Illinois Department of
PUBLIC HEALTH

State Medical Disaster Plan

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OVERVIEW

The world experiences hundreds of natural and man-made disasters every year. They kill and injure scores of persons and cause tens of thousands to seek emergency care and shelter. Disaster planning is the means for anticipating these events and preparing for the situations that result. Its purpose is not to reduce the likelihood of disaster because, by definition, disaster is an uncontrollable event. Rather, disaster planning seeks to enable rescuers to respond effectively and efficiently regardless of disruption. The need for disaster planning and its related emergency medical response in a catastrophic event became more evident than ever with the recent terrorist attack on the World Trade Center and Pentagon, as well as earthquakes that occurred in Loma Prieta, California (1989), Northridge, California (1994) and Kobe, Japan (1995).

This document constitutes the Illinois Department of Public Health's *Emergency Medical Disaster Plan*. It addresses medical preparedness, response and recovery in the event of an emergency medical situation within the state of Illinois. The *Emergency Medical Disaster Plan* is not meant to take the place of the National Disaster Medical System (NDMS), which is the federal government's nationwide system to provide capabilities for treating a large number of casualties in a major domestic disaster or conflict overseas. The overall goal of the Illinois Department of Public Health's plan is to assist emergency medical services personnel and health care facilities in collaborating in situations where local resources are overwhelmed.

Various efforts were undertaken in the planning process, such as conducting meetings with disaster POD hospitals, public and not-for-profit organizations, and private organizations. These individuals/organizations have participated in the planning process and agree to their respective responsibilities as assigned in this plan in the event of an emergency.

This document is in compliance with the Emergency Medical Services Systems Act (210 ILCS 50/1 et seq. from ch 111 1/2, par. 5501 et seq.) and the *Illinois Emergency Operations Plan*.

EMERGENCY MEDICAL DISASTER PLAN

1.0 Purpose

The overall goal of the Illinois Department of Public Health's *Emergency Medical Disaster Plan* is to assist emergency medical services personnel and health care facilities in working together in a collaborative way and to provide support in situations where local resources are overwhelmed.

2.0 Applicability

2.1 This plan applies to the disaster POD hospitals and to the resource, associate and participating hospitals and emergency medical services (EMS) providers within each region that may be called upon to provide or assist in emergency medical care when local resources are overwhelmed. Illinois' disaster POD hospitals are--

- Rockford Memorial Hospital, Rockford (Region 1)
- St. Francis Medical Center, Peoria (Region 2)
- St. John's Hospital, Springfield (Region 3/Odd Years)
- Memorial Medical Center, Springfield (Region 3/Even Years)
- Memorial Hospital, Belleville (Region 4)
- Memorial Hospital of Carbondale, Illinois (Region 5)
- Carle Foundation Hospital, Urbana (Region 6)
- Advocate Christ Hospital, Oak Lawn (Region 7)
- Foster McGaw Hospital/Loyola University, Maywood (Region 8)
- Sherman Hospital Association, Elgin (Region 9)
- Highland Park Hospital, Highland Park (Region 10)
- Advocate Illinois Masonic Hospital, Chicago (Region 11)

2.2 This plan is applicable to those state departments and agencies that may be called upon to provide or support emergency medical assistance when local resources are overwhelmed. These departments and agencies and organizations may include, but are not limited to--

- Illinois Department of Central Management Services (CMS)
- Illinois Department of Public Health (IDPH)
- Illinois Department of Transportation (IDOT)
- Illinois Department of Veterans Affairs (IDVA)
- Illinois Emergency Management Agency (IEMA)
- Illinois National Guard (ING)
- Illinois State Police (ISP)

2.3 This plan applies to those local or public service organizations and associations that may be called upon to provide or support emergency medical assistance when local resources are overwhelmed. The public service organizations may include. but are not limited to--

- American Red Cross (ARC)
- Illinois College of Emergency Physicians (ICEP)
- Illinois Council of Health System Pharmacists
- Illinois Hospital Association (IHA)
- Illinois Poison Center (IPC)
- Illinois State Funeral Directors Association (ISFDA)
- Mutual Aid Box Alarm System (MABAS)
- Salvation Army

2.4 This plan is applicable to those federal government departments and agencies that may be called upon to provide or support emergency medical assistance when state and local resources are overwhelmed. These departments and agencies may include, but are not limited to--

- Center for Disease Control and Prevention (CDC)
- Federal Emergency Management Agency (FEMA)
- National Disaster Medical System (NDMS)
- Office of Homeland Security
- United States Department of Health and Human Services (DHHS)
- United States Public Health Service (USPHS)

3.0 Concept of Operations

This section describes the direction of tasked organizations: the command structure, specifying who will be in charge during emergency medical operations; the authorities of, and limitations on, key response personnel; how medical response organizations will be notified when it is necessary to respond; the means used to obtain, analyze and disseminate information; the relationship between the control points; and the provisions made to coordinate and communicate among all the jurisdictions and agencies that may be involved in the emergency medical response.

3.1 Illinois Emergency Operations Plan Integration

3.1.1 Each organization that is called upon to provide or support the rendering of emergency medical assistance will exercise direction and control of its staff and resources. In order to meet the public needs that could be generated by an incident. it is essential that the responding organizations coordinate their efforts within an overall direction and control system.

3.1.2 Response to an emergency medical incident in Illinois will be coordinated and conducted utilizing the Illinois Disaster Management System (IDMS). This component of the *Illinois Emergency Operations Plan* provides a mechanism for identifying organizational roles and responsibilities of responding organizations, and also establishes a structure for information exchange and coordination among responding organizations.

3.1.3 The plan has been developed by IDPH and is consistent with the *Emergency Operations Plan.*

3.2 Authority for Direction and Control

3.2.1 Within Illinois, the overall authority for direction and control of the response to an emergency medical incident rests with the governor. Article V, Section 6, of the Illinois Constitution of 1970 and the Governor Succession Act (15 ILCS 5/1) identify the officers next in line of succession in the following order: the Lieutenant Governor; the elected Attorney General; the elected Secretary of State; the elected Comptroller; the elected Treasurer; the President of the Senate; and the Speaker of the House of Representatives. The governor is assisted in the exercise of direction and control activities by his/her staff and in the coordination of activities by IEMA. The State Emergency Operations Center (EOC) is the strategic direction and control point for Illinois response to an emergency medical incident.

3.2.2 The overall authority for direction and control of IDPH's resources to respond to an emergency medical incident is the Department's Director. (The line of succession at IDPH goes from the Director to the Assistant Director.) The Director is assisted in the coordination of emergency medical response activities by the chief of the Division of Emergency Medical Services and Highway Safety (EMS and HS).

3.2.3 The overall authority for coordinating the resources of the disaster POD hospital(s) that respond to an emergency medical incident is the EMS Medical Director (EMSMD) or designee.

3.3 Direction and Control Points

During an emergency medical incident, overall medical direction and control, as well as coordination of input from all responding organizations, will be accomplished through the staffing and operation of the following direction and control points.

3.3.1 Illinois Operations Headquarters and Notifications Offices (IOHNO)

3.3.1.1 The IOHNO, located within the IDPH offices in Springfield and Chicago, depending on level of activation, serves as the strategic coordination center for emergency medical operations and will communicate with the site(s) and disaster POD hospital(s) (Attachment 1).

3.3.1.2 The IOHNO is responsible for notifying the disaster POD hospital(s) of the request for medical assistance. The IOHNO also may contact the largest provider in the disaster POD region or MABAS and request assistance.

3.3.1.3 The issuance of press releases and the coordination of media calls regarding the state's medical response operation will be the responsibility of the governor's press office, coordinated through the state EOC.

3.3.1.4 The IOHNO is the designated point of contact for coordination and for providing updates on the status of emergency medical operations with the following organizations:

- City EOC
- Disaster POD hospitals
- Governor's press office
- JIC/JOC
- State EOC
- USPHS/ROC

3.3.2 Disaster POD Hospital

3.3.2.1 The disaster POD hospital (Attachment 3) is the lead hospital in a specific region responsible for coordinating disaster medical response upon activation of the *Emergency Medical Disaster Plan* by the IOHNO.

3.3.2.2 The disaster POD hospital will serve as the primary point of contact for communication and coordination of disaster response activities with its resource, associate and participating hospital(s) and EMS provider(s).

3.3.2.3 The disaster POD hospital is the designated point of contact for coordination, receipt of inputs and provision of updates on the status of disaster medical response to the following organizations:

- Hospital public information
- IOHNO

- Resource, associate and participating hospitals and EMS providers

3.3.4 Field Incident Command Components

3.3.4.1 Overall direction and control of the county's response to the needs generated by an emergency medical incident will be exercised and maintained through the local EOC, when available. The incident commander assigned to the situation will provide status reports to, and request additional resources from, the local EOC.

3.4 Response Actions

3.4.1 Emergency Medical Disaster Plan Activation

3.4.1.1 The local government official of the affected area notifies the state EOC communications center or IEMA that local resources have been overwhelmed as a result of an emergency situation and may request the activation of the *Emergency Medical Disaster Plan* or needed sections of the plan (Attachment 14).

3.4.1.2 The state EOC communications center will obtain, from the local official, his/her name and contact information and notify the IDPH duty officer.

3.4.1.3 The IDPH duty officer will contact the local government official and obtain the information listed on the *Medical Incident Report Form* (Attachment 2) and report this information to the Director of IDPH, or his/her designee.

3.4.1.4 The IDPH duty officer may contact the IDPH Director, or his/her designee, and request the activation of the *Emergency Medical Disaster Plan*, based on the magnitude of an incident, in lieu of a request by a local government official.

3.4.1.5 The IDPH Director, or his/her designee, will determine whether the *Emergency Medical Disaster Plan* will be activated. If activated, the IDPH Director, or his designee, upon consultation with the chief of the Division of EMS and HS or his/her designee, and IDPH duty officer, will designate the disaster POD hospital(s) and declare the situation a phase I or phase II disaster activation.

3.4.1.6 The chief of EMS, or his/her designee, will notify the appropriate regional EMS coordinator(s) to report to the assigned area. The IDPH regional EMS coordinator will notify the IOHNO when he/she is operational at the disaster POD hospital or assigned area.

3.4.2 IOHNO Activation and Staffing

3.4.2.1 Upon activation of the *Emergency Medical Disaster Plan,* the IDPH Director, or his/her designee, will report to the IOHNO in Springfield.

3.4.2.2 The IDPH Director, or his/her designee, will contact appropriate support staff to report to the IOHNO. The selection of the IOHNO staff and the level of activation will be based on the type and magnitude of the disaster (Attachment 4).

3.4.2.3 The chief of the Division of EMS and HS, or his/her designee, will coordinate with the IDPH duty officer concerning the designation of a phase I or phase II emergency medical disaster and which tier of the IOHNO will be activated.

3.4.2.4 The IOHNO Incident Manager will notify the chief of the Division of EMS and HS and the IDPH duty officer when the IOHNO(s) is operational.

3.4.3 Phase I Emergency Medical Disaster

3.4.3.1 The chief of the Division of EMS and HS, or his/her designee, will notify the appropriate disaster POD hospital(s) of the phase I emergency medical disaster and provide the information contained on the *Medical Incident Report Form* (Attachment 2). (The POD hospital not affected by the disaster will be activated.)

3.4.3.2 The disaster POD hospital will contact the resource, associate and/or participating hospital(s) within the region and request the initiation of the disaster contact list, specifying phase I. Information received by the disaster POD hospital from the resource hospital(s) will be recorded on the *Phase I Disaster POD Worksheet* (Attachment 5a) and the *Resource Hospital Worksheet* (Attachment 5b). This information should be available within one hour after contact.

3.4.3.3 The initial phase I call from the IOHNO to the disaster POD hospital(s) is to determine the resource availability within the region. Resource, associate and participating hospital(s) and EMS provider(s) should not send personnel, equipment or supplies to a disaster site until a request is received by the disaster POD hospital from the

IOHNO.

3.4.3.4 The disaster POD hospital will contact the participating hospital(s) and EMS non MABAS provider(s) within the region to elicit information on resource availability. Information received by the disaster POD hospital from the participating hospital(s) and EMS provider(s) will be recorded on the *Provider Worksheet* (Attachment 5e) and the *Associate or Participating Hospital Availability Worksheet (Phase I)* (Attachment5c) within one hour of notification.

3.4.3.5 The disaster POD hospital or the assigned resource hospital will contact the specific helicopter provider to find out availability of support (Attachment 5d).

3.4.3.6 The resource hospital(s) will initiate the notification tree in its respective system and specify phase I. This resource information then will be reported back to the disaster POD hospital.

3.4.3.7 The disaster POD hospital will provide verbal and telefacsimile (fax) or computer update notification of resource availability for all resource, associate and participating hospital(s) and EMS provider(s) within the disaster POD to the IOHNO.

3.4.4 Phase II Emergency Medical Disaster

3.4.4.1 The chief of the Division of EMS or IOHNO EMS coordinator will notify the appropriate disaster POD hospital(s) of the phase II emergency medical disaster.

3.4.4.2 The disaster POD hospital will contact the resource hospital(s) within the region, after notification by the IOHNO, and request the initiation of the disaster contact list, specifying phase II.

3.4.4.3 The resource hospital(s) will initiate the notification tree in the respective system and specify phase II. The resource hospital(s) will contact the associate and participating hospital(s) to elicit information on resource availability (Attachment 6c). Information received by the resource hospital from the participating and associate hospitals should be within the one hour notification and will be recorded on phase II resource hospital worksheet (Attachment 6b).

3.4.4.4 The resource information will be reported back to the disaster POD hospital. Information received by the disaster POD hospital from the resource hospital(s) will be recorded on the Phase II Disaster POD worksheet (Attachment 6a).

3.4.4.5 The disaster POD hospital will provide verbal and telefacsimile (fax) or computer notification of resource availability for all resource, associate and participating hospital(s) within the disaster POD to the IOHNO.

3.4.5 Assessment and Deployment of Resources to Disaster Site

3.4.5.1 Upon receipt of the resource information from the disaster POD hospital(s), the chief of the Division of EMS will coordinate with the incident manager at IOHNO to assess the capabilities and to determine if any additional disaster POD hospital(s) should be activated.

3.4.5.2 Illinois Medical Emergency Response Team (IMERT) and/or the Illinois Nurse Volunteer Emergency Needs Team (INVENT) will be activated by IOHNO when a request has been made from the disaster site for medical assistance.

3.4.5.3 Additional personnel and equipment resources will be allocated by the IOHNO based on availability. The IOHNO will instruct the disaster POD hospital(s) to notify the appropriate resource, associate and participating hospital(s) of the need for their disaster equipment and supplies and EMS non MABAS provider(s) of their deployment (Attachment 13).

3.4.5.4 Specific instructions will be provided by the IOHNO to the disaster POD hospital(s). These instructions may include--

- Location for deployment
- Designated emergency transportation routes
- Site-security information
- Pick up time for disaster bags

3.4.5.5 Personnel, equipment and supplies from resource, associate and participating hospital(s) and EMS non MABAS provider(s) will be coordinated to the specified site by the disaster POD hospital. Personnel deployed to the disaster will report to the incident commander (IC) (Attachments 7 and 8).

3.4.5.6 Personnel designated by IOHNO and deployed by the disaster POD hospital to perform medical operations will be covered from liability by state good samaritan immunity laws (Attachment 9) and the EMS Act.

3.4.5.7 The Illinois Medical Emergency Response Team (IMERT) is a state-sponsored voluntary medical team that will respond to and assist with emergency medical treatment at mass casualty incidents, including, but not limited to, chemical, biological and radiological incidents, when activated by the IOHNO. This team will consist of a physician, a nurse, an EMT and other allied health professionals who will respond and become integrated into the local incident command system and report to the incident commander. Once activated, the IMERT will respond to an actual scene or to the local health care facility, based upon the request received, to assist with the triage and treatment of patients.

No medical personnel will be allowed into a disaster site without IMERT badges or unless requested by IOHNO.

The IMERT will have three teams strategically located throughout the state to correspond with the structure of the State Weapons of Mass Destruction Teams (SWMDT). An additional team will be part of the Metropolitan Medical Response System (MMRS) in Chicago. IOHNO will coordinate transportation of IMERT personnel and equipment.

The Illinois Nurse Volunteer Emergency Needs Team (INVENT) is a state sponsored voluntary nurse team that may either assist at a disaster site, a Local Health Department (LHD) for dispursement of medication or at a facility designated for surge capacity. The INVENT members will be notified by IOHNO or by a LHD after a request has been made.

Hospitals will be asked to maintain disaster bags (Attachment 13) for utilization as needed.

3.4.6 Activation of Critical Incident Stress Management Team

3.4.6.1 Following a critical incident, it is not unusual for emergency care providers to experience strong physical and emotional reactions to the events they have seen and, heard and in which they have participated. These reactions may cause emergency care workers to perform in a less than optimal manner following the incident.

3.4.6.2 The network of critical incident stress management (CISM) teams provides a simple yet effective method to help emergency workers trying to cope with these stressful experiences. CISM promotes the continuation of productive careers while building healthy stress management behaviors.

3.4.6.3 A CISM team is composed of emergency service and mental health professionals who volunteer their time, energy and resources. Team members receive special training and participate in regular continuing education sessions.

3.4.6.4 The resource hospital will contact the appropriate CISM team(s) within its EMS system to request services, upon request of the IOHNO or the IC.

3.4.6.5 IOHNO will work with the Office of Mental Health and the Illinois Mental Health Disaster Coalition for activation of a mental health forward assessment team to evaluate all mental health needs during the acute phase of the disaster.

3.4.7 Activation of National Disaster Medical System

3.4.7.1 In the event of a major disaster, the governor may request federal assistance under the authority of the Disaster Relief Act of 1988 (PL100-707, as amended.)

3.4.7.2 The U. S. president may declare a major disaster or an emergency. The presidential declaration triggers a series of federal responses coordinated by FEMA. These may include the activation of NDMS, when appropriate (Attachment 10).

3.4.7.3 The assistant secretary for health within DHHS may also activate NDMS upon the request of the IDPH Director in situations not involving a presidential declaration, under authority provided by the Public Health Service Act.

3.4.7.4

In the event of a national security emergency, the secretary of defense has authority to activate the system.

3.4.8 Reimbursement of Disaster Related Expenses

3.4.8.1 Expenditures incurred by IMERT, INVENT, EMS provider(s), and the resource, associate and participating hospital(s), as a result of activation by the IOHNO will be submitted to IEMA for reimbursement from the State Disaster Relief Fund.

3.4.8.2 IMERT, INVENT, EMS provider(s), and the resource, associate and participating hospital(s) will be responsible for gathering and maintaining documentation of expenses according to applicable state and local regulations.

3.4.8.3 The disaster POD hospital(s) will be responsible for providing all reimbursement documentation of the EMS provider(s) and the resource, associate and participating hospital(s) to the IOHNO for verification and subsequent submission to IEMA.

3.5 Communications

This section focuses on the communications systems upon which IDPH, IOHNO and the medical community will rely during an emergency response. The total communications system is discussed in detail and procedures for its use are outlined.

3.5.1 Need for Alternate Communication System - Public telecommunications companies report their networks will rapidly become overloaded during a catastrophic event. Additionally, widespread electrical outages may occur and switching centers may become inoperable. The restoration of essential public channels has been designated as a priority by the telephone companies. However, it is unknown when this essential telephone service will be restored. Because of the uncertainty that surrounds the availability of critical telephone service, the IOHNO and disaster POD hospital(s) may need to be self-sufficient and rely on other communication networks until telecommunication access is restored.

Telecommunications support for a significant disaster will be provided by IEMA and other state departments, agencies and organizations. As the primary agency, IEMA will coordinate the telecommunications assets of state agencies, departments and other organizations during disaster operations. This coordination can include the following:

- Designating specific control frequencies and/or communications systems for use by agencies and organizations during disaster operations.
- Restricting access to specific control frequencies during disaster operations.
- Designating procedures for transferring information during disaster operations using the state telecommunications system.

If public telephone networks become overloaded during a catastrophic event, the IOHNO will utilize high frequency (HF) radio as a secondary means to communicate basic medical command and control information to the disaster POD hospital(s). The disaster

POD hospital(s) will be responsible for utilizing the Medical Emergency Radio Communications of Illinois (MERCI) system, various amateur radio organizations or other communications networks to transmit basic medical command and control information within the EMS
systems.

3.5.2 HF Radio Communications Network - The IOHNO will utilize HF radio as a secondary telecommunications network to communicate basic medical command and control information with the disaster POD hospitals. The HF system may be used in the event of a failure of all other communication systems. IEMA has provided this secondary telecommunications network between IDPH and the disaster POD hospitals. A HF radio site was established on-site or in the community for each disaster POD hospital and IOHNO.

3.5.3 Medical Emergency Radio Communications of Illinois (MERCI) is the basis of Illinois' medical communications system. This system is a basic ambulance-to-hospital system and operates in the VHF band (155.340MHz, 155.160MHz, 155.400MHz, 155.280MHz and 155.220MHz) with voice-only, and in the UHF band (463.000/468.000MHz) with voice and biomedical telemetry on eight paired channels designated MEDS 1 through 8. All hospitals providing emergency care are required to have the ambulance-to-hospital channel. A hospital-to-hospital communications channel operates on 155.280MHz. Channel 155.220MHz is designated as a dispatch channel, 155.160MHz is the primary ambulance-to-hospital channel in the Edwardsville/Collinsville/Belleville area and 155.400MHz is used in the northeast corner of the state (north of Evanston) to protect the 155.340MHz channel in adjacent states. The balance of the state operates on 155.340MHz.

Approximately 2,000 Illinois EMS providers use the MERCI ambulance-to-hospital system. Among these providers are ambulances, rescue units, nuclear response teams and various EMS coordinating agencies. Because access to the MERCI system cannot be selectively limited, it cannot easily be configured to provide the multi-agency command and control communications necessary in mass casualty disaster situations.

3.5.4 Radio Amateur Civil Emergency Service/Amateur Radio Emergency Services - In view of the anticipated overload of the MERCI system due to lack of an enforceable control mechanism and the limited availability of a common statewide public safety coordination channel, disaster POD hospitals may be required to initiate

discussions with amateur radio organizations to support basic command and control communications during mass-casualty disasters. Due to the variety of operating channels and services available through amateur radio, and to the fact that most of these radio operators are skilled electronic technicians, their services can be readily configured to accommodate most local and regional radio communications needs. Another advantage of the amateur radio system is its long-distance capabilities, which may be used in the event of a failure of other statewide radio systems that use telephone lines to connect to a system of radio towers. In the long term, many amateur radio operators can accommodate fax, data and phone patch transmissions until commercial services are restored.

3.5.5 Statewide Warning and Alerting System - The Illinois Terrorism Task Force is supplying the POD hospitals and IOHNO with a satellite-based data system, known as EmNet, capable of receiving simultaneous, authenticated, text messages from the state EOC. Each receiving station has the ability to forward the received bulletin via e-mail to other terminals.

3.5.6 Illinois Transportable Emergency Communications System (ITECS) - The Illinois Terrorism Task Force and the Illinois Emergency Management Agency have created the Illinois Transportable Emergency Communications System (ITECS). These 10 ITECS communications suites will be pre-positioned across the state to ensure statewide compatability and interoperability during a disaster.

3.5.7 Hospital Bed Count Tracking System - During activation of the state's *Emergency Medical Disaster Plan*, the hospitals will communicate the required bed count status via the Web-based hospital bypass program. During an event that may cause disruption of the Internet, the required bed count information would be sent to IOHNO utilizing the electronic spreadsheet system.

4.0 Organization and Assignment of Responsibilities

This section describes the specific direction and control responsibilities that are assigned to the tasked organizations. The organization and assignment of responsibilities listed in this section are in accordance with the *Illinois Emergency Operations Plan.*

4.1 Illinois Department of Public Health (IDPH)

IDPH is designated in the *Illinois Emergency Operations Plan* as the primary agency for health and medical services. This responsibility requires the Department to be the point-of-contact for the health and medical services response to a disaster to ensure the assistance provided is accomplished in a coordinated manner when local resources within the state are overwhelmed.

4.1.1 Director of Public Health

4.1.1.1 Activates and closes the IOHNO.

4.1.2 Chief, Division of Emergency Medical Services and Highway Safety

4.1.2.1 Provides technical assistance to the Director and assists with the assessment of resource needs to assure medical response.

4.1.2.2 Provides overall coordination of the emergency medical response.

4.1.2.3 Determines resource availability and coordinates with IMERT and the disaster POD hospital to send additional personnel and equipment to a disaster site.

4.1.2.4 Provides overall direction and control of the emergency medical response in the absence of the Director.

4.1.2.5 Approves the issuance of CME credit to responding EMTs, Trauma Nurse Specialists and Emergency Communications Registered Nurses for their participation and assistance at the disaster site.

4.1.3 IDPH Duty Officer

4.1.3.1 Serves as the Department's 24-hour liaison to the state EOC during disaster operations.

4.1.3.2 Initiates requests for assistance in state EOC with other state agencies and departments and not-for-profit organizations.

4.1.3.3 Point-of-contact for the initial request for emergency medical assistance by the local government official or notification of a disaster operation from the state EOC communications center.

4.1.3.4 Updates the IOHNO on the status of the state disaster response and recovery operations.

4.1.4 IDPH Regional EMS Coordinator

4.1.4.1 Provides technical assistance to the disaster POD hospital.

4.1.4.2 Serves as medical liaison for the IOHNO.

4.1.4.3 Serves as communication liaison with the disaster POD hospital.

4.1.5 Chief, Division of Communications

4.1.5.1 Serves as point-of-contact for all health and medical information requests from the media. Hospitals involved in the emergency medical response operations may have their public information staff call IOHNO to get updated emergency response information to ensure a coordinated message is provided to the media and public.

4.1.5.2 Issues press releases, as appropriate, on the status of the emergency medical and public health response.

4.1.5.3 Coordinates the issuance of press releases with the governor's press office, hospitals, local government officials and neighboring states to ensure consistent information is reported to the general public. Based on the magnitude of the disaster, more than one information center may be established by the chief of Communications to handle the anticipated large volume of public and media inquiries and rumor control issues.

4.1.5.4 Provides updates on media requests to the JIC.

4.2 Disaster POD Hospital

4.2.1 A hospital designated as a Level I or Level II trauma center is a resource hospital and is designated pursuant to EMS Systems Act (Attachment 3).

4.2.2 The disaster POD hospital is the lead hospital in a specific region responsible for coordinating disaster medical response upon the activation of the *Emergency Medical Disaster Plan* by the IOHNO.

4.2.3 The disaster POD hospital will serve as the primary point of contact for communication and coordination of disaster response activities with its resource, associate and participating hospital(s) and EMS provider(s).

4.2.4 When the disaster POD hospital(s) is notified by the IOHNO that the *Emergency Medical Disaster Plan* has been activated for its region, it will initiate the notification telephone tree in its respective region and specify phase I or phase II. This information will then be reported back to the IOHNO.

4.2.5 When a medical team is needed at the disaster site, the POD hospital will coordinate the response of the REMERT. The REMERT will report to the IC at the site and remain there until an "all clear" or until relieved by IMERT.

4.3 Resource, Associate and Participating Hospitals

4.3.1 Resource Hospitals

4.3.1.1 The resource hospital has the authority and responsibility for its EMS systems as outlined in the IDPH-approved EMS system program plans. The resource hospital, through the EMSMD, assumes responsibility for the entire program, including clinical aspects and operations. It also must maintain a minimum of two disaster bags with supplies (Attachment 13).

4.3.1.2 When the resource hospital(s) is notified by the disaster POD hospital that the disaster plan has been activated, it will initiate the notification telephone tree in its respective system, and specify phase I or phase II. This information will then be reported back to the POD hospital.

4.3.2 Associate Hospitals

4.3.2.1 An associate hospital participates in an approved EMS system in accordance with the EMS system program plan, fulfilling the same clinical and communications requirements as the resource hospital. The associate hospital has neither the primary responsibility for conducting training programs nor responsibility for the overall operation of the EMS system program.

4.3.2.2 The associate hospital must have a basic or comprehensive emergency department with 24-hour physician coverage. It also must maintain a disaster bag with supplies (Attachment 13).

4.3.3 Participating Hospitals

4.3.3.1 A participating hospital participates in an approved EMS system in accordance with the EMS system program. They must also maintain a disaster bag with supplies (Attachment 13).

4.4 EMS Providers

4.4.1 All ambulance providers and SEMSV providers participating in an EMS system sign a letter of commitment that outlines their responsibilities in providing emergency care and transportation of the sick and injured.

4.4.2 Providers may be asked to participate voluntarily in disaster responses that occur outside their system(s) and are not part of pre-existing mutual aid agreements.

4.5 Illinois Emergency Management Agency (IEMA)

IEMA is the state agency responsible for the coordination of disaster-related activities of state government agencies and certain volunteer organizations. This coordination includes the pre-emergency functions of mitigation and preparedness as well as response and recovery actions.

Response to an emergency medical incident in Illinois will be coordinated and conducted utilizing the Illinois Disaster Management System (IDMS). This component of the *Illinois Emergency Operations Plan* provides a mechanism for identifying organizational roles and responsibilities of responding organizations, and also establishes a structure for information exchange and coordination among responding organizations.

4.5.1 Coordination of State Emergency Operations Center

4.5.1.1 The state EOC, located within the IEMA offices in Springfield, serves as the strategic coordination point for the overall response to a disaster incident.

4.5.1.2 The state EOC communications center is the designated primary 24-hour point-of-contact to be used by local government officials for the initial notification of an emergency medical incident. The state EOC is responsible for notifying the IDPH duty officer of a request from a local government official.

4.5.1.3 The state EOC communications center is responsible for notifying representatives of those state agencies designated to report to the state EOC. IOHNO requests for state assets to support the provision of emergency medical care will be forwarded through the IDPH staff assigned to the state EOC.

4.5.1.4 The state EOC is the designated point-of-contact for coordination and for providing updates on the status of Illinois' overall emergency operations to the following organizations:

- Federal on-scene coordinator (OSC)
- Other federal agencies
- IOHNO
- JPIC
- JIC/JOC

4.5.2 Development of Illinois Emergency Operations Plan

4.5.2.1 IEMA is responsible for coordinating the development and maintenance of the *Illinois Emergency Operations Plan.*

4.5.2.2 The purpose of the *Illinois Emergency Operations Plan* is to provide operational guidance for Illinois' response and recovery actions to prevent or minimize injury to people and damage to property resulting from emergencies or disasters of natural or manmade origin. It incorporates applicable provisions of the federal and regional response plans.

4.5.3 Coordination of Illinois Disaster Management System (IDMS)

4.5.3.1 IEMA is responsible for coordinating state operations personnel to ensure needs of the requesting agency or department are met. IEMA provides for the management and coordination of all dedicated state assets, disaster intelligence, disaster recovery operations, and on-site local, state and federal agencies.

4.5.3.2 The Illinois Disaster Management System (IDMS) organization relies on three interrelated "teams": state EOC team, state response team and state recovery team. Each has been developed to allow modular activation and matching staffing levels to the disaster site needs.

4.5.4 Coordination of Resource Support

4.5.4.1 IEMA will coordinate resource support for the state response. This response will require the cooperative effort of all state agencies.

4.6 Strategic National Stockpile (SNS)

In the event of a bioterrorist incident or when additional equipment, supplies and/or drugs are needed, the Director of IDPH, as delegated by the governor, will request the Strategic National Stockpile (SNS) from Department of Homeland Security (Attachment 11). Hospitals will utilize the SNS form (Attachment 12) to request equipment, supplies and/or drugs from IOHNO.

4.7 American Red Cross (ARC)

Following notification and verification of a disaster, the local American Red Cross will identify appropriate staff and volunteers to respond to the disaster or designated area. Initial response will be through the closest ARC unit. Time permitting, radio-equipped Red Cross workers will be dispatched to the scene and to each receiving hospital. One worker will report to the EOC and act as the liaison between the scene and the chapter. This facilitates the gathering of information for the ARC Disaster Welfare Inquiry Service (DWI). Once at the scene, the Red Cross volunteers and/or staff will report to the IC.

4.7.1 Central Registration Point for Victims

4.7.1.1 The ARC serves as a central registration point for victims when possible. All information obtained will be held in the strictest confidence; no confidential information will be released to the media. The ARC, under HIPAA, is allowed to receive patient information.

4.7.1.2 An ARC disaster health services representative, if available, will be assigned to each receiving hospital to obtain the following information from victims:

- Name
- Age
- Gender
- Address
- Contact phone number
- Diagnosis and condition

4.7.1.3 The disaster health services representative also will assist members of victims' families who are at the hospital. To collect the above information, the ARC worker should have access to a hospital representative authorized to release medical information and to a telephone removed from the press area to transmit confidential information to a central number maintained by the ARC chapter.

4.7.1.4 Information is gathered not only from hospitals, but from morgues, ARC shelters and other registration centers. There will be a moratorium on releasing information for a minimum of 24 hours. Each hospital should refer inquiries about victims to the local chapter of the ARC. A phone number for inquiries will be announced.

4.7.2 Provision of Emergency Services and Supplies

4.7.2.1 The ARC may provide emergency food, shelter, clothing, medical supplies and other services deemed necessary for victims and rescuers. They also will assist in tracking blood supplies and provide finances to obtain blood and blood products.

4.8 Blood Centers

4.8.1 The Illinois hospital licensing rules require hospitals to maintain a minimum blood supply for emergency situations, or to be able to obtain blood quickly from community blood banks or institutions or have an up-to-date list of donors and equipment necessary to obtain the blood. Hospitals that depend on outside blood banks must have an agreement governing the procurement, transfer and availability of blood. In addition, it is the requirement of the Joint Commission on Accreditation of Healthcare Organizations that all hospitals have established procedures for obtaining a supply of blood and blood components at all times.

4.9 Illinois State Police (ISP)

4.9.1 Security and Traffic and Crowd Control

4.9.1.1 A primary responsibility of the Illinois State Police during disaster response activities is to provide for security, traffic and crowd control, protection of very important persons (VIPs) and other functions of local and state law enforcement agencies.

4.9.1.2 The ISP will be responsible for assisting with the transportation of IMERT's medical supplies to the disaster site.

4.9.2 Disaster Site Access

4.9.2.1 Upon notification, the ISP will facilitate/coordinate IMERT getting to and from the disaster site. ISP officers will open any road block that may hinder a team or supplies from getting to the site. The ISP officers will be assigned to direct traffic and to ensure an orderly process to and from the disaster site.

4.9.2.2 Traffic and access control in the disaster area is essential. Only official and necessary traffic will be allowed into the impacted area. The ISP and IEMA have available disaster tag kits to assist in this process.

4.10 Medical Examiners/Coroners

In the event of a major emergency or disaster, a large number of fatalities may occur. The primary responsibility for emergency mortuary services rests with medical examiners and coroners. The medical examiner or coroner of the area is in charge of the death scene and of establishing the emergency morgue.

4.10.1 Illinois State Funeral Directors Association (ISFDA)

4.10.1.1 If a disaster inflicts a large number of fatalities, exceeding the medical examiner's or coroner's response capabilities, the Illinois State Funeral Directors Association will be notified by the state EOC.

4.10.1.2 The ISFDA will be responsible for the following services:

- Victim identification
- Tagging and placing the deceased in body bags
- Transportation of the deceased
- Establishment of an emergency morgue
- Providing refrigeration units
- Dealing with body remains and personal effects
- Family assistance

4.10.2 Activation of Disaster Mortuary Services Team

4.10.2.1 The ISFDA or the state EOC will request activation of NDMS Disaster Mortuary Services Team (DMORTs) if additional resources are necessary.

4.11 Illinois Department of Central Management Services (CMS)

4.11.1 Provision of Goods and Services

4.11.1.1 The Illinois Central Management Services will be responsible for coordinating the purchase of or contract for the following goods and services:

- Commodities
- Medical equipment/supplies and drugs
- Office supplies

- Telecommunication equipment
- Computers and software
- Vehicles and vehicle repair vendors
- Other equipment and/or supplies needed to assist in disaster response

4.11.2 Procurement of Real Property and Use of Commercial Vendors

4.11.2.1 CMS will coordinate the use of real property under its ownership or lease agreement and the acquisition of additional leased property as necessary. This coordination also will include the use of excess state property and donation of federal surplus property and the disposal of state owned durable goods considered excess at the end of the disaster response and recovery efforts.

4.11.2.2 The procurement of items not available through state sources from commercial vendors or suppliers will be the responsibility of CMS.

4.12 Illinois Department of Transportation (IDOT)

4.12.1 Division of Highways

4.12.1.1 The Illinois Department Of Transportation, Division of Highways, will be responsible for providing information on structural integrity of roads and highways.

4.12.1.2 IDOT, Division of Highways, will update the state EOC about roads that are no longer passable and will provide information to the ISP on alternate routes to the disaster site. The state EOC will forward IDOT, Division of Highways, information to the IOHNO.

4.12.2 Division of Aeronautics (AERO)

4.12.2.1 IDOT, Division of Aeronautics will be responsible for the organizational structures and procedures for the use of aviation support to major emergency and disaster situations in Illinois.

4.12.2.2 The aviation support structure will address coordination of response and allocation of resources, staging, logistics, intelligence, reporting and communications for disaster air support.

4.12.2.3 IDOT, Division of Aeronautics will brief state EOC on the status of air operations, including current missions, available aircraft by type, locations of staging areas and proposed priorities for aviation support.

4.12.2.4 IDOT, Division of Aeronautics will be available to transport essential personnel to assist with transportation of IMERT, medical equipment and/or medical supplies.

4.13 Illinois Department of Veterans Affairs (IDVA)

4.13.1 IDVA will provide available medical support to assist emergency medical operations. Such services may include medical treatment and the utilization of medical centers and vehicles.

4.13.2 IDVA will provide available medical supplies for distribution to medical care locations being operated for disaster victims.

4.14 Illinois National Guard (ING)

4.14.1 Activation of ING

4.14.1.1 All requests for ING support must be made to IEMA through the state EOC.

4.14.1.2 IEMA determines if the ING is the best state resource for the emergency response and makes a recommendation to the governor. Only the governor can order the ING to active duty. At that time, the ING assets become available to IEMA for response missions as required.

4.14.2 Medical Response Capabilities

4.14.2.1 The ING will assist emergency medical response operations by providing a limited number of medical personnel to assist with triage and basic first aid at medical management site(s). The ING medical personnel will report to the IC to receive their mission.

4.14.2.2 The ING also will provide the following services, equipment and supplies to support emergency medical response operations at medical management site(s):

- Distribute medical supplies (air/land)
- Evacuate casualties (air/land)
- Procure medical supplies

- Airlift personnel and material into disaster area
- Provide essential equipment to assist with the establishment of a medical management site, e.g., ambulances, tents, cots, lights, generators, water, etc.

4.15 Salvation Army

The Salvation Army emergency disaster services team will provide food, clothing, shelter and other basic necessities for survival during an emergency situation upon request. Crisis counseling capability is also available for those individuals who struggle to come to terms with the unusually trying situation.

4.16 Illinois Poison Center (IPC)

4.16.1 Illinois residents or hospitals may call the Illinois Poison Center 24-hours a day, 365 days a year. The IPC is staffed by toxicology trained pharmacists, nurses, physicians and other paramedical professionals to assist with statewide disasters.

4.16.2 The IPC will be available for consultation and/or drug related questions.

4.16.3 Upon notification from IOHNO, the IPC will contact Illinois Council of Health Systems Pharmacists association and request information on number of:
- Medications either by specific region(s) or statewide or
- Pharmacists and/or pharmacy technicians

4.17 Mutual Aid Box Alarm System (MABAS)

4.17.1 MABAS is a consortium of municipalities, fire districts and EMS providers who have committed to of providing emergency service assistance. MABAS is a programmed sequential response through a series of running cards.

4.17.2 The goal of MABAS is to establish a standard, statewide mutual aid plan for fire, EMS, hazardous materials, mitigation and specialized rescue through a recognized system that will effectively support existing plans. MABAS has been recognized as an existing system that provides a 24-hour mechanism to mobilize emergency response and EMS resources to any given location within the state during a time of need through coordination with IEMA and IDPH/EMS. IDPH/EMS is supportive of MABAS in its statewide mutual aid system.

4.17.3 Once the MABAS dispatch center is notified by IDPH/EMS through IOHNO of a request for additional resources from the stricken community or region's incident command, the MABAS dispatch center will make balanced requests for response of participating divisions to fill the assignment without significantly depleting any single division or geographic area.

4.17.4 To date, MABAS assets include fire engines, ladder trucks, heavy rescue squads, ambulances, EMTs and hazardous material teams. MABAS also is capable of providing a consortium of special teams and equipment including water tankers, underwater rescue and recovery, specialized rescue (above/below grade and building collapse), and task force disaster response capabilities.

4.17.5 A MABAS objective is to be recognized as a mechanism to mobilize mass resources in a swift and coordinated manner with various state agencies during a statewide disaster plan activation and to be integrated into the system as a resource available to the local command system.

5.0 Plan Development and Maintenance

5.1 The entire *Emergency Medical Disaster Plan* will be reviewed and revised annually by IDPH Division of EMS and HS.

5.2 IDPH Division of EMS and HS, will meet as needed with the agencies and organizations listed in the *Emergency Medical Disaster Plan* to review their roles and responsibilities and to revise as needed.

5.3 The Division of EMS and HS will produce and distribute changes to holders of controlled copies of the *Illinois Emergency Operations Plan*. Holders of non-controlled copies will receive plan changes upon written request.

6.0 Authorities and References

6.1 Illinois Emergency Operations Plan (January 1, 1996)

6.2 Federal Response Plan (April 1992)

6.3 Emergency Medical Services Systems Act [210 ILCS 50]

6.4Emergency Medical Services and Trauma Center Code (77 Illinois Administrative Code 515)