

**Attachment 1**

**ILLINOIS OPERATIONS HEADQUARTERS AND NOTIFICATIONS OFFICES**

This section contains the location of the Illinois Department of Public Health, Illinois Operations Headquarters and Notifications Offices in Springfield and Chicago based on level of incident.

**Location of Springfield and Chicago IOHNO**

Springfield IOHNO, Level 1 and 2

- Illinois Department of Public Health  
Director's Conference Room  
535 W. Jefferson St., 5<sup>th</sup> Floor  
Springfield, IL 62761

Chicago IOHNO, Level 1 and 2

- Illinois Department of Public Health  
James R. Thompson Center  
100 W. Randolph St., Room 6-654  
Chicago, IL 60601

Chicago EOC

- 9-1-1 Center  
1411 W. Madison St.  
Chicago, IL 60607

Level 3

- IDPH Training Center  
828 S. Second St.  
Springfield, IL 62704

**Attachment 2**  
Illinois Department of Public Health  
**MEDICAL INCIDENT REPORT FORM**

IDPH Duty Officer \_\_\_\_\_ Date/Time \_\_\_\_\_

**Caller Information**

**Incident Commander Information**

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Community/Municipality \_\_\_\_\_

Contact Information \_\_\_\_\_

Contact Information \_\_\_\_\_

Staging Area \_\_\_\_\_

Address of incident \_\_\_\_\_

Type/Nature of Disaster(s) \_\_\_\_\_

Hazardous Material Involvement Yes \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_

Status of Local Medical Response Operations \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Area(s) Affected (include location of disaster site[s], etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Approximate Number of Casualties \_\_\_\_\_

\_\_\_\_\_

**Resources Needed (Specify Approximate Number of Each)**

Medical Team (IMERT) \_\_\_\_\_

Ambulances \_\_\_\_\_

Medical Supplies (Type) \_\_\_\_\_

\_\_\_\_\_

**Dcon tents** \_\_\_\_\_

TO BE COMPLETED BY THE IDPH DUTY OFFICER AND KEPT FOR IDPH RECORDS

**Attachment 3**

**DISASTER POD HOSPITAL REQUIREMENTS/LOCATIONS**

Following is a listing of the minimum guidelines for a hospital to be designated as a disaster POD by IDPH. The attachment also provides the address of each designated disaster POD hospital and a graphical representation of its region.

**Requirements for a Disaster POD Hospital**

The Director of the Illinois Department of Public Health will designate a disaster POD hospital for each EMS region in Illinois. To be named a disaster POD hospital by the IDPH Director, a hospital must meet the following minimum criteria:

- Designated resource hospital
- Designated Level I or Level II trauma center
- Maintain an established disaster plan
- Commit one advanced life support (ALS) provider to be dispatched at the scene, if necessary
- Availability of two or more participating and/or associate hospitals
- Maintain an established two-way communication system to participating and associate hospitals
- Maintain a fax machine accessible to emergency department staff 24-hours a day
- Coordinate a regional disaster drill

**Location of Disaster POD Hospitals**

- Region 1  
Rockford Memorial Hospital  
2400 N. Rockton Ave.  
Rockford, IL 61103
- Region 2  
St. Francis Medical Center  
530 N.E. Glen Oak Ave.  
Peoria, IL 61637
- Region 3  
St. John's Hospital (odd years)                      Memorial Medical Center (even years)  
800 E. Carpenter St.                                      800 N. Rutledge St.  
Springfield, IL 62769                                      Springfield, IL 62781
- Region 4  
Memorial Hospital  
4500 Memorial Drive  
Belleville, IL 62222

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- Region 5  
Memorial Hospital of Carbondale  
404 W. Main St.  
Carbondale, IL 62901
- Region 6  
Carle Foundation Hospital  
611 W. Park St.  
Urbana, IL 61801
- Region 7  
Christ Hospital and Medical Center  
4440 W. 95<sup>th</sup> St.  
Oak Lawn, IL 60453
- Region 8  
Foster G. McGaw Hospital-Loyola University  
2160 S. First St.  
Maywood, IL 60153
- Region 9  
Sherman Hospital  
934 Center St.  
Elgin, IL 60120
- Region 10  
Highland Park Hospital  
718 Glenview Ave.  
Highland Park, IL 60035
- Region 11  
Advocate Illinois Masonic Hospital  
836 Wellington Ave.  
Chicago, IL 60657



**Attachment 4**

**STATE EMERGENCY MEDICAL OPERATIONS STAFF**

This section contains the staff positions that may be activated by the Director of the Illinois Department of Public Health, or his/her designee, to support the state emergency medical response at the IOHNO and the state EOC, and in the field, based on the type and magnitude of the disaster.

**State Emergency Medical Operations Staff**

The Director of IDPH, or his/her designee, will determine an operational staffing level. This determination will be based on the initial status of the emergency situation provided by the IDPH duty officer. Any subsequent staffing changes will be made by the Director of IDPH, or by his/her designee, as appropriate.

**Minimal Operational Staffing Level**

The following is the minimum IDPH staff required to support the medical response to an emergency situation. Other staff will be required to assist with the medical response at the direction of the IDPH Director, or his/her designee. Based on the type and magnitude of the emergency situation, IDPH staff with technical expertise may be added to the minimal operations staffing level.

- **IOHNO (Chicago and/or Springfield)**  
Director of Public Health  
Assistant Director and Deputy Directors  
Chief, Division of EMS and HS  
Chief, Division of Communications  
Clerical Support Staff  
Building Security Officer  
Legal
- **State EOC**  
  
Duty Officer
- **Disaster POD Hospital or IOHNO**  
  
Regional EMS Coordinator

**Full Operational Staffing Level**

The following is the full IDPH staff required to support the medical response to an emergency situation. Other staff may assist with the medical response at the direction and discretion of the Director of Public Health, or his/her designee. Based on the type and magnitude of the emergency situation, IDPH staff with technical expertise may be added to the full operations staffing level.

- **IOHNO**

- Director of Public Health
- Assistant Director and Deputy Director(s)
- Chief, Division of EMS and HS
- Chief, Division of Communications
- Chief, Division of Infectious Diseases
- Chief, Division of Environmental Health
- Bureau of Long-Term Care, Division of Long-Term Care Field Operations
- Division of Information Technology
- Clerical Support Staff
- Building Security Officer
- Branch Managers
- Legal
- Local Health Department Liaison

- **State EOC**

- Duty Officer

- **Disaster POD Hospital or IOHNO**

- Regional EMS Coordinator

- **Regional Health Office/State Forward Command Post**

- Regional Health Officer





**Attachment 5c**  
**ASSOCIATE OR PARTICIPATING HOSPITAL AVAILABILITY WORKSHEET (PHASE 1)**  
 To be completed by associate or participating hospital

Hospital Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Date/Time Initial RH Contact \_\_\_\_\_

Information provided by resource hospital contact	
RH Name	_____
Contact Name	_____
Contact Phone	_____
Contact Fax	_____
Disaster Location	_____
Type of Incident	_____
Number of Victims	_____
Special Needs Specified*	Yes/No
*If "yes," write in special needs below.	

**\*\*\* SPECIAL NEEDS \*\*\***

If special items, such as drugs, equipment or staff, are needed the resource hospital will identify and describe needs. Write-in each item and indicate the number of units available at your hospital.

Item requested	Units available (e.g., doses, people)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

1.	Total number of isolation rooms available in hospital.	_____
2.	Is your hospital a trauma center?	YES / NO
3.	Total ADULT MONITORED BEDS currently available.	_____
4.	Total PEDIATRIC MONITORED BEDS currently available.	_____
5.	Total NON-MONITORED BEDS currently available (adult and pediatric combined).	_____
6.	Total UNITS OF BLOOD currently available (whole and packed cells combined).	_____
7.	Total ADULT VENTILATORS currently available.	_____
8.	Total PEDIATRIC VENTILATORS currently available.	_____
9.	Total UNIVERSAL (adult or pediatric) ventilators currently available.	_____
10.	Total FIELD DISASTER BAGS (with contents included) currently available.	_____
11.	Total AMBULATORY (walking) HAZMAT VICTIMS CAN YOU DECONTAMINATE PER HOUR.	_____
12.	Total NON-AMBULATORY (liter) HAZMAT VICTIMS CAN YOU DECONTAMINATE PER HOUR.	_____
13.	Time completed worksheet was faxed to Resource Hospital?	_____

Associate and participating hospitals complete this worksheet and fax or phone findings per resource hospital request to resource hospital within one-half hour. keep a copy for your files.

**Attachment 5d**  
**HELICOPTER PROVIDER WORKSHEET**  
 To be completed by POD (or Resource Hospital upon request of POD)

Region \_\_\_\_\_  
 Hospital Name \_\_\_\_\_  
 Hospital Phone \_\_\_\_\_  
 Hospital Fax \_\_\_\_\_  
 Contact Name \_\_\_\_\_

Information: Provided By IDPH or POD Contact
Contact Date/Time _____
Contacting Org (if not IDPH) _____
Contact Name _____
Contact Phone _____
Contact Fax _____
Disaster Activated Date/Time _____
Disaster Location _____
Type of Incident _____
Number of Victims _____
Number of Helicopters Needed _____

Helicopter Provider	Helicopter Provider Phone Number	Number of Helicopters Available	Comments
Air Angels	1-877-247-5438		
Air Evac Lifeteam	1-800-247-3822		
Arch Air Med	1-800-325-9191		
Air Life	217-359-0235 1-800-315-2911		
Flight for Life	815-344-1000 or 1-800-344-1000		
Lifeflight St. Mary's Evansville, IN	1-800-426-0911		
Life Flight Peoria, IL	1-800-252-5433		
Life Star/Loyola Medical Center	1-800-888-5862		
Lifeline	1-888-350-5433		
R.E.A.C.T.	1-800-637-3228		
U of C Aeromedical	773-702-3222 or 1-800-621-7827		
Quad City Helicopter EMS	319-529-3821		
Aerocare Air Ambulance Service Inc.	1-800-823-1911		

Fax to POD within one half hour of initial contact.  
 POD fax to IDPH within one hour of initial contact.  
 IOHNO will designate which PODs will call which helicopter provider.



**Attachment 5f**  
**EMS NON-MABAS AMBULANCE PROVIDER**  
**AVAILABILITY WORKSHEET**  
**TO BE COMPLETED BY NON-MABAS PROVIDER**

Provider name \_\_\_\_\_ Provider phone \_\_\_\_\_

Provider fax \_\_\_\_\_ Your name \_\_\_\_\_

**Initial Contact by Resource/POD Hospital**

Contact time/Date \_\_\_\_\_ Disaster activation time/Date \_\_\_\_\_

Contact's name \_\_\_\_\_ Disaster location \_\_\_\_\_

Contact's phone \_\_\_\_\_ Type of incident \_\_\_\_\_

Contact's fax \_\_\_\_\_ Number of victims \_\_\_\_\_

Contact's organization \_\_\_\_\_

**Information Reported to Resource/POD Hospital**

Ambulances available locally \_\_\_\_\_

Ambulances available to travel (>50 Miles) \_\_\_\_\_

EMTs available locally B \_\_\_\_\_ I \_\_\_\_\_ P \_\_\_\_\_

EMTs available to travel (>50 miles) B \_\_\_\_\_ I \_\_\_\_\_ P \_\_\_\_\_

**FAX TO CONTACT HOSPITAL AT (\_\_\_\_) \_\_\_\_\_ WITHIN**  
**ONE-HALF HOUR OF INITIAL CONTACT TIME.**  
**TIME OF "ALL CLEAR" \_\_\_\_\_**







**Attachment 6c**  
**ASSOCIATE OR PARTICIPATING HOSPITAL AVAILABILITY WORKSHEET (PHASE II)**  
 To be completed by associate or participating hospital

Hospital Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Date/Time Initial Resource \_\_\_\_\_  
 Hospital Contacted \_\_\_\_\_

Information provided by resource hospital contact
RH Name _____
Contact Name _____
Contact Phone _____
Contact Fax _____
Disaster Location _____
Type of Incident _____
Number of Victims _____

AVAILABLE IN-PATIENT BEDS	NUMBER OF BEDS CURRENTLY AVAILABLE
Medicine (including critical care monitored beds)	
Psychiatry	
Surgery (including critical care monitored beds)	
Orthopedics	
Burns	
Spinal cord injury	
OB/GYN	
Pediatrics (including critical care monitored beds)	
Negative air pressure rooms (A room equipped with a ventilation system that prevents air from leaking out or circulating in other parts of the facility)	
Total available beds	

Time completed worksheet faxed to resource hospital \_\_\_\_\_

Associate and participating hospitals complete this worksheet and fax or phone per resource hospital instructions to your resource hospital within one-half hour of contact.

**Attachment 7**

**MEDICAL MANAGEMENT SITE**

This section deals with the actions that will be taken by the medical responders deployed to the staging area by the disaster POD hospital or by IOHNO. These actions include assistance with the triage of casualties, which should already be established by local authorities, and at the treatment/stabilization area and holding/counseling site, based on the magnitude of the disaster. The POD hospital will dispatch the REMERT team to the disaster site.

Upon notification to IEMA by local authorities that additional medical assistance is needed at the disaster site, the chief, of the IDPH Division of EMS and HS or designee, will notify the on-call IMERT, administrator, who will alert the appropriate team. It will be dispatched to the disaster site and report to the incident commander. The IMERT members will assist with the triage and treatment of casualties.

In addition, the IMERT members will provide medical assessment for both the state weapons of mass destruction team and Chicago Metropolitan Medical Response System.

## Attachment 8

### TRANSPORTATION

This section describes the modes of transportation available to move medical resources and casualties to and from the disaster area and the procedure for their use during an emergency situation.

#### **Use of Local Modes of Transportation**

During emergency situations, if available, local modes of transportation will be utilized for the deployment of medical resources to the disaster site. The disaster POD hospital will advise the resource, associate and participating hospital(s) and EMS provider(s) where to send resources upon activation by the IOHNO.

If transportation is not available for deployment of resources to the disaster site, the disaster POD hospital will initiate a request for the utilization of state transportation support through the IOHNO to the state EOC. The state EOC will recommend or provide a mode of transportation for the deployment of these resources.

When medical resources arrive at the disaster site, transportation requests will be initiated through the local incident command system (ICS). IOHNO will verify all medical transportation requests originated by the local ICS to ensure coordination with the implementation of the *Emergency Medical Disaster Plan*.

#### **State Ground Transportation Support**

Immediately following a major emergency, IEMA and support agencies will take immediate action to identify, mobilize and deploy ground transportation resources. The state EOC will coordinate directly with IDOT officials to provide the assistance requested by state and local governments. Under a presidential declaration of a major disaster or emergency, IDPH may coordinate with its federal counterparts when federal ground transportation assets are required.

#### **State Aviation Support**

During an emergency situation, IDOT's, Division of Aeronautics will send staff to the state EOC to serve as the air operations manager. It will be the responsibility of IDOT to coordinate and allocate resources, staging, logistics, intelligence, reporting and communications for disaster air support. Specifically, the primary responsibilities of the air operations manager are as follows:

- Identify all aviation assets already committed to the response.
- Identify aviation assets available, but not yet committed.
- As necessary, identify and establish a forward staging area and the associated logistical support necessary for operations.
- Brief state EOC on the status of air operations, including current missions, available

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- aircraft by type, locations of staging areas and proposed priorities for aviation support.  
Respond to requests for aviation support from the state EOC.

Aeronautical resources for the medical response to emergency situations will come from a wide variety of both governmental and private sector sources. Under a presidential declaration of a major disaster or emergency, IDPH may coordinate with its federal counterparts when federal aeronautical assets are required.

**Attachment 9**

**GOOD SAMARITAN IMMUNITY  
Liability Considerations**

This section lists the various statutory immunity provisions that may apply during emergency medical response operations.

**Emergency Medical Services (EMS) Systems Act**

The EMS Systems Act (210 ILCS 50) provides that any person, agency, or governmental body certified, licensed or authorized pursuant to the EMS Systems Act or rules thereunder, who in good faith provides emergency or non-emergency medical services during a Department approved training course, in the normal course of conducting their duties, or in an emergency shall not be civilly liable as a result of their acts or omissions in providing such services unless such acts or omissions constitute willful and wanton misconduct.

Additionally, section 3.150 provides that no person, including any private or governmental organization, or institution that administers, sponsors, authorizes, supports, finances, educates, or supervises the functions of emergency medical services personnel certified, licensed or authorized pursuant to the Act, including persons participating in a Department approved training program, shall be liable for civil damages for any act or omission in connection with administration, sponsorship, authorization, support, finance, education or supervision of such emergency medical services personnel, where the act or omission occurs in connection with activities within the scope of the Act, unless the act or omission was the result of willful and wanton misconduct.

Section 3.150 additionally states that no EMS Medical Director who in good faith exercises his responsibilities under the Act shall be liable for damages in any civil action based on such activities unless an act or omission during the course of such activities constitutes willful and wanton misconduct.

Section 3.150 states that exemption from civil liability for emergency care is as provided in the Good Samaritan Act.

The EMS Systems Act states as follows: "This Act shall not prevent emergency medical services vehicles or personnel from another state or nation from rendering requested assistance in this state or nation in a disaster situation, or operating from a location outside the State and occasionally transporting patients into this state for needed medical care. Except as provided in Section 31 of this Act, this Act shall not provide immunity from liability for such activities." (210 ILCS 50/3.155.)

**Good Samaritan Act**

The Good Samaritan Act (745 ILCS 49) provides immunity to various professionals for providing emergency care.

### **Civil Immunity for Persons Certified in CPR**

The Good Samaritan Act (745 ILCS 49/10) provides civil immunity for persons certified in basic cardiopulmonary resuscitation (CPR) who comply with generally recognized standards, and who in good faith, not for compensation, provide emergency CPR to a person who is an apparent victim of acute cardiopulmonary insufficiency, unless the acts or omission of such persons constitute willful and wanton misconduct. (745 ILCS 49/10.)

### **Firefighter and Law Enforcement Officer Immunity**

Fire fighters and law enforcement officers who in good faith, provide emergency care without fee are entitled to civil immunity, as long as their actions do not constitute willful and wanton misconduct. (745 ILCS 49/70).

### **Physician Immunity**

Any person licensed under the Medical Practice Act of 1987 or any person licensed to practice the treatment of human ailments in any other state or territory of the United States, who in good faith, provides emergency care without fee to a person, is immune from civil damages except when his or her acts or omissions constitute willful or wanton misconduct.

### **Nurse Immunity**

Similar provisions relating to emergency care without fee apply to advance practice nurses (745 ILCS 49/34); and professional nurses and practical nurses (745 ILCS 49/35).

Additionally, 745 ILCS 49/40, provides that no person licensed as a professional nurse or as a practical nurse who, without compensation, renders nursing services shall be liable, and no cause of action may be brought, for damages resulting from an act or omission in rendering such services unless the act or omission involved willful or wanton misconduct.

### **Other Professionals**

Similar provisions relating to emergency care without fee apply to physical therapists (745 ILCS 49/45); and physician assistants (745 ILCS 49/46).

The following professionals are immunized for providing emergency care without fee to a victim of an accident at the scene of an accident; dentists (745 ILCS 49/15); optometrists (745 ILCS 49/42); podiatrists (745 ILCS 49/50); respiratory care practitioners (also applies to care to a victim of a natural disaster) (745 ILCS 49/55); and veterinarians (745 ILCS 49/60).

### **Illinois Emergency Management Agency (IEMA) Act**

Section 15 of the Illinois Emergency Management Agency (IEMA) Act (20 ILCS 3305/15) provides that neither the State, any political subdivision of the State, nor, except in cases of gross negligence



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or willful misconduct, the Governor, the Director, the Principal Executive Officer of a political subdivision, or the agents, employees, or representatives of any of them, engaged in any emergency management response or recovery activities, while complying with or attempting to comply with the Act or any rule or regulations promulgated pursuant to the Act, is liable for the death of or any injury to persons, or damage to property as a result of such activity.

Section 21(a) of the IEMA Act (20 ILCS 3305/21(a)) provides that any person owning or controlling real estate or other premises who voluntarily and without compensation grants a license or privilege, or otherwise permits the designation or use of such real estate or premises for the purpose of sheltering persons during an actual or impending disaster, or a exercise together with his or her successors in interest, shall be civilly liable for negligently causing the death of, or injury to, any person on or about such real estate or premises, or for negligently causing loss of, or damage to, the property of such person.

Section 21(b) of the Act (20 ILCS 3305/21 (b)) provides that any private person, firm or corporation and employees and agents of such person, firm or corporation, in the performance of a contract with, and under the direction of the State or any political subdivision thereof, under the provisions of this Act shall not be civilly liable for causing the death of, or injury to, any person or damage to any property except in the case of willful misconduct.

Section 21(c) of the Act (20 ILCS 3305/21(c)) provides that any private person, firm or corporation and employees and agents of such person, firm or corporation, who renders assistance or advice at the request of the State, or any political subdivision thereof, during an actual or impending disaster, shall not be civilly liable for causing the death of, or injury to, any person or damage to any property except in the case of willful misconduct.

**Emergency Management Assistance Compact (EMAC) Act**

Article VI of the Emergency Management Assistance Compact Act (45 ILCS 151/5) provides that officers and employees of a party state rendering aid in another state pursuant to this compact shall be considered agents of the requesting state for tort liability and immunity purposes; and no party state or its officers or employees rendering aid in another state pursuant to this compact shall be liable on account of any act or omission in good faith on the part of such forces while so engaged or on account of the maintenance or use of any equipment or supplies in connection therewith. Good faith shall not include willful misconduct, gross negligence, or gross recklessness.

**Attachment 10**

**NATIONAL DISASTER MEDICAL SYSTEM**

This section describes the policies and procedures for mobilizing and managing health and medical services under NDMS.

**U.S. Department of Health and Human Services/United States Public Health Service**

The United States government will provide coordinated assistance to supplement state and local resources in response to public health and medical care needs following a significant natural disaster or man-made event. Assistance provided under *Emergency Support Function #8 - Health and Medical Services* is directed by HHS through its executive agent, the assistant secretary for health, who heads the U.S. Public Health Service (USPHS). Resources will be furnished when state and local resources are overwhelmed and medical and/or public health assistance is requested from the federal government.

**United States Public Health Service**

The USPHS, in its primary agency role for *Emergency Support Function #8 - Health and Medical Services*, directs the provision of federal government-provided health and medical assistance to fulfill the requirements identified by the affected state and/or local authorities. Included in *Emergency Support Function #8 - Health and Medical Services* is the overall public health response; the triage, treatment and transportation of victims of the disaster; and the evacuation of patients from the disaster area, as needed, into a network of military services, veterans affairs and pre-enrolled non-federal hospitals located in the major metropolitan areas of the United States.

**National Disaster Medical System Overview**

The National Disaster Medical System a cooperative effort of the federal, state and local government, and the private sector. It includes disaster medical assistance teams (DMATs) and clearing-staging units (CSUs) at the disaster site or receiving location, a medical evacuation system, and more than 100,000 precommitted non-federal acute care hospital beds in more than 1,500 hospitals throughout the country. NDMS does not replace state and local disaster planning efforts; rather, it supplements and assists where state and local medical resources are overwhelmed and federal assistance is required.

The purpose of the NDMS is to have a single system designed to care for large numbers of casualties, either from a domestic disaster or overseas war. The premise of the NDMS is that no single city or state can be fully prepared for such catastrophic events. Although many of the nation's cities have adequate health resources, those resources would be overwhelmed by a sudden surge of disaster injuries proportional to the population. The health resources of most states would similarly be overtaxed. NDMS provides "mutual aid" to all parts of the nation and is able to handle the large numbers of patients that might result from a catastrophic incident.

NDMS is designed to fulfill three system objectives:

- To provide medical assistance to a disaster area in the form of DMATs and CSUs, and medical supplies and equipment;
- To evacuate patients who cannot be cared for locally to designated locations throughout the United States; and
- To provide hospitalization in a national network of medical care facilities that have agreed to accept patients.

#### **Federal/State Integration of NDMS**

Upon system activation, the NDMS operation support center will become operational and coordinate federal health and medical responses to the disaster. The operations support center includes representatives of HHS/USPHS, DOD, FEMA, VA, ARC and other federal and private agencies concerned with medical services and medical logistics. The operations center will work in cooperation with the federal catastrophic disaster response group, state emergency medical authorities and the federal coordinating officer responsible for overall management of federal response to the disaster. In Illinois, the federal coordinating center is located at Great Lakes Naval Base.

**Attachment 11**

**STRATEGIC NATIONAL STOCKPILE (SNS) PROGRAM**

The purpose of the Strategic National Stockpile (SNS) program is to help minimize human suffering and loss of life due to terrorist attacks. The potential for terrorist attacks with chemical and biological weapons on the civilian population of the United States is considered by experts to be an increasingly real threat. The SNS is designed to ensure the rapid deployment of life-saving pharmaceuticals, vaccines, medical supplies and equipment that public health and medical providers could use to treat and assist victims of a terrorist attack. The success of the SNS will depend on elements of the state and local emergency response and public health infrastructure that will be on the "front lines" of any terrorist attack so that the stockpile program may be integrated into the foundation of the local response to terrorism.

The SNS is a two-tiered response comprising a 12-hour push package and a vendor-managed inventory (VMI) package. Once the SNS is activated, technical advisers (for example, pharmacists, public health experts and emergency response specialists) will arrive ahead of the push packages to coordinate closely with the incident command structure within the state EOC. These technical advisers will maintain continuous contact with the CDC's SNS operations center while the hand-off of the push package will be conducted in accordance with the Illinois Strategic National Stockpile plan.

The 12-hour push package is ready for deployment to reach a designated airfield within 12 hours of federal activation. The push packages are pre-configured for rapid identification and ease of distribution. The VMI package will be shipped to arrive within 24- and 36-hour periods. The VMI packages consist of pharmaceuticals and supplies that are delivered from one or more manufacturer sources. The VMI will be tailored to provide specific material depending on the suspected or confirmed agent.

The 12-hour push package occupies 124 cargo containers and requires 5,000 square feet of ground/floor space for proper staging and management. Each push package can provide prophylactic treatment for 830,000 people for three (3) days or 350,000 for seven (7) days. Each push package can provide therapeutic treatment for 14,000 people for three (3) days or 6,000 people for seven (7) days. The push package is designed to be followed by VMI.

Illinois has created the Illinois Pharmaceutical Stockpile (IPS) in order to begin prophylaxis or therapeutic treatment regimens prior to the arrival of the SNS. The IPS contains various pharmaceuticals and antidotes.

The state and local planning considerations will include distribution of the material from the designated airport to the scene or health care facilities, storage and handling of the materials, treatment protocols, and interagency communications utilizing the existing incident command system.

In order to activate this system, the IDPH duty officer should be notified at 800-782-7860.

**Attachment 12**

IDPH Nurse Initials for Verification \_\_\_\_\_

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**

**HOSPITAL STRATEGIC NATIONAL STOCKPILE (SNS) NEEDS ASSESSMENT FORM**

**Hospital Name** \_\_\_\_\_ **City** \_\_\_\_\_

**Person Completing Form** \_\_\_\_\_ **Phone #** ( ) \_\_\_\_\_

To contact if any questions on the submission

**Position** \_\_\_\_\_ **Date** \_\_\_\_\_ **Time** \_\_\_\_\_

After completing the assessment, please fax to the Illinois Department of Public Health, Illinois Operations Headquarters and Notifications Office (IOHNO), at 217-558-0229.

Stockpile Item Description	# of Units On Hand	# of Units Needed
<b>Pharmaceuticals</b>		
Ciprofloxacin 400mg in D5W 200ml bag IV		
Doxycycline hyclate 100mg powder vial IV		
Sterile water for injection (SWFI), preservative free, 10ml vial		
Gentamicin sulfate 40mg/ml (20 ml) multi-dose vial for inj.		
0.9% NaCl Flush, Preservative Free, 3ml Carpuject		
NaCl 0.9% 1000 ml IV solution		
NaCl 0.9% 100 ml IV Piggyback Mix		
Polymixin B/bacitracin ointment, 0.9gm packets		
Mark 1 (600mg pralidoxime/2mg atropine) auto-injector		
Diazepam HCl 10mg auto-injector		
Atropine sulfate 0.4mg/ml x 20ml multi-dose vial for injection		
Pralidoxime HCl 1gm powder vial for injection		
Diazepam HCl 10mg (5mg/ml) 10ml single-dose vial for inj.		
Dopamine HCl 400mg (80mg/ml x 5ml) vial IV		
Epinephrine HCl 1:10000 (10ml) syringe/needle for injection		
Methylprednisolone Na succinate 125mg (2ml) vial for inj.		
Albuterol metered dose inhaler, 17gm		
Epinephrine auto-injector (0.3 mg x 1:1000)		
Epinephrine auto-injector (0.15mg x 1:2000)		
Morphine Sulfate 10mg/ml (1ml), 25G needle, Carpuject		
Lorazepam HCl 2mg/ml (1ml), 22G needle, Carpuject		
Ciprofloxacin 500 mg 20 tablet Unit of Use		
Ciprofloxacin HCL PO 500 mg tablets (100#)		
Ciprofloxacin HCL PO 500 mg tablets (100 # Bottle)		
Ciprofloxacin HCL PO Susp. 250 mg/5 ml (100 ml) Bottle		
Doxycycline Hyclate 100 mg 20 tablet Unit of Use		
Doxycycline Hyclate 100 mg (500# Bottle)		
<b>Medical Supplies</b>		
Calibrated oral dosing syringes. 10ml		
Carpuject Device		
Syringe/Needle 10ml, 20G x 1 1/2"		
Intravenous catheter & needle unit. 18G x 2"		



**Attachment 12**

IDPH Nurse Initials for Verification

Intravenous catheter & needle unit, 18G x 1 1/4"		
Intravenous catheter & needle unit, 20G x 1 1/4"		
Intravenous catheter & needle unit, 24G x 5/8"		
Intravenous set, butterfly, 12" tubing, 21G x 3/4"		
IV admin set, 10 drops/ml, vented, y-site		
IV admin set, 10 drops/ml, y-site		
IV admin set, 60 drops/ml, vented, y-site		
IV admin set, 60 drops/ml, 2 y-sites		
Isopropyl alcohol pads, 70%, 1 1/4" x 2 1/2"		
Povidone Iodine swabsticks, 10%, triples		
Gloves, medium, non-sterile, non-latex, single		
Gloves, large, non-sterile, non-latex, single		
Tape, cloth, 1" x 10 YD, (Durapore or equivalent), roll		
IV site transparent dressing, 2" x 3" (Tegaderm or equiv.)		
Tourniquet, latex-free, 3/4" x 18"		
Intermittent IV injection site, long with Luer Lock		
Endotracheal tube, 3mm ID, uncuffed, Murphy, std. connect		
Endotracheal tube, 4mm ID, uncuffed, Murphy, std. connect		
Endotracheal tube, 5mm ID, uncuffed, Murphy, std. connect		
Endotracheal tube, 6mm ID, HVLP cuff, Murphy, std. connect		
Endotracheal tube, 7mm ID, HVLP cuff, Murphy, std. connect		
Endotracheal tube, 8mm ID, HVLP cuff, Murphy, std. connect		
Nasogastric tube, adult, 14Fr.		
Nasogastric tube, adult, 16Fr.		
Nasogastric tube, pediatric, 8Fr.		
Endotracheal tube guide (stylette), adult, 10Fr OD		
Endotracheal tube guide (stylette), ped & small adult		
Endotracheal tube guide (stylette), infant, 6Fr OD		
Yankauer Suction, with control vent		
Suction Catheter 18fr, sterile, flexible, w/control valve		
Suction catheter 14Fr, sterile, flexible, w/ control valve		
Suction unit (aspirator), portable		
Oropharyngeal (Berman) Airway, neonatal, 40mm length		
Oropharyngeal (Berman) airway, pediatric, 60 mm length		
Oropharyngeal (Berman) airway, adult, 90 mm length		
MPR, adult; bag, mask		
MPR, pediatric; bag, mask, pop-off valve		
Easy cap II CO2 detector (works w/both size MPR)		
Laryngoscope, disposable, large (equivalent of Macintosh 3)		
Laryngoscope, disposable, small (equivalent of Miller 2)		
Laryngoscope illuminator (reusable with battery)		
Oxygen tubing, 7ft., accommodates 5-7mm male fittings		
Oxygen mask, non-rebreather, pediatric, safety vent, 7ft. tubing		
Oxygen mask, non-rebreather, adult, safety vent, 7ft. tubing		
Nasal cannula, 7ft. tubing		

Attachment 12

IDPH Nurse Initials for Verification

Conforming gauze, sterile, 4" x 4.1 YD		
Sterile dressing, 4"x 4"		
Sterile dressing, 8"x10"		
<b>Additional Needs/Requests</b>		

**IDPH IOHNO USE ONLY**

IOHNO Point of Contact \_\_\_\_\_

Approval/Authorization Signature \_\_\_\_\_

Date \_\_\_\_\_

Time Faxed to SEOC \_\_\_\_\_

**ATTACHMENT 13  
HOSPITAL MEDICAL BAGS**

**MINIMUM RECOMMENDED EQUIPMENT FOR DISASTER BAGS**  
(Two disaster bags minimum per medical team)

<u>Intravenous Supplies/Drugs</u>		<u>Airway Equipment</u>	
8	1cc pre-filled Tubex Epinephrine 1:1000	2	Bulb syringe (may be used for suction)
4	1cc pre-filled Tubex Epinephrine 1:10,000	2 ea.	Oropharyngeal airways, adult (large, medium and small) and pediatric (child and infant)
4	Pre-filled 50% Dextrose, 50cc	2	Bag/valve/mask system, adult
4	Naloxone (Narcan) 0.8 mg preload	2	Bag/valve/mask system, pediatric
6	Atropine Sulfate 1mg/10cc preload	1	NU-TRAKE cricothyrotomy device or equivalent
4	Lidocaine 100mg/5cc preload	2 ea.	#10 or #14 angiocath with 3.0 or 3.5 ET tube adapter
4	Regular drip IV tubing taped to I.V. solution containers	5	Adult non-rebreather masks
4 ea.	Angiocaths (#22, 20, 18, 16, and 14)	5	Pediatric non-rebreather masks
4 ea.	Jam Shidi Intraosseous needles (15)	1 ea.	Endotracheal tubes (sizes 3.0, 3.5, 4.0, 4.5, 5.0, and 5.5)
4	Bags .9 normal saline, 1000cc each	2 ea.	Endotracheal tubes (sizes 6.0, 6.5, 7.0, 7.5, 8.0 and 8.5)
5	TB syringes	1	Endotracheal tube stylette
5	Assorted syringes with needles	1	Laryngoscope handle
2	Disposable pressure infusers	2	Batteries for laryngoscope handle
		3	Laryngoscope blade bulbs (one for each blade)



1 ea. Straight or curved laryngoscope blades #3 and #4

1 ea. Straight pediatric laryngoscope blades #1 or #2

### Dressings

3 Large ABD dressings

4 Eye shields

3 4" Ace bandage

3 6" Ace bandage

6 4" Rolls Kling

6 Kerlex

4 Rolls wet-proof tape, assorted sizes

4 bx. 4x4 sterile gauze pads (multi-use or single use)

1 bx. Medium size Vaseline gauze dressings

1 bx. Band-aids

### Immobilization Equipment

2 Arm splints

2 Leg splints

2 ea. Arm slings (small, medium and large)

2 ea. Cervical collars (small, medium, large, and pediatric or equivalent)

2 ea. Arm boards (pediatric and adult)

### Personal Protection Equipment

4 Paper isolation gowns

4 Protective face masks

4 Pair protective eye wear

1 ea. Box of non-sterile gloves (medium and large)

1 ea. Pair sterile gloves (sizes 6.5, 7.5 and 8.0)

### Miscellaneous Supplies

1 ea. Sphygmomanometer and cuff (adult and child)

1 Stethoscope

1 bx. Box alcohol preps

4 Rubbertourniquets/TV starter kits

1 Large trauma scissors

5 Cold packs

5 Warm packs

20 METTAGS

5 Black markers or pens for METTAGS

1 Flashlight with batteries

2 Blankets

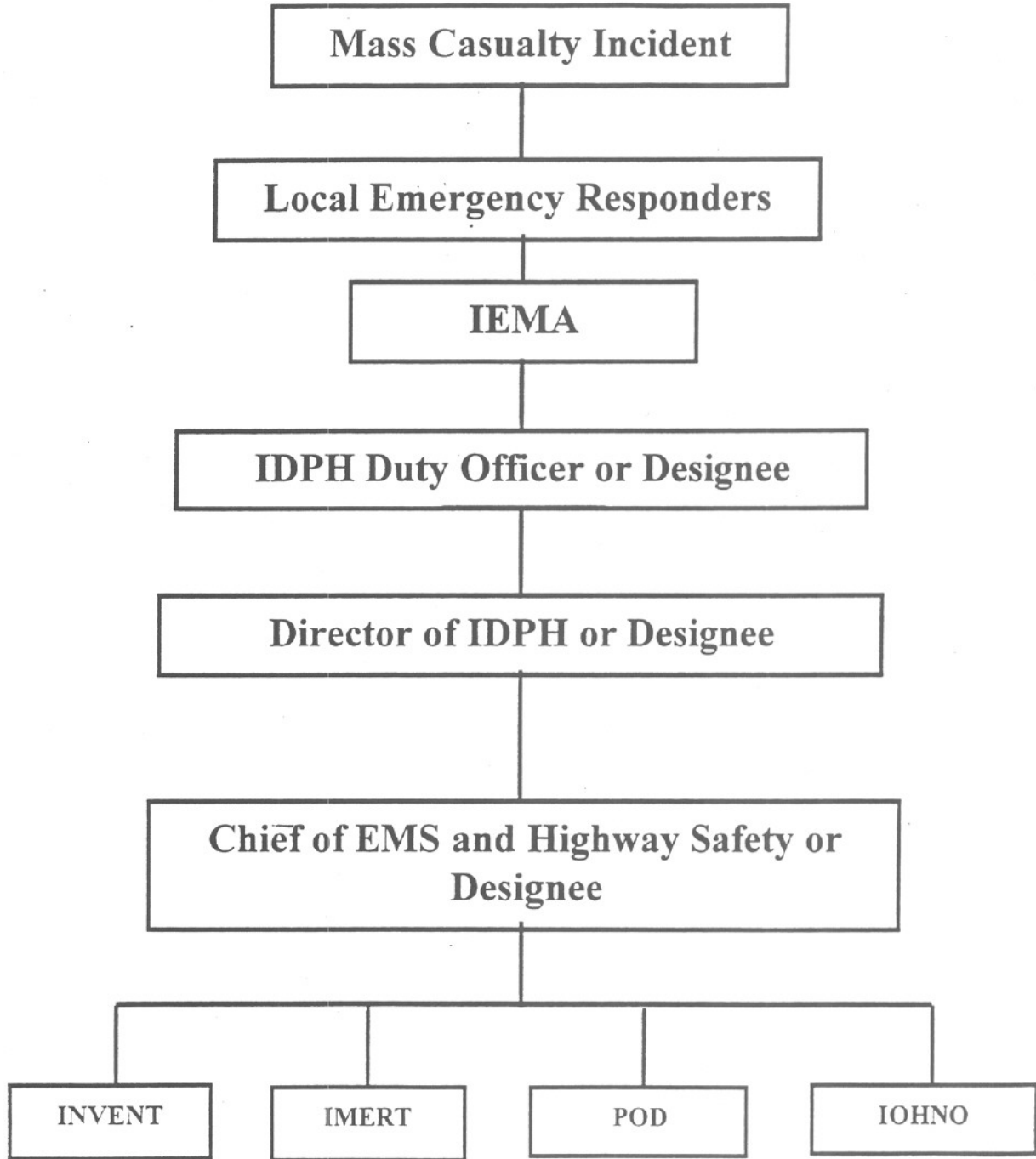
4 Sheets

2 Irrigating fluid (NS/water), 1 liter size

1 Sharps disposal system

2 Large red plastic hazardous waste bags

# Medical Disaster Flow Chart



### ABBREVIATIONS/ACRONYMS

AERO	-	Aeronautics, Illinois Department of Transportation
ARC	-	American Red Cross
ARES	-	Amateur Radio Emergency Services
CDC	-	Centers for Disease Control and Prevention (Atlanta, Georgia)
CEO	-	Chief Executive Officer
CISM	-	Critical Incident Stress Management
CME	-	Continuing Medical Education
CMS	-	Illinois Department of Central Management Services
CSU	-	Clearing-Staging Units
DHHS	-	United States Department of Health and Human Services
DHS	-	Department of Homeland Security
DMAT	-	Disaster Medical Assistance Team
DMORT	-	Disaster Mortuary Services Team
DOD	-	Department of Defense (U.S.)
DOJ	-	Department of Justice (U.S.)
DWI	-	Disaster Welfare Inquiry Service
ED	-	Emergency Department
EMS	-	Emergency Medical Services
EMSMD	-	Emergency Medical Services Medical Director
EOC	-	Emergency Operations Center
ESF	-	Emergency Support Function
FAA	-	Federal Aviation Administration
FEMA	-	Federal Emergency Management Agency
HF	-	High Frequency
IC	-	Incident Commander
ICHSP	-	Illinois Council of Health System Pharmacists
IDMS	-	Illinois Disaster Management System
IDOT	-	Illinois Department of Transportation
IDPH	-	Illinois Department of Public Health
IDVA	-	Illinois Department of Veterans Affairs
IEMA	-	Illinois Emergency Management Agency
IEOP	-	Illinois Emergency Operations Plan
IMERT	-	Illinois Medical Emergency Response Team
ISFDA	-	Illinois State Funeral Directors Association
ING	-	Illinois National Guard
INVENT	-	Illinois Nurse Volunteer Emergency Needs Team
IOHNO	-	Illinois Operations Headquarters and Notifications Office
IPC	-	Illinois Poison Center
IREACH	-	Illinois Radio Emergency Assistance Channel
ISP	-	Illinois State Police
JCAHO	-	Joint Commission on Accreditation of Healthcare Organizations
JIC	-	Joint Information Center
JOC	-	Joint Operation Center

Illinois Department of Public Health  
Emergency Medical Disaster Plan

MABAS	-	Mutual Aid Box Alarm System
MERCI	-	Medical Emergency Radio Communications of Illinois
MMRS	-	Metropolitan Medical Response System
NDMS	-	National Disaster Medical System
NIMS	-	National Incident Management System
NRP	-	National Response Plan
ROC	-	Regional Operation Center
OSC	-	Federal On-Scene Coordinator
SEMSVs	-	Specialized Emergency Medical Services Vehicles
USPHS	-	United States Public Health Service
VA	-	Department of Veterans Affairs (U.S.)
VIP	-	Very Important Person

## TERMS AND DEFINITIONS

**Ambulance Service Providers** - Individuals, groups of individuals, corporations, partnerships, associates, trusts, joint ventures, units of local government, or other public or private entities that own and operate a business or service using one or more ambulances or EMS vehicles licensed by the Illinois Department of Public Health to transport emergency patients.

**Disaster POD** - The Illinois Department of Public Health EMS regions used for the medical disaster plan, with each region having a designated hospital serving as the POD.

**Emergency Medical Services Medical Director** - The physician, appointed by the resource hospital and approved by the Illinois Department of Public Health, who has the responsibility and authority for total management of the EMS system.

**Helicopter Accommodations** - The availability of either a helipad or another site (not specifically designated as a helipad) where a helicopter could land safely.

**Illinois Operations Headquarters and Notifications Office (IOHNO)** - The IDPH command post set up specifically upon activation of the *Emergency Medical Disaster Plan*. IOHNO will be based in Chicago and/or Springfield depending on what level is activated. IOHNO personnel will be in direct contact with the activated emergency operations center (EOC) in Springfield. All communication to and from the activated POD hospital(s) will be from IOHNO.

**The Illinois Medical Emergency Response Team (IMERT)** - Four four-person (with four back-up) groups serving north, central, Chicago and southern Illinois. If a mass casualty incident (MCI) occurs and a medical response team is needed, the on-call IMERT will be activated.

**Illinois Nurse Volunteer Emergency Needs Team (INVENT)** - Illinois licensed registered nurses who have taken additional Department-sponsored training in order to provide nursing care in a disaster.

**In-patient Bed Availability** - Number of unoccupied beds covered by staff within a hospital broken down into non-monitored beds and monitored beds.

**Incident Command System** - A standardized organizational structure used to command, control and coordinate the use of resources and responding personnel at the scene of an emergency.

**Local Government Official** - A community official who has the authority to implement and administer laws, ordinances and regulations for the community.

**Mutual Aid Box Alarm System (MABAS)** - An agreement among fire departments in the majority of Illinois counties to provide immediate extra manpower and equipment, systematic response of teams of personnel, access to specialized equipment that could not be justified for any single department, contractual responsibilities and liabilities, and broad-area coverage.

Illinois Department of Public Health  
Emergency Medical Disaster Plan

**Negative Air Pressure Room** - A room equipped with a ventilation system that prevents air from the room from leaking out or circulating in other parts of the facility.

**National Incident Management System** - A single, unified system that governs the full range of national incident management efforts, from awareness, prevention and preparedness to response and recovery. It provides mechanisms for the federal government to support state and local authorities effectively and efficiently as well as to meet responsibilities with respect to hazards or emergencies that fall within the authorities of federal agencies.

**Phase I** - Phase of the plan during which the disaster PODs assess broad areas for disaster resources in their given region.

**Phase II** - Phase of the plan during which a disaster POD assess specific capabilities in its region.

**The Regional Emergency Medical Response Team (REMRT)** - Team of hospital personnel who respond to a disaster site in its given region.

**Specialized Emergency Medical Services Vehicles (SEMSVs)** - Vehicles that are not ambulances that transport the sick or injured by means of air, water or ground. These vehicles include watercraft, aircraft and special purpose ground transport vehicles not intended for use on public roads.