike teams will be available through the Emergency Management Assistance Compact (EMAC).
- 1.5.14. Ambulances will be available, when requested, through the National Ambulance Contract (NAC).
- 1.5.15. FEMA will augment EMS, when requested, through the deployment of strike teams and/or additional ambulance provider companies.
- 1.5.16. EMS is not regulated under the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Rule, and therefore, providers may not have participated in emergency management training and exercises with the hospitals, LHDs, and EMAs.



- 1.5.17. The National Ambulance Contract (NAC) can only be activated under a federal response.

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. Through the Office of Preparedness and Response (OPR), Division of Disaster Planning and Readiness (DPR) - in coordination with the Division of Emergency Medical Systems and Highway Safety - IDPH is the primary agency responsible for coordinating EMS system disaster operations in the SEOC.
- 2.1.4. During a state-declared disaster with impacts on EMS, IDPH will deploy an agency representative to the SEOC.
- 2.1.5. IDPH is the primary agency for ESF-8 Public Health, Healthcare, EMS, and Behavioral Health, and 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. For all operations, the EMS system utilizes the IDPH EMS Regions map.
- 2.1.7. The IDPH Regional EMS Coordinators (REMSCs) serve as the liaisons between EMS providers, EMS systems, and IDPH.
- 2.1.8. IDPH will work directly with MABAS to incorporate fire department-based EMS resources into intra-state mutual aid.
- 2.1.9. IDPH will work directly with EMS systems and providers to arrange for intra-state mutual aid.
- 2.1.10. The EMS System Resource Hospital is the lead hospital for the coordination of resources for EMS providers within its EMS System.



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- 2.1.11. EMS providers' and systems' non-medical-related requests for resources will be made directly through each EMS system in accordance with the system's policy for supply replacement or the provider's EMA.
- 2.1.12. If an EMS Resource Hospital has exhausted its medical resources, it will request resources from its RHCC or another EMS Resource Hospital.
- 2.1.13. If a Resource Hospital cannot obtain medical resources from its RHCC or another Resource Hospital, it will advise its affiliated EMS systems and providers to request resources through their local EMA.
- 2.1.14. If the local EMA cannot fulfill a resource request from an EMS system or provider, it will request resources from the state through a WebEOC request routed to their IEMA-OHS Regional Coordinator.
- 2.1.15. 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.
- 2.1.16. Emergency medical 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.
- 2.1.17. The governor's declarative authority is outlined in the IEOP Base Plan: Concept of Operations and incorporated herein by reference.
- 2.1.18. 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.
- 2.1.19. 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.



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- 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. IDPH is responsible for NAW for:
 - 2.2.3.1. IDPH leadership, offices, divisions, and employees.
 - 2.2.3.2. Public and private EMS providers.
 - 2.2.3.3. EMS systems.
 - 2.2.3.4. Regional Hospital Coordinating Centers (RHCCs).
 - 2.2.3.5. Resource Hospitals.
 - 2.2.3.6. Health Care Coalitions (HCCs).
 - 2.2.3.7. Health care providers outlined under Scope.
 - 2.2.3.8. Non-governmental partner organizations with a role in EMS 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.

2.4. Communications

- 2.4.1. General communications requirements and procedures are outlined in the IEOP Base Plan: Communications Coordination and incorporated herein by reference.
- 2.4.2. Detailed procedures governing communication coordination 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 (MERCI)
 - 2.4.3.2. SIREN



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2.4.3.3. STARCOM21

2.4.4. During an EMS crisis, IDPH is responsible for maintaining communications with:

2.4.4.1. IDPH leadership offices, divisions, and employees.

2.4.4.2. Behavioral Health Providers

2.4.4.3. Coroners and Medical Examiners

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 EMS response partner organizations

2.5. Resource Management

2.5.1. General logistics requirements and procedures are outlined in the IEOP Base Plan: Administration, Finance, and Logistics and incorporated herein by reference.

2.5.2. 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.

2.5.3. Resource management and logistics for IDPH-procured resources will be carried out in accordance with the IDPH ESF 8 Plan.

2.5.4. 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.



- 2.5.5. 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.

2.6. Reporting Requirements

- 2.6.1. General information collection, analysis, and dissemination guidance for the state is outlined in the IEOP Base Plan: Information Collection, Analysis, and Dissemination and incorporated herein by reference.
- 2.6.2. Detailed information collection, analysis, and dissemination requirements for the state are outlined under 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 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 for EMS in the SEOC.

2.7.2. Coordinating Elements

- 2.7.2.1. The IDPH Regional Emergency Medical Services Coordinators (REMSCs) serve as the liaison between EMS systems, EMS providers, and the SEOC IDPH Agency Representative, IMT, or the PHEOC.
- 2.7.2.2. Activation and application of the IDPH IMT will be done in accordance with the IDPH ESF 8 Plan.
- 2.7.2.3. Activation and application of the PHEOC will be done in accordance with the IDPH ESF 8 Plan.



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- 2.7.2.4. The EMS System Resource Hospitals serve as the coordinator of medical resources for all EMS providers in their EMS System.
- 2.7.2.5. 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.
- 2.7.2.6. The Office of Preparedness and Response (OPR), Division of Disaster Planning and Readiness (DPR), coordinates internal agency preparedness, response, and recovery elements with IDPH program offices, including the Division of Emergency Medical Services and Highway Safety.
- 2.7.2.7. IDPH 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.
- 2.7.2.8. 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. Unless a local government operates a state-licensed EMS provider, the local government's role in EMS response and recovery will be limited to providing triage and treatment space and coordinating care for patients who are awaiting system capacity to be transported to a licensed health care facility, alternate care site, or temporary medical treatment station.
- 2.7.2.10. General responsibilities and authorities of the Governor's Office are outlined under the IEOP Base Plan: Organization and Assignment of Responsibilities and incorporated herein by reference.
- 2.7.2.11. 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 and EMS professionals.
- 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 and incorporated herein by reference.
- 2.7.2.14. General procedures governing private sector integration in the state are outlined under the IEOP Base Plan: Organization and Assignment of Responsibilities and incorporated herein by reference.
- 2.7.2.15. Detailed procedures governing private sector integration in the state are outlined under ESF-14 Cross-Sector Business and Infrastructure and incorporated herein by reference.
- 2.7.2.16. 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.
- 2.7.2.17. Detailed procedures governing mutual aid integration in the state are outlined under ESF-5, X-3 Mutual Aid Coordination, and incorporated herein by reference.
- 2.7.2.18. Illinois is an Emergency Management Assistance Compact (EMAC) state and may have access to EMS resources through the compact.

3. Federal Coordination

- 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.
- 3.2. The SEOC IDPH Agency Representative will coordinate with HHS, ASPR, to request deployment of EMS strike teams from the NDMS.
- 3.3. 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.
- 3.4. EMS does not have a federal coordinating agency.
- 3.5. The Federal Interagency Committee on Emergency Medical Services (FICEMS) helps ensure coordination among federal agencies supporting EMS and 911 systems. The FICEMS agencies are:
 - 3.5.1. Department of Defense (DOD).



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- 3.5.2. Department of Health and Human Services (HHS).
 - 3.5.3. Department of Homeland Security (DHS).
 - 3.5.4. Federal Communications Commission (FCC), and
 - 3.5.5. Department of Transportation (USDOT).
- 3.6. At the request of IDPH, the HHS, ASPR, and National Disaster Medical System (NDMS) may augment state EMS capabilities with the deployment of EMS strike teams.

4. Roles and Responsibilities

4.1. State ESF Coordinator

4.1.1. Illinois Department of Public Health (IDPH)

- 4.1.1.1. Coordinate the utilization of required ESF-8 support to execute missions presented by the SEOC manager.
- 4.1.1.2. Serve as the coordinating agency for the state's EMS response and recovery efforts, ensuring that EMS planning and response efforts address the needs of individuals with Access and Functional Needs, including those who require specialized medical transportation and in-home medical support.
- 4.1.1.3. Request and coordinate with the Division of Emergency Medical Services and Highway Safety to expand the scope of practice for EMS personnel licensed in the state, incorporating training on CMIST principles to ensure EMS professionals can effectively serve individuals with disabilities and other functional needs.
- 4.1.1.4. In coordination with the Division of Emergency Medical Services and Highway Safety, request and coordinate with the Illinois Department of Financial and Professional Regulation (IDFPR) the expanded scope of practice to allow licensed medical professionals to temporarily serve as EMS professionals in the state, including those with expertise in assisting populations with communication barriers, physical mobility impairments, and chronic health conditions.
- 4.1.1.5. Request and coordinate with the Division of Emergency Medical Services and Highway Safety the waiver of state licensure for non-state EMS



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personnel deploying to the state through EMAC, NAC, or NDMS, ensuring that deployed personnel are briefed on access and functional needs considerations and CMIST-related accommodations when providing emergency medical care.

- 4.1.1.6. Request and coordinate with the Division of Emergency Medical Services and Highway Safety the waiver of hospital destination requirements for state-licensed ambulances, considering the needs of individuals requiring continuity of care for chronic conditions and those in specialized medical programs.
- 4.1.1.7. Request and coordinate with the Division of Emergency Medical Services and Highway Safety the waiver of ambulance staffing and equipment requirements for state-licensed ambulances and response vehicles, ensuring that modifications do not compromise the ability to transport and care for individuals requiring durable medical equipment technology or other access and functional needs accommodations.
- 4.1.1.8. Through the SEOC Manager, request and coordinate the activation and response of federal EMS strike teams from FEMA, ensuring that these teams incorporate access and functional needs considerations into triage, patient movement, and medical response operations.
- 4.1.1.9. Through the SEOC Manager, request and coordinate the activation and response of EMS strike teams through the Emergency Management Assistance Compact (EMAC), prioritizing the deployment of teams trained in CMIST-related medical response strategies.
- 4.1.1.10. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners, ensuring that messaging is accessible to individuals with communication challenges, including those who are deaf, hard of hearing, blind, or have cognitive impairments.
- 4.1.1.11. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues for the public, ensuring that alerts, updates, and medical guidance are provided in multiple formats (e.g., plain language, ASL interpretation, and audio descriptions) to reach all populations effectively.



4.2. Primary State Agency/Organization

4.2.1. Illinois Department of Public Health (IDPH)

- 4.2.1.1. Staff the IDPH SEOC Agency Representative position, ensuring the representative is trained to recognize and advocate for populations with access and functional needs, using the CMIST framework to guide situational awareness and inclusive resource coordination.
- 4.2.1.2. Maintain accurate contact data for the EMS system and EMS provider leadership through the State of Illinois Rapid Electronic Notification System (SIREN), including relevant contacts from organizations serving individuals with access and functional needs to ensure they receive timely alerts through accessible and appropriate communication channels (CMIST: Communication, Maintaining Health, Independence, Support, Safety, and Self-Determination, and Transportation).
- 4.2.1.3. Disseminates public health information on protective actions related to exposure to health threats or environmental threats to EMS and healthcare personnel, ensuring the information is accessible to all recipients, including those with communication-related access and functional needs, by using multiple formats and plain language consistent with CMIST principles.
- 4.2.1.4. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs), including actions taken to support individuals with access and functional needs and highlight response gaps or needs based on the CMIST framework.
- 4.2.1.5. In coordination with the Mutual Aid Box Alarm System (MABAS), integrate fire-based EMS providers into the intra-state mutual aid efforts, ensuring these providers are prepared to support individuals with access and functional needs through accessible transport, appropriate communication methods, and medical support services aligned with CMIST considerations.
- 4.2.1.6. In coordination with the RHCCs and EMS systems, monitor the evacuation of hospitals, critical access hospitals, and long-term care centers and their needs for transport services, incorporating CMIST-based assessments to ensure continuity of care, access to assistive devices, and safe, accessible transportation options for individuals with access and functional needs.



- 4.2.1.7. In coordination with the RHCCs and EMS systems, monitor the evacuation of hospitals, critical access hospitals, and long-term care centers and their needs for transport services, ensuring that CMIST domains such as Communication, Maintaining Health, Independence, Support and Safety, and Transportation are fully addressed for patients with access and functional needs throughout the evacuation process.

4.3. Support State Agencies/Organizations

4.3.1. Illinois Department of Central Management Services (CMS)

- 4.3.1.1. Help locate and procure or lease non-state-owned equipment that may be used for EMS 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).
- 4.3.1.2. Assist with identifying non-essential personnel from state agencies available to assist in EMS operations, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 4.3.1.3. Assist with coordinating notification, activation, and deployment of state personnel required for EMS operations.
- 4.3.1.4. Assist with coordinating Just in Time Training (JITT) for state agency personnel assigned to EMS 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.
- 4.3.1.5. Assist with monitoring and advising the SEOC on sustainment requirements for state agency personnel assigned.
- 4.3.1.6. Assist in acquiring/allocating state and federal surplus resources available for EMS 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).



- 4.3.1.7. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts address applicable access and functional needs, such as the availability of accessible communication and transportation, and include actions taken to highlight response gaps or needs.
- 4.3.1.8. With the SEOC PIO and/or the 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.
- 4.3.1.9. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related 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.

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

- 4.3.2.1. SEOC Manager
 - 4.3.2.1.1. Coordinate collection, receipt, compilation, and development of situational reports on damage impacts to services, facilities, sites, and programs. Reports should include how response efforts address applicable access and functional needs, such as the availability of accessible communication and transportation, and include actions taken to highlight response gaps or needs.
 - 4.3.2.1.2. Collaborate with IDPH on requests for EMS resources through intra-state mutual aid, EMAC, and HHS, ASPR, NDMS, 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).
 - 4.3.2.1.3. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners.



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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.

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

4.3.2.1.5. Assists IDPH in the deployment of available medical personnel for casualty clearing and staging, patient management, and treatment, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

4.3.2.1.6. Provides support for evacuating patients who are too seriously ill or otherwise incapable of being evacuated in general evacuation conveyances. Ensuring equitable support strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

4.3.2.1.7. Assists in providing medical assistance to extracted victims, and in coordinating with local emergency medical systems for transfer of victims to appropriate healthcare facilities, as requested by IDPH, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

4.3.2.2. Business Emergency Operations Center (BEOC)

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

4.3.2.2.2. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how



response efforts address applicable access and functional needs, such as the availability of accessible communication and transportation, and include actions taken to highlight response gaps or needs.

4.3.2.2.3. With the SEOC PIO and/or the 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.

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

4.3.3. Illinois National Guard (ILNG)

4.3.4.1. Staff the SEOC ILNG Agency Representative position. This person will be prepared to:

4.3.1.10. Coordinate ILNG personnel and equipment to support non-emergency medical transportation (NEMT) of individuals, including the "walking wounded," ensuring equitable support strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

4.3.1.11. 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 availability of accessible communication, transportation, and including actions taken to highlight response gaps or needs.

4.3.2. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners, as well as the public. Reports should include how response efforts address applicable access and functional needs, such as the availability of accessible



communication, transportation, and beyond, and include actions taken to highlight response gaps or needs.

4.3.4. Mutual Aid Box Alarm System (MABAS)

- 4.3.2.1. Staff the SEOC MABAS Agency Representative Position.
- 4.3.2.2. Activate and deploy MABAS resources at the request of IEMA-OHS, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 4.3.2.3. In coordination with IDPH, manage the use of fire-based EMS in intra-state mutual aid efforts.
- 4.3.2.4. 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 availability of accessible communication, transportation, and including actions taken to highlight response gaps or needs.
- 4.3.2.5. With the SEOC PIO and/or the 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.
- 4.3.2.6. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related 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.
- 4.3.2.7. Deploy available medical personnel for casualty clearing and staging, patient management, and treatment, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 4.3.2.8. Assists in the provision of medical assistance to extracted victims, ensuring equitable distribution strategies that prioritize accessibility for



individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

- 4.3.2.9. Assists in coordinating with local emergency medical systems for the transfer of victims to appropriate healthcare facilities, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

5. 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. Post-Katrina Emergency Management Reform Act of 2006 (Post-Katrina Act), Pub. L. No. 109-295, as amended.
5. Emergency Management Assistance Compact (EMAC) of 1996, Pub. L. No. 104-321, as amended.
6. Sandy Recovery Improvement Act of 2013, Pub. L. No. 113-2, as amended.
7. Public Health Security and Bioterrorism Preparedness and Response Act of 2002, Pub. L. No. 107-188, as amended.
8. Pandemic and All-Hazards Preparedness Act of 2006, Pub. L. No. 109-417, as amended.
9. Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) of 2013, Pub. L. No. 113-5, as amended.
10. Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 (PAHPAIA), Public Law No. 116-22, as amended.
11. Section 1135 of the Social Security Act: Authority to Waive Requirements During National Emergencies, 42 U.S.C. § 1320b-5, as amended.



12. Illinois Compiled Statutes, 210 ILCS 50, Emergency Medical Services (EMS) Systems Act, as amended.
13. Illinois Compiled Statutes, 210 ILCS 85, Hospital Licensing Act, as amended.
14. Illinois Compiled Statutes, 745 ILCS 5, State Lawsuit Immunity Act, as amended.
15. Illinois Compiled Statutes, 745 ILCS 10, Local Governmental and Governmental Employees Tort Immunity Act, as amended.
16. Illinois Compiled Statutes, 20 ILCS 2105/2105-400, Department of Professional Regulation Law, as amended.

6. References

1. IEOP Base Plan, as amended
2. ESF-8 Public Health, Healthcare, EMS, and Behavioral Health, as amended
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. IDPH ChemPack Plan, as amended
7. ESF-6 Mass Care, Emergency Assistance, Temporary Housing, and Human Services, as amended

7. 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.