

Illinois Emergency Operations Plan

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

Appendix X-5 Fatality Management

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-5 Fatality Management

Title	ESF-8 Public Health, Healthcare, EMS, & Behavioral Health Appendix X-5 Fatality Management	
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. NRF Emergency Support Function Annexes 8. FEMA Community Lifelines 9. National Disaster Recovery Framework (NDRF) 10. IEMA-OHS policies, plans, and common definitions list. 11. 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	August 2021, Annex 26 – Fatality Management	



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State ESF-8, X-5 Coordinator	Support Agencies & Organizations
Illinois Department of Public Health (IDPH)	American Red Cross (ARC) Illinois Coroners and Medical Examiners Association (ICMEA)
Primary State Agencies & Organizations	Illinois Department of Agriculture (IDOA) Illinois Department of Central Management Services (CMS)
Illinois Emergency Management Agency and Office of Homeland Security (IEMA-OHS)	Illinois Department of Corrections (IDOC) Illinois Department of Financial and Professional Regulation (IDFPR)
Federal ESF-8, X-5 Coordinator	Illinois Department of Human Services (IDHS) Illinois Department of Transportation (IDOT) Illinois Environmental Protection Agency (IEPA) Illinois Funeral Directors Association (IFDA) Illinois Law Enforcement Alarm System (ILEAS) Illinois National Guard (ILNG) Illinois State Police (ISP) Mutual Aid Box Alarm System (MABAS) Office of the Attorney General, State of Illinois (OIAG)
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. Provide strategic and operational guidance for the coordination of state support for local fatality management operations throughout the response to and recovery from a disaster or public health emergency.

1.2. Scope

- 1.2.1. This appendix provides the strategic framework and responsibilities for agencies and organizations responding to and assisting with recovery from a disaster or public health emergency requiring state support for fatality management.
 - 1.2.1.1. Fatality Management is the process of locating, recovering, processing, identifying, and releasing decedents for final disposition.
 - 1.2.1.2. A mass casualty incident (MCI) occurs when an event overwhelms the local healthcare system, where the number of casualties vastly exceeds the local resources and capabilities in a short time. An MCI may include fatalities and be also considered a mass fatality incident (MFI), requiring the same support services for casualties, decedents, and families.
 - 1.2.1.3. A mass fatality incident (MFI) occurs when the number and/or condition of decedents that must be managed during a response to an incident challenges local fatality management capabilities to the point that additional assistance is required to perform decedent recovery, morgue services, and disposition of decedents. An MFI may occur simultaneously with a Mass Casualty Incident (MCI), requiring the same support services for decedents and families.
- 1.2.2. This appendix addresses the fatality management element of Emergency Support Function (ESF) 8 of the National Response Framework (NRF) necessary to maintain the Federal Emergency Management Agency (FEMA) Health and Medical Community Lifeline.
- 1.2.3. This appendix does not address family assistance activities associated with fatality management. Those activities are addressed in ESF-6 Mass Care, Emergency Assistance, Temporary Housing & Human Services.
- 1.2.4. This appendix applies to:
 - 1.2.4.1. Illinois local governments;



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- 1.2.4.2. Illinois state government;
- 1.2.4.3. Federal government agencies, when deployed to the state;
- 1.2.4.4. Non-governmental organizations (NGOs) with a role or responsibility in state fatality management operations.
- 1.2.4.5. Coordinating elements having a role in state fatality management operations.

1.3. Policy

- 1.3.1. Implementation of this annex will not supersede any authority having jurisdiction's (AHJ's) administrative protocols, policies, or procedures.
- 1.3.2. No decedent, or the personal property of such a decedent, shall be handled, moved, disturbed, embalmed, or removed from the place of death by any person, except with the permission of the county coroner.
- 1.3.3. The coroner will release the body of the decedent only to the next-of-kin or to the funeral director selected by such people.
- 1.3.4. Every law enforcement official, funeral director, ambulance attendant, hospital director or administrator, or person having custody of a decedent, and any physician in attendance upon such a decedent at the time of his/her death, must notify the coroner promptly.
- 1.3.5. State agencies will be prepared to provide resources to the county coroner necessary to conduct fatality management operations resulting from an MCI or MFI.
- 1.3.6. Depending on the scope and severity of an MFI, the governor may enact executive orders allowing holding indigent remains for 15 days versus the normal 30 days as required by state statute and may suspend blood tests and urinalysis requirements.
- 1.3.7. The Office of Illinois Attorney General (OIAG) may be required to verify county coroners are eligible and required to handle and process decedents with limited delays between the initial death and final disposition.
- 1.3.8. Care will be taken to ensure the outside of the human remains pouch is disinfected in accordance with Centers for Disease Control and Prevention (CDC) guidelines, using a U.S. Environmental Protection Agency (USEPA) approved product.



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- 1.3.9. County coroners and Medical Examiners are not HIPAA-covered entities and therefore are not bound by the stipulations within the Health Insurance Portability and Accountability Act (HIPAA).
- 1.3.10. Medical examiner and coroner government offices are not covered entities under the Health Insurance Portability and Accountability Act (HIPAA) and are not bound by the requirements therein.

1.4. Situation

- 1.4.1. There has been a natural-, technological-, or man-made incident that has resulted in more decedents than can be processed using day-to-day staffing and implementation of the Illinois Coroners and Medical Examiners Association (ICMEA) mutual aid agreement.
 - 1.4.1.1. An MFI is any situation in which there are more decedents than can be handled in a timely and professional fashion using regularly available local resources to address a single incident, multiple incidents, or state-wide continuous incidents.
 - 1.4.1.2. An MFI is not solely defined by the number of decedents. Other factors include the condition and infectivity of decedents, accessibility of the scene(s), complexity of recovery, and resources available.
- 1.4.2. Stakeholders, partners, and officials are contacting the SEOC or other state agencies regarding an MFI. They are reporting:
 - 1.4.2.1. A shortage of staff to process the volume of decedents, and/or
 - 1.4.2.2. A shortage of facility space, storage capacity, and/or supplies and equipment necessary to process the number of decedents.

1.5. Assumptions

- 1.5.1. County Coroners will assess the scene(s) and identify the condition and number of decedents or the number of projected decedents to determine the need for a fatality management structure. This includes identifying the local morgue capacity and surge capacity.
- 1.5.2. The Illinois Coroners and Medical Examiners Association (ICMEA) mutual aid agreement will be activated, but only 50 counties participate in the agreement. (See participating counties on the ICMEA Website) State agencies will be prepared



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to provide resources to County Coroners necessary to conduct fatality management tasks.

- 1.5.3. The state will utilize the Illinois Disaster Management System (IDMS) for preparedness, response, and recovery operations related to fatality management.
- 1.5.4. Agencies assigned roles and responsibilities for fatality management will develop agency-specific policies and procedures to fulfill their responsibilities identified in this appendix.
- 1.5.5. The Director of the Illinois Department of Public Health (IDPH) will exercise all authorities available under the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois [20 ILCS 2305] regarding fatality management.
- 1.5.6. The IDPH Division of Vital Records will identify, protect, and make available electronic and hardcopy documents, references, records, and information systems necessary to support essential functions during an MFI, 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.
- 1.5.7. No state agency has been identified as the primary source of incident-specific mortality and morbidity information; IDPH's Office of Policy, Planning, and Statistics (OPPS) collects death certificates from coroners and publishes annual death data but cannot do so for specific incidents for real-time situational awareness.
- 1.5.8. IDPH's Office of Health Protection cannot provide environmental technical assistance (e.g., environmental monitoring) and information in the event temporary interment is necessary, and/or decedents are contaminated. This responsibility would fall under the Illinois Environmental Protection Agency or – in the case of a radiological event – IEMA-OHS' Office of Nuclear Safety.
- 1.5.9. No state agency has been identified as primarily responsible for site evaluation and site (e.g., ground) preparation for the temporary interment of decedents. If the incident dictates, ESF-3 Public Works & Engineering will seek private contracts for this service.
- 1.5.10. Temporary interment will only be used as a last resort, when an overwhelming number of decedents prevent normal mortuary affairs operations or when contaminated decedents cannot be decontaminated.



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- 1.5.11. To remove decedents from the scene of an incident, responders must be licensed in the State of Illinois as a funeral director, embalmer, or apprentice. The Illinois Department of Financial & Professional Regulation (IDFPR) can issue temporary licenses as needed and with direction from the county coroner or medical examiner of the authority having jurisdiction (AHJ).
- 1.5.12. The Illinois Department of Central Management Services (CMS) can provide a list of facilities owned or leased by the State of Illinois with the potential to be used as temporary morgue facilities. The jurisdictional coroner or medical examiner's office will provide the specifications needed for such a facility upon request.
- 1.5.13. The American Red Cross will make mental health specialists available during the collection of antemortem data from families of potential casualties or decedents but will not assume responsibility for the collection or management of this data.
- 1.5.14. The Illinois Department of Financial & Professional Regulation (IDFPR) can email all active cemetery owners in the State of Illinois to collect information on the availability of burial plots.
- 1.5.15. All contaminated personal effects must be decontaminated before leaving the scene of a mass fatality incident.
- 1.5.16. Both the American Red Cross and the Illinois Department of Human Services (IDHS) can provide financial assistance for burials and associated travel.
- 1.5.17. The Illinois Missing Persons Identification Act (50 ILCS 722/) dictates that "any coroner or medical examiner with custody of human remains that are not identified within 24 hours of discovery shall promptly notify the Illinois State Police of the location of those remains. A coroner or medical examiner with custody of human remains that are not identified within 72 hours of discovery shall promptly notify the Federal Bureau of Investigation of the location of those remains and the failure to identify the remains."
- 1.5.18. ESF-6 Mass Care, Emergency Assistance, Temporary Housing & Human Services will coordinate a master missing persons list in the event of a mass casualty or mass fatality incident.
- 1.5.19. The Illinois Task Force 1 Urban Search & Rescue (USAR) Team has live-find canines that are not trained to find decedents.
- 1.5.20. IEMA-OHS maintains possession of refrigerated trailers that can be used for fatality management purposes.



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1.5.21. The Civil Air Patrol (CAP) can only assist in a search operation when there is a reasonable chance the victim(s) is/are still alive.

1.5.22. In situations involving suspected terrorism, the FBI will take possession of all personal effects at the scene and assume responsibility for returning them to their original owner after they have been processed, and the investigation has been completed.

1.5.23. Counties have limited funding to perform autopsies, and coroners and medical examiners may refuse a request to perform an autopsy if no funding is available.

1.5.24. In many cases, some or all victim identification efforts may be assumed by other entities, such as:

1.5.24.1. NDMS Victim Identification Center (VIC) Teams

1.5.24.2. The Federal Bureau of Investigation (FBI)

1.5.24.3. The National Transportation Safety Board (NTSB)

1.5.24.4. Federal Disaster Mortuary Assistance Teams (DMORTs)

2. Concept of Operations

2.1. General

2.1.1. Responsibility for the collection, identification, storage, and release of decedents will lie with the County Coroner.

2.1.2. The ICMEA will maintain a county point of contact listing necessary for an MFI, including a 24-hour phone number or email that will be monitored during and after normal business hours. This list will be reviewed on an annual basis to ensure accuracy and currency.

2.1.3. IEMA-OHS will be responsible for creating a new event in WebEOC for the incident and notifying stakeholders of its establishment.

2.1.4. County Coroners will coordinate with their local emergency management agency (EMA) to fill identified gaps.

2.1.5. The local EMA will request resources on behalf of the County Coroner by entering a request for resources (RFR) in WebEOC and routing it through their IEMA-OHS Regional Coordinator.



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- 2.1.6. The IEMA-OHS Regional Coordinators will evaluate the local RFR and, if appropriate, forward it to the SEOC IEMA-OHS Agency Representative and monitor its status.
- 2.1.7. Representatives of the Mutual Aid Box Alarm System (MABAS), local fire departments, and the ILNG may assist County Coroners in the recovery, movement, and transportation of decedents, after receiving temporary licenses from IDFPR.
- 2.1.8. The terms “Coroner” and “Medical Examiner” are defined uniquely in the IEOP Base Plan, Appendix X-08, Glossary of Terms. Throughout this plan, references to the “County Coroner” will be considered the same as the “Medical Examiner” in Cook County.
- 2.1.9. Procedures for control and use of this plan will incorporate operational priorities that include, but are not limited to:
 - 2.1.9.1. Protection of life;
 - 2.1.9.2. Public health and safety;
 - 2.1.9.3. Property protection;
 - 2.1.9.4. Environmental protection;
 - 2.1.9.5. Restoration of essential utilities;
 - 2.1.9.6. Restoration of essential program functions, and
 - 2.1.9.7. Coordination as appropriate.
- 2.1.10. All fatality management operations will be conducted in accordance with laws, rules, regulations, and policies of local, county, state, and federal jurisdictions.
- 2.1.11. The primary objectives in fatality management include, but are not limited to:
 - 2.1.11.1. Recovering decedents in a safe, timely, and dignified manner;
 - 2.1.11.2. Identifying decedents in a timely manner;
 - 2.1.11.3. Respecting decedents’ religious and cultural traditions.
 - 2.1.11.4. Providing family members with disaster behavioral support services, including psychological and emotional support.
- 2.1.12. When the capacity of hospital morgues and other locations where decedents are stored in a jurisdiction reaches capacity, the County Coroner will determine the



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need for establishing temporary morgue facilities. Upon this determination, the SEOC via ESF-8 will acquire the resources requested by local EMAs to support the establishment of temporary morgue facilities. Resources requested could include, but are not limited to:

- 2.1.12.1. Showers;
 - 2.1.12.2. Hot and cold water;
 - 2.1.12.3. Heat or air conditioning;
 - 2.1.12.4. Electricity with adequate power outlets;
 - 2.1.12.5. Floor drainage;
 - 2.1.12.6. Ventilation;
 - 2.1.12.7. Restrooms;
 - 2.1.12.8. Parking areas;
 - 2.1.12.9. Communication capabilities, including internet;
 - 2.1.12.10. Rest areas;
 - 2.1.12.11. Refrigerated trailers with ramps;
 - 2.1.12.12. Personal Protective Equipment (PPE);
 - 2.1.12.13. Human Remains Pouches; and
 - 2.1.12.14. Lodging.
- 2.1.13. Potential temporary morgue sites may be in existing mortuaries, refrigerated trailers, or other structures that can maintain appropriate temperature and climate to house decedents.
- 2.1.14. Decedents should be stored between 37°-44° F, and the temperature of the storage location should be monitored regularly. If this temperature range is not achievable, space should be kept as cool as possible.
- 2.1.15. Coordination is required to obtain refrigerated trailers, as necessary. The trailers can be moved to whatever location is directed by the County Coroner. If refrigerated trailers are not available, the County Coroner should arrange for



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railroad refrigeration cars, vans, or other cold storage to aid in the preservation of bodies.

- 2.1.16. IEMA-OHS will own or lease and maintain a fleet of refrigerated trailers for use in a mass casualty event. CMS Division of Vehicles will ensure the refrigeration unit in each trailer remains operational. IEMA-OHS will be responsible for the appropriate licensing requirements for each trailer. IEMA-OHS will also maintain a stock of at least 20 sixteen-foot ramps for use with refrigerated trailers owned by IEMA-OHS.
- 2.1.17. Temporary morgue sites will be guarded during use, fenced in, or locked for the security of decedents and personal property, and will be away from public view. A log should be kept of all who access the storage site, including the date, time, and reason for access.
- 2.1.18. Temporary morgue sites also should be capable of being partitioned for the separation of functions, such as body handling, property inspection, X-ray, autopsy, records maintenance, and interviewing.
- 2.1.19. Site selection should allow for decedents to be transported into and out of the location with ease. To the extent possible, any path traveled with a decedent should be devoid of stairs. Elevators on the access route should be large enough to accommodate a gurney or similar transport equipment and be able to move in and out of the space. If used, refrigerated trucks/trailers will require appropriate ramps for loading and unloading.
- 2.1.20. Decedents will be stored out of public view, on gurneys, pallets, or other non-porous floors (something that can be disinfected with a bleach solution). At no time will decedents be stacked on top of each other to prevent distortion of features (which could affect identification) and to allow easier moving and lifting of decedents. Thought should always be given to establishing and following procedures that show respect for the decedent.
- 2.1.21. Storage locations should not be connected to a main ventilation system that services other parts of the building or facility.

2.2. Notification, Alert, and Warning (NAW)

- 2.2.1. The ICMEA mutual aid agreement will be activated by ICMEA after notice from a County Coroner that services are needed, without state intervention.
- 2.2.2. SEOC NAW of SEOC Agency Representatives will be handled in accordance with ESF-2, X-1 Notification, Alert, and Warning.



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- 2.2.3. State agencies activated by the SEOC are responsible for internal agency and support partner NAW.

2.3. Activation

- 2.3.1. The SEOC Coordination and Management Standard Operating Procedures (SOP) will be used to determine staffing levels necessary for fatality management operations.
- 2.3.2. At a local government's request, the SEOC ESF-8 representatives will provide support to fatality management operations for both coordination and management efforts through the activation of state agency personnel and Mobile Support Teams (MSTs).

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. Communications throughout response and recovery will be conducted in accordance with SOPs and managed using established procedures, processes, and policies outlined in ESF-2 Communications.
- 2.4.3. Communications will be conducted in a manner consistent with the National Incident Management System (NIMS), utilizing common language and frequencies coordinated with the SEOC.
- 2.4.4. IDPH is responsible for developing, testing, and maintaining its communications resources and systems, which include:
- 2.4.4.1. Medical Emergency Communications of Illinois (MERCI)
 - 2.4.4.2. SIREN
 - 2.4.4.3. STARCOM21
- 2.4.5. IDPH is responsible for maintaining communications with:
- 2.4.5.1. IDPH leadership offices, divisions, and employees.
 - 2.4.5.2. Behavioral Health Providers
 - 2.4.5.3. Coroners and Medical Examiners
 - 2.4.5.4. EMS Providers



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2.4.5.5. EMS System

2.4.5.6. Health Care Coalitions (HCCs)

2.4.5.7. Illinois Medical Emergency Response Team (IMERT)

2.4.5.8. Local Health Departments (LHDs)

2.4.5.9. Regional Hospital Coordinating Centers (RHCCs)

2.4.5.10. Resource Hospitals

2.4.5.11. Health care providers outlined in the Scope above

2.4.5.12. Non-governmental EMS response partner organizations

2.5. Resource Management

- 2.5.1. Resource management and logistics will be carried out in accordance with ESF-7 Resource Management and Logistics.
- 2.5.2. Resource management includes mutual aid and assistance agreements, the use of federal and state MSTs, and resource mobilization protocols.
- 2.5.3. Additional resource and logistics support may be provided through the implementation of the Emergency Management Assistance Compact (EMAC), the federal government, and the private sector.

2.6. Reporting Requirements

- 2.6.1. Upon activation of the SEOC, all SEOC Agency Representatives for agencies having a primary or support role in fatality management operations will compile and disseminate situational reports on mass fatality capabilities and services.
- 2.6.2. SEOC information, intelligence, and situation reporting will be conducted in accordance with the SEOC Coordination and Management SOP. County Coroners must meet all death reporting requirements of the IDPH Division of Vital Records.

2.7. Organization

2.7.1. Direction and Control



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- 2.7.1.1. County Coroners will request resources through the Illinois Coroners and Medical Examiners Association (ICMEA) mutual aid agreement, without state request or intervention.
- 2.7.1.2. Direction, coordination, and control of Fatality Management assets will be conducted in accordance with ESF-5, X-1 Direction, Coordination, and Control.
- 2.7.1.3. The Governor or designee has the authority to exercise overall coordination of resources belonging to the state or use directive authority.

2.7.2. Coordinating Elements

- 2.7.2.1. IDPH will coordinate with responding agencies, organizations, and County Coroners to determine fatality management resource requirements.
- 2.7.2.2. IDPH will coordinate with the SEOC Manager to request resources determined to be needed for fatality management.
- 2.7.2.3. State Unified Area Command (SUAC)/State Area Command (SAC)
 - 2.7.2.3.1. A Fatality Management Task Force may be established under the operational control of the SUAC/SAC and will deploy resources based on instructions from the SUAC/SAC Commander.
 - 2.7.2.3.2. The County Coroner oversees the recovery of both the decedents and their possessions and could be assisted by additional agencies or organizations, including but not limited to:
 - 2.7.2.3.2.1. County Coroners of neighboring jurisdictions;
 - 2.7.2.3.2.2. Fire departments;
 - 2.7.2.3.2.3. Police departments;
 - 2.7.2.3.2.4. Funeral directors;
 - 2.7.2.3.2.5. Local health departments;
 - 2.7.2.3.2.6. Forensic dentists;



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- 2.7.2.3.2.7. Public works agencies;
- 2.7.2.3.2.8. Federal agency MST;
- 2.7.2.3.2.9. Military agencies, including the Fatality Search and Recovery Team (FSRT), and
- 2.7.2.3.2.10. Mutual Aid Box Alarm System (MABAS)
- 2.7.2.3.3. IDPH may request ILNG personnel to provide a team to assist County Coroners.
- 2.7.2.3.4. The SEOC may coordinate Emergency Management Assistance Compact (EMAC) assets into state mass fatality operations.

2.7.3. Federal Coordination

- 2.7.3.1. When there is a federal declaration of a disaster or emergency, the SEOC Manager will request fatality management resources directly from the Federal Emergency Management Agency (FEMA). FEMA will coordinate the state's resource request with the U.S. Department of Health and Human Services (HHS), Assistant Secretary for Preparedness and Response (ASPR), and the U.S. Environmental Protection Agency (USEPA).
 - 2.7.3.1.1. The SEOC may request a Disaster Mortuary Operational Response Team (DMORT) through HHS, ASPR, National Disaster Medical System (NDMS) to conduct victim identification, forensic, and mortuary services.
 - 2.7.3.1.2. The SEOC may request waivers of certain regulations from the EPA for crematories.
- 2.7.3.2. When there is a public health emergency declaration, but no federal disaster or emergency declaration, IDPH may request fatality management resources directly from HHS, ASPR.
- 2.7.3.3. SEOC Agency Representatives, state agencies, boards, and commissions will coordinate with federal counterparts in accordance with the enabling authority.



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. Provide infection control guidelines for fatality management activities and technical assistance to local authorities, ensuring guidance includes considerations for individuals with access and functional needs, including culturally appropriate handling of remains, accessible communication, and accommodations for next of kin with access and functional needs (CMIST: Communication, Support & Safety).
- 3.1.1.3. Communicate and coordinate with local health departments, hospitals, and health care coalitions (HCC), incorporating CMIST principles to address the needs of populations with access and functional needs in fatality management planning and ensuring all stakeholders are equipped to support inclusive practices.
- 3.1.1.4. Ensure the Illinois Vital Records System (IVRS) properly records the death certification in a timely manner, while also ensuring the system accounts for CMIST-related data needs such as accessible communication with families, language preferences, and support for those with disabilities during the death certification process.
- 3.1.1.5. Enforce data and reporting compliance with protected health information and the Health Insurance Portability and Accountability Act (HIPAA), particularly when handling cases involving individuals with access and functional needs, maintaining privacy and dignity while also accommodating CMIST needs such as communication or cognitive support for survivors or next of kin.
- 3.1.1.6. Develop and publish guidance for funeral directors and County Coroners regarding infectious diseases, including protocols that consider CMIST domains such as maintaining health and support for grieving individuals with access and functional needs, and ensuring communication of guidance is accessible and culturally sensitive.



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- 3.1.1.7. Maintain liaison with IFDA and ICMEA and provide Agency Representative(s) to fatality management efforts, ensuring representation includes awareness of CMIST principles to advocate for equitable treatment of individuals with access and functional needs in all aspects of fatality management, from identification to notification and support for family members.

3.2. Primary State Agency/Organization

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

- 3.2.1.1. SEOC Manager
 - 3.2.1.1.1. Coordinate state agency response to an MFI.
 - 3.2.1.1.2. Implement fatality management activities, including the establishment of one or more large-scale temporary morgues, auxiliary storage, victim identification, and security. 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.
 - 3.2.1.1.3. Develop control guidelines for fatality management activities for local authorities.
 - 3.2.1.1.4. Implement Fatality Management Module within WebEOC.
 - 3.2.1.1.5. Coordinate with the Illinois Coroners and Medical Examiners Association (ICMEA) and Illinois Funeral Directors Association (IFDA) to fill requests from locals, such as:
 - 3.2.1.1.5.1. Local emergency managers (through IEMA-OHS Regional offices);
 - 3.2.1.1.5.2. Field staff from supporting state agencies;
 - 3.2.1.1.5.3. News media broadcasts that focus on damaged areas;



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- 3.2.1.1.5.4. Information obtained from private sector sources (utility companies, insurance companies, etc.), and
- 3.2.1.1.5.5. Aerial reconnaissance data.
- 3.2.1.1.6. Coordinates search operations for decedents in a mass fatality incident, and requests federal DMORT teams as appropriate.
- 3.2.1.1.7. Provides location of decedents to facilitate humane recovery and collection of available forensic/antemortem data during SAR operations.
- 3.2.1.1.8. Provides contract support for temporary storage capability of decedents in a catastrophic fatality incident, such as refrigerated trucks, trailers, or rail cars.
- 3.2.1.1.9. Shares missing person data with the primary agencies for ESF-6, -8, -13, and the American Red Cross in support of the identification of the deceased and seriously wounded.
- 3.2.1.1.10. Assist jurisdictional medico-legal authorities and law enforcement agencies in establishing temporary morgue facilities.
- 3.2.1.1.11. Assists jurisdictional medico-legal authorities and law enforcement agencies in the tracking and documenting of decedents and associated personal effects.
- 3.2.1.1.12. May provide for temporary interment when permanent disposition options are not readily available.
- 3.2.1.1.13. In coordination with IDPH, assists jurisdictional medico-legal authorities and law enforcement agencies in providing technical assistance and consultation on fatality management and mortuary affairs services.
- 3.2.1.1.14. Compiles and displays regional fatality maps with data provided by the MABAS USAR Team.

3.2.1.2. Office of Nuclear Safety (ONS)



- 3.2.1.2.1. Provides guidance to jurisdictional medico-legal authorities and law enforcement agencies in reducing the hazard presented by radiologically contaminated decedents (when indicated and possible) related to radiological or nuclear emergency events.

3.3. Support State Agencies/Organizations

3.3.1. American Red Cross (ARC)

- 3.3.1.1. Provide mental health support to those affected, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.1.2. Coordinate the process for family reunification, ensuring whole-community accessibility regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.1.3. In an accident governed by the Aviation Disaster Family Assistance Act of 1996 or the Rail Passenger Disaster Family Assistance Act of 2003, and in accordance with the memorandum of understanding with the National Transportation Safety Board (NTSB) and the American Red Cross, will:
 - 3.3.1.3.1. Assign a trained leadership team to serve as the functional lead for emotional, spiritual, and psychological care assistance during an aviation or rail passenger accident and support the management of spontaneous unaffiliated volunteers and unsolicited donations. Emotional, spiritual, and psychological care should be accessible regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
 - 3.3.1.3.2. Assign an Agency Representative to the Joint Family Support Operations Center (JFSOC) to coordinate between the Red Cross, the NTSB, air or rail passenger carriers, federal JFSOC representatives, and medical facilities to ensure the following:
 - 3.3.1.3.2.1. Sharing of information.
 - 3.3.1.3.2.2. Family and survivor requests for emotional, spiritual, and psychological care are being



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

3.3.1.3.2.3. Families and survivors have awareness of family assistance services available.

3.3.1.3.3. Coordinate on-scene temporary respite care for families who arrive with minors, with consideration of potential medical, functional, or other additional needs or requirements of those who may utilize the care.

3.3.1.3.4. Coordinate the planning for a suitable interfaith memorial service during the NTSB on-scene phase of the family assistance operation, ensuring accessibility regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.1.3.5. Coordinate with the air or rail passenger carrier to establish areas in the family assistance center for families and survivors to grieve privately, ensuring accessibility regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.1.3.6. Coordinate and manage numerous organizations and personnel offering emotional, spiritual, and psychological services to the operation, including a process to integrate staff and volunteers, ensuring accessibility regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.1.3.7. Support reunification efforts in coordination with government entities as appropriate.

3.3.2. Illinois Coroners and Medical Examiners Association (ICMEA)

3.3.2.1. Coordinate County Coroner support functions.

3.3.2.2. Coordinate fatality management tasks.

3.3.2.3. Coordinate resource requests and allocation for their assigned areas.



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- 3.3.2.4. Coordinate with local coroners and medical examiners to provide mutual aid as needed.
- 3.3.2.5. Assist with the implementation of the Fatality Management Module within WebEOC.
- 3.3.2.6. Support IDPH in efforts to assist jurisdictional medico-legal authorities and law enforcement agencies in performing postmortem data collection and documentation.
- 3.3.2.7. Support ISP in efforts to assist jurisdictional medico-legal authorities and law enforcement agencies in identifying decedents using scientific means (e.g., dental, pathology, anthropology, fingerprints, and, as indicated, DNA samples).
- 3.3.2.8. Support IEMA-OHS in efforts to assist jurisdictional medico-legal authorities and law enforcement agencies in establishing temporary morgue facilities.
- 3.3.2.9. Support IEMA-OHS in efforts to assist jurisdictional medico-legal authorities and law enforcement agencies in the tracking and documenting of decedents and associated personal effects.
- 3.3.2.10. Support IEMA-OHS and IDPH in efforts to assist jurisdictional medico-legal authorities and law enforcement agencies in providing technical assistance and consultation on fatality management and mortuary affairs services.
- 3.3.2.11. Assist IDPH in victim identification efforts.

3.3.3. Illinois Department of Agriculture (IDOA)

- 3.3.3.1. In the event of death due to suspected foreign animal disease, support IDPH and other agencies with animal disease-specific information for testing and epidemiologic investigations.

3.3.4. Illinois Department of Central Management Services (CMS)

- 3.3.4.1. Support the provisioning of transportation of personnel, equipment, and supplies, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.



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- 3.3.4.2. Assist in the procurement of equipment and supplies not available through state sources from commercial vendors or suppliers, 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).
- 3.3.4.3. Provide contract support for temporary storage capability of decedents in a mass fatality incident, such as refrigerated trucks, trailers, or rail cars. Support may include assistance with routine vehicle maintenance.
- 3.3.4.4. Assist IEMA-OHS and ESF-3 Public Works and Engineering with site evaluation and site (e.g., ground) preparation for temporary interment of decedents.
- 3.3.4.5. Support IEMA-OHS in efforts to assist jurisdictional medico-legal authorities and law enforcement agencies in establishing temporary morgue facilities. Support may include providing lists of sites owned or leased by the state.

3.3.5. Illinois Department of Corrections (IDOC)

- 3.3.5.1. Coordinate individual in-custody crews to provide labor for loading and unloading trucks.
- 3.3.5.2. Coordinate the provision of trucks (with drivers) for transportation requirements.

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

- 3.3.6.1. Determine and process requests to waive licensure requirements for funeral directors and embalmers.
- 3.3.6.2. Assist IEMA-OHS in providing temporary interment when permanent disposition options are not readily available. Assistance may include providing a list of active cemeteries and/or sending mass email blasts to active cemeteries and funeral homes.
- 3.3.6.3. Expedite the processing of temporary licenses for handling decedents.

3.3.7. Illinois Department of Human Services (IDHS)

- 3.3.7.1. Coordinate the management of disaster behavioral health (DBH) issues related to mass fatalities, including the needs of first responders and



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families of decedents. Ensure accessibility of services regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

- 3.3.7.2. Coordinate the administration of the IDHS Funeral and Burial Program for eligible recipients.
- 3.3.7.3. Provide nutrition assistance to customers served by IDHS, ensuring accessibility of services regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.8. Illinois Department of Transportation (IDOT)

- 3.3.8.1. Provide inspection and/or repair of critical transportation routes on state and federal highways.
- 3.3.8.2. Coordinate IDOT personnel and equipment for the transportation or relocation of resources, which includes supplies and equipment.
- 3.3.8.3. Coordinate IDOT equipment for the use of traffic control, public safety services, and expedited routes, with ISP. 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.
- 3.3.8.4. Provides contract support to IEMA-OHS for temporary storage capability of decedents in a catastrophic fatality incident, such as refrigerated trucks, trailers, or rail cars.
- 3.3.8.5. Supports IEMA-OHS in efforts to provide temporary interment of decedents when permanent disposition options are not readily available. Assistance may include helping to expedite transport permits, advertising contracting opportunities for needed supplies and equipment, and ensuring that vehicles reach their destination unimpeded.

3.3.9. Illinois Environmental Protection Agency (IEPA)

- 3.3.9.1. Coordinate the provision of technical advice regarding disinfection and decontamination, considering sensitivities and health risks for individuals with disabilities.
- 3.3.9.2. Coordinate the provision of technical assistance regarding graves and disposal options.



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- 3.3.9.3. Coordinate with the U.S. EPA on waiving regulations related to crematories.
- 3.3.9.4. Provide environmental technical assistance (e.g., environmental monitoring) and information in the event temporary interment is necessary and/or decedents are contaminated.

3.3.10. Illinois Funeral Directors Association (IFDA)

- 3.3.10.1. Coordinate funeral directors' support functions.
- 3.3.10.2. Coordinate with local Funeral Homes to provide mutual aid.
- 3.3.10.3. Assists IDPH in victim identification efforts.
- 3.3.10.4. Supports IDPH in efforts to assist jurisdictional medico-legal authorities and law enforcement agencies in preparing, processing, and returning decedents and personal effects to the authorized person(s) when possible.
- 3.3.10.5. Supports IEMA-OHS in efforts to assist jurisdictional medico-legal authorities and law enforcement agencies in the tracking and documenting of decedents and associated personal effects.
- 3.3.10.6. Supports IEMA-OHS and IDPH in efforts to assist jurisdictional medico-legal authorities and law enforcement agencies in providing technical assistance and consultation on fatality management and mortuary affairs services.

3.3.11. Illinois Law Enforcement Alarm System (ILEAS)

- 3.3.11.1. In situations where criminal or terroristic activity is suspected, assists jurisdictional medico-legal authorities and law enforcement agencies in determining the cause and manner of death, as directed by ISP.
- 3.3.11.2. In situations where criminal or terroristic activity is suspected, supports local death scene investigations and evidence recovery, as directed by ISP.

3.3.12. Illinois National Guard (ILNG)

- 3.3.12.1. Provide personnel and equipment to support the recovery, movement, and transportation of decedents, in coordination with FSRT, mortuary



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teams, coroners, and medical examiners, and in accordance with temporary licensure requirements from IDFPR, 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) and ensuring equitable distribution strategies.

- 3.3.12.2. Mobilize and deploy the ILNG Fatality Search and Recovery Team (FSRT) to assist civil authorities with remains recovery operations, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.12.3. Provide transportation and logistical support for fatality management operations, including the movement of decedents, personnel, supplies, and equipment.
- 3.3.12.4. Support the setup, operation, and demobilization of temporary morgue sites, including tents, refrigeration units, and material handling equipment.
- 3.3.12.5. Provide security support for fatality management facilities such as temporary morgues, DMPUs, and Family Assistance Centers.
- 3.3.12.6. Augment administrative and logistical operations, including resource tracking, facility support, and personnel assistance, as directed by IEMA-OHS or public health officials.
- 3.3.12.7. Support local authorities and county coroners, as requested, to enhance local fatality management capacity during mass casualty events.
- 3.3.12.8. Coordinate and report regularly with IEMA-OHS and public health partners to maintain situational awareness and ensure effective integration of ILNG support.

3.3.13. Illinois State Police (ISP)

- 3.3.13.1. Coordinate the provision of traffic control, public safety services, and expedited routes with IDOT, 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.
- 3.3.13.2. Assist IEMA-OHS in the coordination of search operations for decedents.



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- 3.3.13.3. Assist IEMA-OHS in the sharing of missing person data with ESF-6, -8, -13, and the American Red Cross in support of the identification of decedents and the seriously wounded.
- 3.3.13.4. Provide information to a centralized list of those persons reported missing, as compiled by ESF-6 Mass Care, Emergency Assistance, Temporary Housing & Human Services.
- 3.3.13.5. In situations where criminal or terroristic activity is suspected, performs forensic analysis to assist jurisdictional medico-legal authorities in determining the cause and manner of death.
- 3.3.13.6. In situations where criminal or terroristic activity is suspected, supports local death scene investigations and evidence recovery.
- 3.3.13.7. Assists IDPH and jurisdictional medico-legal authorities and law enforcement agencies in identifying decedents using scientific means (e.g., dental, pathology, anthropology, fingerprints, and, as indicated, DNA samples).

3.3.14. Mutual Aid Box Alarm System (MABAS)

- 3.3.14.1. Assists IEMA-OHS in conducting search operations for decedents, as mission assigned.
- 3.3.14.2. During state-level responses, provides the location of decedents to facilitate humane recovery and collection of available forensic/antemortem data during SAR operations.
- 3.3.14.3. Maintains and, upon request, can provide a mobile refrigerated vehicle for movement or storage of decedents.

3.3.15. Office of the Illinois Attorney General (OIAG)

- 3.3.15.1. Provides local, state, tribal, territorial, and insular area officials with legal advice concerning the identification of decedents consistent with cultural sensitivity practices.

4. Authorities

1. Illinois Emergency Management Agency & Office of Homeland Security Act (20 ILCS 3305), as amended.



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2. Department of Public Health Act (20 ILCS 2305), as amended.
3. Robert T. Stafford Disaster Relief and Emergency Assistance Act, P.L. 93-288, as amended (42 U.S.C. 5121 et seq.), as amended.
4. Control of Communicable Diseases Code (77 Ill. Adm. Code 690.100), as amended.
5. Counties Code, Coroner (55 ILCS 5/Div. 3.3), as amended.
6. Counties Code, Burial of Indigent Veterans and Their Families (55 ILCS 5/Div. 5-27), as amended.
7. Illinois Coroner Training Board Act, 55 ILCS 135, as amended.
8. Illinois Funeral Directors and Embalmers Act (225 ILCS 41), as amended.
9. Illinois Funeral or Burial Funds Act (225 ILCS 45), as amended.
10. Vital Records Act (410 ILCS 535), as amended.
11. Disposition of Remains of the Indigent Act (755 ILCS 66), as amended.
12. Aviation Disaster Family Assistance Act of 1996, as amended.
13. Rail Passenger Disaster Family Assistance Act, as amended.
14. Illinois Disposition of Veterans Remains Act, as amended.

5. References

1. National Response Framework (NRF), as amended
2. National Disaster Recovery Framework (NDRF), as amended
3. Illinois Funeral Directors Association (IFDA) policies and procedures, as amended
4. Illinois Coroners and Medical Examiners Association (ICMEA) policies and procedures, as amended

6. Acronyms & Definitions

1. For all definitions and acronyms addressed in this plan, please refer to the IEOP Base Plan, Appendix X-07 Glossary of Terms.