

Illinois Emergency Operations Plan

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

Appendix X-6 Worker Safety & Health

Illinois Emergency Management Agency and
Office of Homeland Security

September 23, 2026



Illinois Emergency Management Agency
and Office of Homeland Security



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State of Illinois Managed Plan Emergency Support Function (ESF) #8 Appendix X-6 Worker Safety and Health

Title	ESF-8 Public Health, Healthcare, EMS, and Behavioral Health Appendix X-6 Worker Safety and Health	
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Branch Manager Review and Approval	Scott Gauvin, Manager of Strategic Operations and Preparedness	July 7, 2026
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State ESF-8, X-6 Coordinator	Support Agencies & Organizations
Illinois Department of Public Health (IDPH)	Illinois Department of Agriculture (IDOA) Illinois Department of Central Management Services (CMS)
Primary State Agencies & Organizations	Illinois Department of Labor (IDOL) Illinois Department of Transportation (IDOT)
Illinois Department of Public Health (IDPH)	Illinois Emergency Management Agency and Office of Homeland Security (IEMA-OHS) Illinois Environmental Protection Agency (IEPA)
Federal ESF-8, X-6 Coordinator	Illinois National Guard (ILNG) Illinois Poison Center (IPC) Illinois Workers' Compensation Commission (IWCC)
U.S. Department of Health and Human Services (HHS)	Mutual Aid Box Alarm System (MABAS)



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Record of Changes

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

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

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



1. Introduction

- 1.1. During a disaster, protecting response and recovery workers in the State of Illinois is essential for ensuring a successful response and recovery. Only the health and well-being of response and recovery workers can ensure that individuals who have experienced a disaster are cared for properly. Disasters, by nature, take responders and volunteers out of their normal routine and environment, thus making them more susceptible to accidents and illnesses.

1.2. Purpose

- 1.2.1. The Worker Safety and Health appendix defines the actions and roles necessary to maintain the health and safety of response and recovery workers – across all levels of government, private, and volunteer – throughout the response to and recovery from an incident requiring a coordinated State response.
- 1.2.2. The main objective of this appendix is to ensure that threats to worker safety and health are anticipated, recognized, evaluated, and controlled consistently and promptly so that workers are properly protected during incident management operations.

1.3. Scope

- 1.3.1. This appendix addresses only functions that are critical to supporting and facilitating the protection of worker safety and health for emergency workers within the State of Illinois during state-declared disasters, including preparedness, prevention, response, and recovery actions.
- 1.3.2. This appendix does not address public health and safety, i.e., the health and safety of individuals who are not employees of state or local governments, and not employees of NGOs and/or volunteers considered to be “employees” of state or local governments under the law. The health and safety of the public is addressed in ESF-8, X-1 Public Health Services.
- 1.3.3. While the health and safety of all public and private responders at the scene of an incident is important to the jurisdictional Safety Officer and is addressed within this appendix, the State of Illinois does not have regulatory authority in occupational safety matters over private sector entities, which include but are not limited to:
 - 1.3.3.1. Employees of Non-Governmental Organizations (NGOs), such as the American Red Cross or the Salvation Army.



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- 1.3.3.2. Private businesses providing resources or services to the incident, such as:
 - 1.3.3.2.1. Walmart
 - 1.3.3.2.2. Local trucking companies
 - 1.3.3.2.3. Operators of Heavy Machinery
 - 1.3.3.2.4. Private utility workers
 - 1.3.3.2.5. Contractors providing fuel
 - 1.3.3.2.6. Etc.
- 1.3.4. For the reasons above, the state's response to health and safety concerns involving private sector entities – as outlined within this appendix – will be limited to removal from the scene of the incident, termination of state contracts (if applicable), and/or forwarding the concern to federal OSHA for investigation.
- 1.3.5. Depending on the scope, complexity, and type of hazards associated with the incident, worker safety and health services may include:
 - 1.3.5.1. Identifying, assessing, and controlling worker health and safety hazards present at the incident site and in the environment.
 - 1.3.5.2. Analyzing the health risks associated with occupational exposures.
 - 1.3.5.3. Collecting and managing data related to worker safety and health and occupational exposures.
 - 1.3.5.4. Assessing the resources needed to protect workers and identifying the sources available to meet those needs.
 - 1.3.5.5. Providing technical expertise in industrial hygiene, occupational safety and health, structural collapse engineering, safety engineering, radiation safety, biological and chemical agent response, and occupational medicine.
 - 1.3.5.6. Managing the creation and implementation of an incident-specific health and safety plan (HASP).



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- 1.3.5.7. Monitoring and managing worker safety and health hazards through on-site identification, evaluation, analysis, and mitigation, including personal exposure monitoring and medical surveillance.
- 1.3.5.8. Assisting with developing, implementing, and monitoring the personal protective equipment (PPE), including the selection, use, and decontamination of PPE.
- 1.3.5.9. Coordinating and providing incident-specific response and recovery worker training.
- 1.3.5.10. Assisting with the development and distribution of educational materials on preventing, mitigating, and managing hazards, exposures, and risk.
- 1.3.6. ESF-8, X-6 Worker Safety and Health supports the following Emergency Support Functions and annexes:
 - 1.3.6.1. ESF-3 Public Works and Engineering
 - 1.3.6.2. ESF-5 Emergency Management
 - 1.3.6.3. ESF-6 Mass Care, Housing, and Human Services
 - 1.3.6.4. ESF-8 Public Health, Healthcare, EMS, & Behavioral Health
 - 1.3.6.5. ESF-9 Urban Search and Rescue
 - 1.3.6.6. ESF-10 Oil and Hazardous Materials Response
 - 1.3.6.7. ESF-11 Agriculture and Natural Resources
 - 1.3.6.8. ESF-12 Energy
 - 1.3.6.9. ESF-13 Public Safety and Security
 - 1.3.6.10. ESF-16 Recovery

1.4. Policy

- 1.4.1. General response and recovery policy for the state is outlined in the IEOP Base Plan: Purpose, Scope, Policy, Situation Overview, and Planning Assumptions and incorporated herein by reference.



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- 1.4.2. All policies stated under Policy in ESF-8 Public Health, Healthcare, EMS, and Behavioral Health are incorporated herein by reference.
- 1.4.3. This appendix does not replace the primary responsibility of private sector and local, state, territorial, tribal, and insular area government employers to plan for the safety of their employees. Rather, it ensures that assistance is available to meet those responsibilities in incidents requiring a coordinated State response and that response organizations plan and prepare in a consistent manner.
- 1.4.4. The IDPH SEOC Agency Representative coordinates this appendix's state preparedness, response, and recovery actions.
- 1.4.5. This appendix provides State support when an incident overwhelms local, territorial, tribal, and insular area government capabilities and/or when other departments or agencies within the State Government require assistance.
- 1.4.6. Several local, state, territorial, tribal, and insular area agencies, including IDOL/Division of Occupational Safety and Health (IL-OSHA), the Illinois Environmental Protection Agency (IEPA), the Illinois Department of Public Health (IDPH), and the Illinois Department of Transportation (IDOT), have oversight authority for response and recovery workers and response operations. While these agencies retain their authorities, they are expected to work cooperatively and proactively to ensure the adequate protection of all response and recovery workers.
- 1.4.7. The state recognizes IDPH as the state ESF-8 primary agency with responsibility for state operational and tactical public health preparedness planning and the coordination of state response to and recovery from a disaster or public health emergency affecting individuals requiring public health services.
- 1.4.8. To the extent possible, implementation of public health response and recovery activities will be consistent with FEMA, HHS, and CDC guidance, but overall authority for public health decisions in the state rests with IDPH, not the federal government.
- 1.4.9. The state does not mandate that LHDs serve as the ESF-8 lead agency for their jurisdiction.
- 1.4.10. IDPH has authority in matters of isolation and quarantine and may declare and enforce isolation and quarantine. IDPH may delegate this authority to LHDs.
- 1.4.11. IDPH retains overall authority and responsibility to determine public health-related risks and associated response and recovery measures in the state.



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1.4.12. When county, tribal, or local resources are overwhelmed, and assistance is needed to protect responders during an emergency, IDPH will coordinate the resources and technical assistance provided under this Worker Safety and Health appendix. When this appendix is activated, IDPH will work with identified support agencies and within NIMS/ICS to provide technical assistance to the site safety officer.

1.4.13. The state recognizes that the public health system:

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

1.5. Situation

1.5.1. General

- 1.5.1.1. The Illinois Emergency Management Agency & Office of Homeland Security recognizes 15 hazards as endemic to Illinois, all of which have the potential to negatively impact worker safety and health. For more information, see the State of Illinois Hazard Identification and Risk Assessment (HIRA).



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- 1.5.1.1.1. A disaster or incident involving one or more of these hazard types could include death or injury to emergency response and recovery workers.
- 1.5.1.2. Injury is the leading cause of death among Illinois residents aged 1-44 and produces, on average, 170 occupational fatalities every year. Fatalities, however, are just the tip of the burden of injury in Illinois: injuries account for approximately 56,000 hospitalizations and over 1 million Emergency Department (ED) visits every year and can cause great strain on the healthcare system.
- 1.5.1.3. Additionally, there are economic costs to injury in Illinois:
 - 1.5.1.3.1. ~\$6.7 billion in work lost annually due to injury-related fatalities
 - 1.5.1.3.2. ~\$4.1 billion in work lost annually due to injury-related hospitalizations
 - 1.5.1.3.3. ~\$2.2 billion in work lost annually due to injury-related ED visits
- 1.5.1.4. The nature of emergency response and the need for rapid intervention increases the risk that responders will be deployed without complete information about the safety and health hazards they may face. To ensure that responders are properly protected, this Worker Safety and Health appendix must be in place to facilitate proactive consideration of all potential hazards and to ensure the availability and coordination of necessary personal protective equipment and other resources used in responding to the incident. A collaborative effort involving the expertise of all likely response organizations is necessary to plan for and implement responder safety and health procedures during the incident.
- 1.5.1.5. The general situation overview for the state is outlined in the IEOP Base Plan: Purpose, Scope, Policy, Situation Overview, and Planning Assumptions and incorporated herein by reference.
- 1.5.1.6. The situation overview stated under Situation in ESF-8 Public Health, Healthcare, EMS, and Behavioral Health is incorporated herein by reference.

1.5.2. Hazard and Threat Analysis Summary



- 1.5.2.1. 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 and incorporated herein by reference.

1.6. Assumptions

- 1.6.1. Organizations responding to the incident site have properly trained and equipped their responders in accordance with their agency's mission and expertise for the incident.
- 1.6.2. On-scene incident management organizations will have a safety officer(s) assigned to assess the health and safety risks and advise the on-scene incident commander of incident hazards and risks.
- 1.6.3. Private-sector and federal employers are responsible for the safety and health of their employees.
- 1.6.4. Local Emergency Management Agencies (often referred to as Emergency Service Disaster Agencies, or ESDAs, in Illinois), Local Health Departments (LHDs), Health Care Coalitions (HCCs), and other response organizations will provide the situational awareness necessary for response and recovery worker risk reduction before and following an incident.
- 1.6.5. The safety officer(s) for the affected jurisdiction have limited high-level expertise and experience in specialized response operations required by the identified hazard, such as radiation, hazardous materials (HazMat), building/structure collapse, biohazard, etc.
- 1.6.6. Local jurisdictions will comply with all applicable laws and regulations addressing worker safety and health.
- 1.6.7. Larger, more complex, or more unusual incidents will make it more likely that local safety and health programs will be unable to cope effectively and will need assistance from state agencies.
- 1.6.8. Data enabling the recognition/characterization of hazards associated with the incident may not be immediately available. Field instrumentation and laboratory analysis may be necessary to fully characterize hazards.
- 1.6.9. Cross-training in the use of dissimilar PPE is limited. Responders may not have appropriate training for the additional equipment issued at the scene of a major



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disaster to supplement their initial response cache; it may differ from their home agency's equipment.

- 1.6.10. Local jurisdictions may require additional training and/or PPE to address new hazards/new employees.
- 1.6.11. The affected jurisdiction may have limited, inappropriate, expired, or unserviceable personal protective equipment (PPE) and training.
- 1.6.12. Respirator fit-test documentation, fit tests with the variety of equipment available at the time of the incident, and the capability to conduct fit-testing during a disaster will be limited. Even if people are fit-tested at their home agency, proof may not be available on-site during a disaster, necessitating additional fit-testing.
- 1.6.13. Standards, training, and certification among safety officers across the state will be limited.

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. The governor's declarative authority is outlined in the IEOP Base Plan: Concept of Operations and incorporated herein by reference.
- 2.1.4. 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.
- 2.1.5. 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.
- 2.1.6. The Illinois Department of Public Health employs a "population health" approach to worker safety and health and will forward all individual matters to the Department of Labor for investigation.



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- 2.1.7. During a state-declared disaster or public health emergency that has the potential to impact the health and safety of emergency response and recovery workers, IDPH will deploy an agency representative to the SEOC.
- 2.1.8. The coordinating agency for this appendix (IDPH) will convene a Worker Safety and Health Coordination Committee. This committee will be composed of a representative from all supporting agencies identified within this appendix. This committee serves as the forum for updates to this appendix and ensures that the representatives of occupational safety and health programs from the support agencies understand how worker safety and health will be coordinated during activations.
- 2.1.9. IDPH may support the IDPH SEOC Agency Representative through activation of the IDPH Incident Management Team (IMT) or Public Health Emergency Operations Center (PHEOC).
- 2.1.10. For response and recovery operations, the public health system utilizes the IDPH Public Health and Medical Services Response (PHMSR) Region map.
- 2.1.11. The IDPH Regional Emergency Response Coordinators (ERCs) serve as the liaisons between IDPH and LHDs and coordinate activities with the IEMA-OHS Regional Coordinators to ensure resource requests and response efforts are not duplicated.
- 2.1.12. If a local EMA cannot fulfill a resource request from an LHD, it will request resources on their behalf from the state through a WebEOC request routed to their IEMA-OHS Regional Coordinator.
- 2.1.13. This appendix coordinates State occupational safety and health assets to be provided to local, state, territorial, tribal, insular area, and, if necessary, private response and recovery workers to support the overall response and recovery operations.
- 2.1.14. When implemented, this appendix will coordinate with local, state, territorial, tribal, insular area, federal, and, if necessary, private sector officials to determine potential needs for worker safety and health support.
- 2.1.15. As the coordinating agency for ESF-8 and its associated appendices, the Illinois Department of Public Health (IDPH) will convene appropriate agency representatives as soon as possible to develop a responder health and safety plan. The support provided will depend upon the scope, complexity, and type of the hazard and the needs of the response and recovery organizations, but may include:



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- 2.1.15.1. Providing occupational safety and health technical advice to safety officers involved in incident management, and, if appropriate, at all incident sites.
- 2.1.15.2. Assisting with site-specific health and safety plan (HASP) development and implementation and ensuring that plans are coordinated and consistent among multiple sites, as appropriate.
- 2.1.15.3. Assisting with identifying and assessing health and safety hazards and characterizing the incident environment, including continued monitoring of incident safety.
- 2.1.15.4. Assisting with task-specific responder exposure monitoring for:
 - 2.1.15.4.1. Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) contaminants
 - 2.1.15.4.2. Physical stressors (e.g., noise, heat/cold, ionizing radiation)
 - 2.1.15.4.3. Evaluate the need for longer-term epidemiological medical monitoring and surveillance, and appropriate immunization and prophylaxis for responders and recovery workers.
 - 2.1.15.4.4. Assess responder safety and health resource needs and identify sources for those assets.
 - 2.1.15.4.5. Help with determining the appropriate level of personal protective equipment (PPE), including the use and decontamination of PPE.
 - 2.1.15.4.6. Collecting and managing data, such as exposure data and accident/injury documentation, to facilitate consistent data formatting and data-sharing among response organizations.
 - 2.1.15.4.7. Coordinating and providing incident-specific responder training.
- 2.1.16. In the case of a dispute that cannot be resolved by IDPH or this appendix, a Multi-Agency Coordination (MAC) Group will be established.
 - 2.1.16.1. The MAC Group will include representation from, at a minimum, the Directors (or a designee) of the following state agencies:
 - 2.1.16.1.1. Illinois Department of Labor (IDOL)



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2.1.16.1.2. Illinois Department of Public Health (IDPH)

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

2.1.16.2. The Illinois Department of Public Health (IDPH) and IL/OSHA will jointly summarize the disputed areas for presentation to the MAC Group for resolution.

2.1.16.3. The MAC Group will then make a precedent-setting policy decision to guide future operations.

2.2. Notification, Alert, and Warning (NAW)

2.2.1. NAW for IEMA-OHS staff, state agencies, non-governmental organizations (NGOs), and mobile support teams (MSTs) is outlined in the IEOP Base Plan: Concept of Operations and incorporated herein by reference.

2.2.2. Detailed procedures governing NAW for the state are outlined under ESF-2, X-1 Notification, Alert, and Warning, and incorporated herein by reference.

2.2.3. The SEOC Manager or designated representative is responsible for NAW for the IDPH Agency Representative when a state-declared disaster involves responders in the field who may be exposed to environmental hazards.

2.2.4. IDPH is responsible for NAW for:

2.2.4.1. IDPH leadership, offices, divisions, and employees.

2.2.4.2. Local Health Departments (LHDs)

2.2.4.3. Health care providers, as defined in ESF-8 Public Health, Healthcare, EMS, and Behavioral Health.

2.2.4.4. Non-governmental partner organizations with a role in worker safety and health operations.

2.2.4.5. The Illinois Medical Emergency Response Team (IMERT).

2.2.5. IEMA-OHS is responsible for NAW for:

2.2.5.1. State agencies with an established seat in the SEOC.



2.3. Activation

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

2.4. Communications

- 2.4.1. General communications requirements and procedures for the state are outlined in the IEOP Base Plan: Communications Coordination and incorporated herein by reference.
- 2.4.2. Detailed communications requirements and procedures for the state are outlined under ESF-2 Communications and incorporated herein by reference.
- 2.4.3. IDPH is responsible for developing, testing, and maintaining its communications resources and systems, which include:
 - 2.4.3.1. Medical Emergency Communications of Illinois (MERCi)
 - 2.4.3.2. SIREN
 - 2.4.3.3. STARCOM21
- 2.4.4. During a crisis that involves deployed responders, 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)



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- 2.4.4.8. Local Health Departments (LHDs)
- 2.4.4.9. Regional Hospital Coordinating Centers (RHCCs)
- 2.4.4.10. Resource Hospitals
- 2.4.4.11. Non-governmental public health response partner organizations

2.5. Resource Management

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

2.6. Reporting Requirements

- 2.6.1. General information collection, analysis, and dissemination requirements and procedures for the state are outlined in the IEOP Base Plan: Information Collection, Analysis, and Dissemination and incorporated herein by reference.
- 2.6.2. Detailed procedures for information collection, analysis, and dissemination for the state are outlined under ESF-5 Information and Planning and incorporated herein by reference.
- 2.6.3. Employers under IL OSHA jurisdiction (state and local government) must report all work-related fatalities **within 8 hours**, and all work-related inpatient hospitalizations, all amputations, and all losses of an eye **within 24 hours**.



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Employers must report by calling IL OSHA's 24/7 number at (217) 782-7860. The employer must give the following information for each incident:

- 2.6.3.1. The establishment name
- 2.6.3.2. The location of the incident
- 2.6.3.3. The time of the incident
- 2.6.3.4. The number of fatalities or hospitalized employees
- 2.6.3.5. The names of any injured employees
- 2.6.3.6. The employer's contact person and his or her phone number
- 2.6.3.7. A brief description of the incident
- 2.6.4. All private sector organizations must report to federal OSHA under the same guidelines by calling 1-800-321-6742.
- 2.6.5. State organizations lacking safety and occupational health technical expertise are expected to participate in appropriate safety briefings and report health and safety issues to the SEOC Safety Officer.

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 Information and Planning and incorporated herein by reference.
- 2.7.1.3. The SEOC IDPH Agency Representative is the primary point of coordination for state support of worker safety and health operations in the SEOC.
- 2.7.1.4. When this appendix is activated, both the SEOC Safety Officer (if one is identified) and the SEOC IDPH Agency Representative make up the safety component of the SEOC staff. Further, when implemented, this appendix will be represented within the Operations and Planning sections of the



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SEOC. Additionally, the staff of this appendix may serve as technical specialists in other SEOC elements as required.

- 2.7.1.5. Staff assigned from this appendix will participate in emergency response teams as necessary and appropriate.
- 2.7.1.6. Local Health Departments (LHDs) throughout the state will provide situational awareness necessary for the reduction of worker safety and health risks prior to and following an incident.
- 2.7.1.7. The SEOC Safety Officer and the IDPH Agency Representative jointly coordinate State safety and health assets and Risk Management assets to ensure proactive consideration of potential hazards and to ensure the availability and management of personal protective equipment (PPE) and other resources used by responders to any incident.
- 2.7.1.8. The SEOC IDPH Agency Representative maintains liaison with the agencies that provide the core architecture for worker safety and health support through ESF-8.
- 2.7.1.9. The coordinating, primary, and supporting agencies identified in this appendix commit to taking immediate actions to activate, mobilize, and deploy the appropriate worker safety and health assets to protect responders from injury.
- 2.7.1.10. The SEOC Safety Officer works as a support officer to the SEOC Manager. The Safety Officer may have assistants, as necessary, and the assistants may have specific responsibilities, such as air operations, hazardous materials, etc.
- 2.7.1.11. The SEOC Safety Officer will work with ESF-8 agency representatives to develop a Health and Safety Plan (HASP) as required and specific to each incident.

2.7.2. Coordinating Elements

- 2.7.2.1. General responsibilities of the Governor's Office are outlined under the IEOP Base Plan: Organization and Assignment of Responsibilities and incorporated herein by reference.
- 2.7.2.2. General procedures governing the activation and deployment of the Illinois National Guard (ILNG) are outlined under the IEOP Base Plan:



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Organization and Assignment of Responsibilities and incorporated herein by reference.

- 2.7.2.3. Detailed procedures governing the activation and deployment of the ILNG are outlined under ESF-13 Public Safety and Security and incorporated herein by reference.
- 2.7.2.4. General procedures governing private sector integration are outlined under the IEOP Base Plan: Organization and Assignment of Responsibilities and incorporated herein by reference.
- 2.7.2.5. Detailed procedures governing the deployment of private sector resources are outlined under ESF-14 Cross-Sector Business and Infrastructure and incorporated herein by reference.
- 2.7.2.6. General procedures governing private sector integration are outlined under the IEOP Base Plan: Organization and Assignment of Responsibilities and incorporated herein by reference.
- 2.7.2.7. Detailed procedures governing the use of mutual aid for the state are outlined under ESF-5 Information and Planning and incorporated herein by reference.
- 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. 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.
- 2.7.2.10. LHDs may not be considered the Emergency Support Function (ESF) 8 primary agencies for their jurisdiction, depending on the jurisdiction's response model, plans, policies, and procedures.
- 2.7.2.11. LHDs are the local government agencies with the authority and responsibility to administer public health-related programs and services within a county or municipality in the state.
- 2.7.2.12. IDPH



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- 2.7.2.12.1. The Office of Preparedness and Response (OPR), Division of Disaster Planning and Readiness (DPR) coordinates internal agency preparedness, response, and recovery elements with other IDPH offices and their associated divisions:
 - 2.7.2.12.1.1. Office of the Director (OD)
 - 2.7.2.12.1.2. Office of Disease Control (ODC)
 - 2.7.2.12.1.3. Office of Finance and Administration (OFA)
 - 2.7.2.12.1.4. Office of Health Care Regulation (OHCR)
 - 2.7.2.12.1.5. Office of Health Promotion (OHPm)
 - 2.7.2.12.1.6. Office of Health Protection (OHP)
 - 2.7.2.12.1.7. Office of Human Resources (OHR)
 - 2.7.2.12.1.8. Office of Information Technology (OIT/DoIT)
 - 2.7.2.12.1.9. Office of Performance Management (OPM)
 - 2.7.2.12.1.10. Office of Policy, Planning, and Statistics (OPPS)
 - 2.7.2.12.1.11. Office of Racial and Cultural Health Equity (ORCHE)
 - 2.7.2.12.1.12. Office of Women's Health and Family Services (OWHFS)
- 2.7.2.12.2. Coordinates agency response and recovery operations with state and federal agencies and non-governmental organizations (NGOs) through OPR and DPR by deploying an agency representative to the SEOC and, when necessary, activating the IDPH IMT or PHEOC.
- 2.7.2.13. IDPH public health preparedness, response, and recovery activities are coordinated through the seven (7) IDPH Public Health and Medical Services Response (PHMSR) Regions.
- 2.7.2.14. The IDPH Regional Emergency Response Coordinators (ERCs) serve as the liaisons between LHDs and the SEOC IDPH Agency Representative, IMT,



or PHEOC for their assigned IDPH Public Health Preparedness and Response Region.

2.7.2.15. Activation and application of the IDPH IMT is done in accordance with the IDPH ESF 8 Plan.

2.7.2.16. Activation and application of the PHEOC is done in accordance with the IDPH ESF 8 Plan.

2.7.3. Federal Coordination

2.7.3.1. General procedures for federal coordination with the state are outlined in the IEOP Base Plan: Direction, Control, and Coordination and incorporated herein by reference.

2.7.3.2. General policies governing the use of federal resources are outlined under the IEOP Base Plan: Organization and Assignment of Responsibilities and incorporated herein by reference.

2.7.3.3. The Illinois Department of Labor Division of Occupational Safety and Health (IL-OSHA) will forward all incident-related safety concerns involving private (i.e., non-governmental) entities to federal OSHA.

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. Coordinate the safety and health assets of state departments and agencies, incorporating CMIST principles to ensure the protection of workers with access and functional needs, including accommodations for physical, mobility, communication, or medical needs during response operations.

3.1.1.3. Coordinates technical support for response and recovery worker safety and health, including resources tailored to the needs of workers with access and functional needs, and ensuring all technical guidance accounts for CMIST domains such as Communication and Maintaining Health.



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- 3.1.1.4. Manages the development and implementation of an incident-specific health and safety plan (HASP) and ensures that plans are coordinated and consistent among multiple sites, as appropriate. The HASP outlines the basic safety and health requirements for workers involved in response and recovery operations. Elements of HASP are typically integrated into the Incident Action Plans and other plans used by the response and recovery organizations, ensuring the HASP includes guidance for supporting response workers with access and functional needs and aligns with CMIST to provide inclusive practices such as accessible PPE, rest areas, and communication tools.
- 3.1.1.5. Coordinates and provides incident-specific response and recovery worker training, integrating training modules that address access and functional needs and CMIST concepts to ensure all responders are equipped to recognize and support coworkers and community members with diverse access and functional needs.
- 3.1.1.6. Coordinate collection and management of response and recovery worker exposure data or accident/injury documentation data to identify trends and facilitate data-sharing among response organizations, while including demographic and functional needs data to assess potential disproportionate impacts on workers with access and functional needs in alignment with CMIST domains.
- 3.1.1.7. Coordinate the resolution of technical, procedural, and risk assessment conflicts before they adversely affect the consistency and accuracy of the advice and information provided to workers and responders, ensuring these resolutions include considerations for workers with access and functional needs, such as alternative formats for safety briefings or specialized PPE, consistent with CMIST guidance.
- 3.1.1.8. Subtask agencies as deemed necessary to support worker safety and health and the needs of the incident most effectively, ensuring that support includes services and resources for response workers with access and functional needs, and that all subtasks align with the CMIST framework to uphold equitable and inclusive working conditions.

3.2. Primary State Agency/Organization

3.2.1. Illinois Department of Public Health (IDPH)



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- 3.2.1.1. Staff the SEOC IDPH Agency Representative position, ensuring awareness and integration of CMIST principles and access and functional needs considerations into emergency coordination and communication efforts.
- 3.2.1.2. Distributes and provides training and fit testing for personal protective equipment, incorporating accessible training formats and accommodating workers with access and functional needs, such as those with physical, mobility impairments, or communication needs.
- 3.2.1.3. Communicates worker safety and health information to response and recovery workers, labor unions, employers, contractors, and other organizations, especially those providing skilled support, using CMIST-aligned methods, including alternative languages, plain language, and multiple communication formats for individuals with access and functional needs.
- 3.2.1.4. In coordination with ESF-7 Resource Management and Logistics and IEMA-OHS Logistics, provides technical assistance and support for response and recovery workers' access to required PPE and the supplemental distribution of such PPE on an ad-hoc basis, ensuring equitable distribution and fit accommodations for workers with access and functional needs, including adaptive PPE and appropriate delivery mechanisms.
- 3.2.1.5. In coordination with ESF-7 Resource Management and Logistics and IEMA-OHS Logistics, assesses response and recovery worker safety and health resource needs and identifies sources for those assets, including the identification of access and functional needs -specific resources and ensuring those resources meet CMIST criteria such as physical mobility aids, assistive communication devices, and individualized support services.
- 3.2.1.6. Provides pre-hospital data to the National Institute for Occupational Safety and Health (NIOSH), incorporating information relevant to workers with access and functional needs to inform inclusive safety strategies.
- 3.2.1.7. Disseminates public health information on protective actions related to exposure to health threats or environmental threats to healthcare personnel, ensuring content is accessible, culturally and linguistically appropriate, and aligned with CMIST domains to reach those with access and functional needs.



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- 3.2.1.8. Provides public health, disease, and injury prevention information that can be transmitted to responders who are located in or near affected areas in multiple and accessible formats and languages in a culturally and linguistically appropriate manner that is understandable to all appropriate populations, such as individuals with access and functional needs; those with limited English proficiency; pediatric populations; populations with disabilities and others with access and functional needs; the aging; and those with temporary or chronic medical conditions, reinforcing the CMIST framework by covering all five domains in messaging delivery and accessibility.
- 3.2.1.9. Provides safety training to worker target populations concerning the nature and location of the incident and the hazards, incorporating access and functional needs -specific scenarios and ensuring content is delivered through CMIST-appropriate channels.
- 3.2.1.10. Provide technical assistance to include industrial hygiene expertise, occupational safety and health expertise, and engineering expertise, while advising on accommodations needed for workers with access and functional needs in complex hazard environments.
- 3.2.1.11. Participate in emergency response teams, as requested, ensuring team preparedness to support colleagues and community members with access and functional needs using CMIST-informed practices.
- 3.2.1.12. Provides information and support on the toxic effects of chemicals, emergency medical information specific to potential exposures, the selection of appropriate respiratory protection and chemical protective clothing, action levels to upgrade PPE, and appropriate means of monitoring hazards during response actions, integrating guidance on how these affect individuals with chronic medical conditions or other access and functional needs.
- 3.2.1.13. Provides technical assistance and support in the development and distribution of materials for the prevention, awareness, and abatement of safety and health hazards, ensuring materials meet CMIST standards and are accessible to those with visual, auditory, cognitive, or physical mobility-related functional needs.
- 3.2.1.14. Provides technical assistance and advice on identifying appropriate immunizations and prophylaxis for response and recovery workers, considering the specific medical needs and contraindications of



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individuals with access and functional needs, including medication interactions and accessibility of administration.

- 3.2.1.15. Provides technical assistance and support for the maintenance of psychological resiliency of response and recovery workers, including mental health strategies tailored to individuals with cognitive, sensory, or behavioral health-related access and functional needs, consistent with CMIST's Maintaining Health domain.
- 3.2.1.16. Provides technical assistance, advice, and support for medical surveillance and monitoring as required by regulation (e.g., asbestos and lead) and evaluates the need for longer-term epidemiological follow-up and medical monitoring of response and recovery workers, incorporating access and functional needs considerations into both the monitoring processes and follow-up care to ensure accessibility and equity.
- 3.2.1.17. Provides technical support and expertise in the characterization of complex, unknown, and multiple-contaminant worker exposures, ensuring that risk communication strategies meet CMIST standards and include individuals with access and functional needs.
- 3.2.1.18. Aids in the implementation of a respiratory protection fit-test program when required, with adaptations for individuals with facial anomalies, limited dexterity, or other access and functional needs -related factors that may affect fit or comfort.
- 3.2.1.19. Manages, monitors, and/or provides technical advice and support in developing, implementing, and/or monitoring an incident personal protective equipment (PPE) program, including the selection, use, and decontamination of PPE, ensuring the program includes modifications for workers with access and functional needs and adheres to CMIST best practices.
- 3.2.1.20. Manages, monitors, and provides support and assistance in the monitoring of response and recovery worker safety and health hazards. The scope of actions includes providing onsite identification, analysis, and mitigation of safety hazards; identification and analysis of the response and recovery worker health hazards by personal exposure monitoring, as needed, including task-specific exposure monitoring for chemical and biological contaminants and physical stressors (e.g., noise, heat, cold, ionizing radiation); and the evaluation of risks from prevalent and emergent hazards, while integrating CMIST considerations to ensure the



monitoring and mitigation processes support equitable protection for workers with access and functional needs.

- 3.2.1.21. Identifies and assesses health and safety hazards and analyzes the incident environment, including response and recovery worker safety monitoring, as necessary, with special attention to the implications for workers with access and functional needs and ensuring that CMIST-aligned monitoring tools are in place.

3.3. Support State Agencies/Organizations

3.3.1. Illinois Department of Agriculture (IDOA)

- 3.3.1.1. Protect farm workers from acute traumatic injuries and pesticide exposure, ensuring preventative education is clear and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments, and considering specific occupational risks for the working population.

3.3.2. Illinois Department of Central Management Services (CMS)

- 3.3.2.1. Assists IDPH and IEPA with any legal concerns associated with worker exposures.
- 3.3.2.2. Assists IDPH and IEPA with arranging contracts for worker exposure assessment and responder and worker risk management, ensuring communication is clear and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments, and with considerations for the specific occupational impacts on the working population.

3.3.3. Illinois Department of Labor (IDOL)

- 3.3.3.1. Provides access to on-site safety and health consultation personnel, as available, for technical assistance with site-specific health and safety plans (HASPs), programmatic aspects of safety training, respirator fit-testing program guidance, and discussions of on-site assessment requirements. Consultation personnel are not trained in NIMS and cannot advise on specialized response operations like swift water rescue.
- 3.3.3.2. Exercises regulatory authority over state and local government organizations.



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- 3.3.3.3. Provides technical assistance and support in the development and distribution of materials for the prevention, awareness, and abatement of safety and health hazards, ensuring materials are clear and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.3.4. Forwards worker safety and health concerns outside their jurisdiction to the federal Occupational Safety and Health Administration (OSHA).

3.3.4. Illinois Department of Transportation (IDOT)

- 3.3.4.1. As the coordinating agency for ESF-3 Public Works and Engineering, it ensures that safety and occupational health professionals are available at the incident location to provide technical assistance to incident personnel engaged in efforts to provide the following:
 - 3.3.4.1.1. Ice
 - 3.3.4.1.2. Water
 - 3.3.4.1.3. Emergency power
 - 3.3.4.1.4. Debris removal
 - 3.3.4.1.5. Temporary housing
 - 3.3.4.1.6. Temporary roofing
 - 3.3.4.1.7. Structural safety assessments

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

- 3.3.5.1. SEOC Manager
 - 3.3.5.1.1. Provides resources, including personnel and equipment, to support and assist emergency response agencies and organizations in protecting first responders and recovery workers during a state-declared disaster, including resources that may be used to assist individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments with Functional Need Support Services (FNSS).



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3.3.5.2. Office of Nuclear Safety (ONS)

- 3.3.5.2.1. Deploys specialized assessment teams related to radiological or nuclear emergency events upon request from a local, state, territorial, tribal, or insular area agency, in accordance with ESF-10 Oil and Hazardous Materials Response Incident Management for Radiological and Nuclear Emergency Events Appendix.

3.3.5.3. SEOC Safety Officer

- 3.3.5.3.1. In cooperation with IDPH SEOC Agency Representative and ESF-8 representatives, develop the incident-specific health and safety plan (HASP) for each operational period.
- 3.3.5.3.2. Monitor safety hazards, PPE, and dangerous materials handling during the incident and update the health and safety plan (HASP) accordingly, considering potential sensitivities and health risks for all responders.
- 3.3.5.3.3. Report on safety issues during each briefing and will highlight specific safety concerns at these briefings, considering potential sensitivities and health risks for all responders.
- 3.3.5.3.4. Document both safe and unsafe acts, corrective actions taken, accidents or injuries, and ways to improve safety for future incidents.
- 3.3.5.3.5. Exercise emergency authority to alter, suspend, evacuate, terminate, or prevent activities that may pose an imminent safety or health danger to emergency workers.
- 3.3.5.3.6. Investigate accidents that have occurred within the incident area and refer to IL-OSHA or federal OSHA as required.

3.3.6. Illinois Environmental Protection Agency (IEPA)

- 3.3.6.1. Provides technical assistance and conducts worker exposure assessment and responder and worker risk management within the Incident Command System, considering potential sensitivities and health risks for all responders.
- 3.3.6.2. Aids with PPE selection as needed.



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- 3.3.6.3. Assists IDPH with the development and oversight of the incident-specific health and safety plan (HASP).
- 3.3.6.4. Provides health and safety technical advice for state and local employees engaged in oil and hazardous material operations.
- 3.3.6.5. Provides expertise in hazard analysis, assessment of worker exposure, and hazard evaluation, considering potential sensitivities and health risks for all responders.
- 3.3.6.6. Assists and supports IDPH in the development and delivery of site-specific health and safety training. Ensures that all communication and education is clear and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.6.7. Participates in emergency response teams, as requested.

3.3.7. Illinois National Guard (ILNG)

- 3.3.7.1. Provide personnel and equipment to support the distribution and transport of PPE, decontaminated supplies, and other responder health and safety resources to field operations and staging areas. 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), and ensuring equitable distribution strategies.
- 3.3.7.2. Support air monitoring and environmental sampling missions, as requested, to help identify and mitigate hazards that may pose a risk to responders, considering potential sensitivities and health risks.
- 3.3.7.3. Deploy decontamination teams or support units to assist with gross decontamination of personnel and equipment potentially exposed to hazardous substances.
- 3.3.7.4. Assist with the logistical setup and staffing of responder rehabilitation areas, including rest, hydration, and medical monitoring stations to prevent heat injuries, fatigue, and other occupational risks, considering potential sensitivities and health risks.
- 3.3.7.5. Coordinate with public health and occupational safety officials to ensure ILNG personnel are properly trained, equipped, and briefed on known and potential incident hazards before deployment.



3.3.8. Illinois Poison Center (IPC)

- 3.3.8.1. Provides data related to poisoning from pesticides and other hazardous substances to the Illinois Department of Public Health (IDPH) and the Illinois Injury Prevention Center.

3.3.9. Illinois Workers' Compensation Commission (IWCC)

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

3.3.10. Mutual Aid Box Alarm System (MABAS)

- 3.3.10.1. Provides specialized safety technical advice for MABAS capabilities.

4. Authorities

1. Occupational Safety and Health Act (820 ILCS 219/)
2. Title 56: Labor and Employment, Chapter I: Department of Labor, Subchapter B: Regulation of Working Conditions, Part 350 Health and Safety, as amended
3. 83 FR 28497 - Federal Policy for the Protection of Human Subjects: Six-Month Delay of the General Compliance Date of Revisions While Allowing the Use of Three Burden-Reducing Provisions During the Delay Period
4. Department of Public Health Powers and Duties Law (20 ILCS 2310/)
5. Illinois Violent Injury Reporting Code (Part 560 Appendix A)
6. Hospital Licensing Act or University of Illinois Hospital Act (110 ILCS 330)
7. Ambulatory Surgical Treatment Center Act (210 ILCS 5/)
8. Emergency Medical Services (EMS) Systems Act (210 ILCS 50)
9. Lead Poisoning Prevention Act (410 ILCS 45/)
10. Illinois Health and Hazardous Substances Registry Act (410 ILCS 525/)
11. Workplace Violence Prevention Act (820 ILCS 275/)
12. Health Care Workplace Violence Prevention Act (405 ILCS 90/)
13. Health Care Violence Prevention Act (210 ILCS 160/)



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14. Workers' Compensation Act (820 ILCS 305/)
15. National Oil and Hazardous Substances Pollution Contingency Plan [NCP, 40 CFR Part 300]
16. Hazardous Waste Operations and Emergency Response [20 CFR 1910.120(a)]
17. Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) (42 U.S.C. 9604(i))
18. Superfund Amendments and Reauthorization Act of 1986 (Title 42 U.S.C. section 9660a)
19. State Lawsuit Immunity Act (745 ILCS 5/)
20. Local Governmental and Governmental Employees Tort Immunity Act (745 ILCS 10/)
21. Commercial and Public Building Asbestos Abatement Act (225 ILCS 207/)
22. Asbestos Abatement Act (105 ILCS 105/)
23. 2002 Right-to-Know Law
24. Illinois Explosives Act (225 ILCS 210/)
25. Fireworks Regulation Act of Illinois (425 ILCS 30/)
26. Protection and Advocacy for Mentally Ill Persons Act (405 ILCS 45/)
27. Volunteer Emergency Worker Job Protection Act (50 ILCS 748/)
28. Boat Registration and Safety Act (625 ILCS 45/)

5. References

1. IEOP Base Plan, as amended
2. ESF-8 Public Health, Healthcare, EMS, and Behavioral Health, as amended
3. IDPH Emergency Support Function (ESF) 8 Plan, as amended
4. National Response Framework (NRF), as amended
5. National Disaster Recovery Framework (NDRF), as amended



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6. Homeland Security Presidential Directive/HSPD–8: National Preparedness. White House, Office of the Press Secretary. December 2003. <https://www.dhs.gov/presidential-policy-directive-8-national-preparedness>.
7. National Response Plan. Worker Safety and Health Support Annex. U.S. Department of Homeland Security. May 2013. https://www.fema.gov/sites/default/files/2020-07/fema_nrf_support-annex_worker-safety.pdf.
8. National Incident Management System. U.S. Department of Homeland Security. October 2017. https://www.fema.gov/sites/default/files/2020-07/fema_nims_doctrine-2017.pdf.
9. Hazardous Waste Operations and Emergency Response, 29 CFR 1910.120. Occupational Safety and Health Administration. November 2002. http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9765.
10. OSHA Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents Involving the Release of Hazardous Substances. Occupational Safety and Health Administration. January 2005. http://www.osha.gov/dts/osta/bestpractices/firstreceivers_hospital.html.
11. Crisis Counseling and Assistance Training Program (CCP) Guidance. Substance Abuse and Mental Health Services Administration. 2009. <https://www.samhsa.gov/sites/default/files/ccp.pdf>.
12. Protecting Emergency Responders, Volume 3: Safety Management in Disaster and Terrorism Response. National Institute for Occupational Safety and Health/RAND. NIOSH Publication Number 2004–144. May 2004. <http://www.cdc.gov/niosh/docs/2004-144>
13. NFPA 1500: Standard on Fire Department Occupational Safety and Health Program. National Fire Protection Association. 2021 edition. <http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=1500>.
14. NFPA 470: Hazardous Materials/Weapons of Mass Destruction (WMD) Standard for Responders. National Fire Protection Association, 2022 edition. <https://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards/detail?code=470>
15. NFPA 1521, Standard for Fire Department Safety Officer. National Fire Protection Association, 2020 Edition. <http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=1521>
16. NFPA 1581, Standard on Fire Department Infection Control Program. National Fire Protection Association, 2022 Edition. <http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=1581>



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17. NFPA 1582, Standard on Comprehensive Occupational Medical Program for Fire Departments. National Fire Protection Association, 2022 Edition.
<http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=1582>
18. NFPA 1583, Standard on Health-Related Fitness Programs for Fire Fighters. National Fire Protection Association, 2022 Edition. <https://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards/detail?code=1583>
19. NFPA 1584, Recommended Practice on the Rehabilitation of Members Operating at Incident Scene Operations and Training Exercises. National Fire Protection Association, 2022 Edition.
<http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=1584>
20. HazMat Guidelines for Hazardous Materials Response, Planning, and Prevention/Mitigation Training. Federal Emergency Management Agency. 2016 edition.
https://www.phmsa.dot.gov/sites/phmsa.dot.gov/files/docs/00_Guidelines_Introduction.pdf
21. Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health. Centers for Disease Control. January 2019.
https://www.cdc.gov/orr/readiness/00_docs/CDC_PreparednesResponseCapabilities_October2018_Final_508.pdf

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.