

Illinois Emergency Operations Plan

Annex 30 – Earthquake

Appendix 8 – Public Health and Medical Services

Illinois Emergency Management Agency

August 2021





Illinois Emergency Operations Plan (IEOP) – Annex 30 – Earthquake, Appendix 8 – Public Health
and Medical Services
Dated August 2021

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Appendix 8, Public Health and Medical Services

Primary Agency Illinois Department of Public Health (IDPH)

Support Agencies

Illinois Department of Agriculture (IDOA)
Illinois Department of Children and Family Services (IDCFS)
Illinois Department of Corrections (IDOC)
Illinois Department of Financial and Professional Regulation (IDFPR)
Illinois Department of Healthcare and Family Services (HFS)
Illinois Department of Human Services (IDHS)
Illinois Department of Transportation (IDOT)
Illinois Department of Veteran’s Affairs (IDVA)
Illinois Department on Aging (IDoA)
Illinois Emergency Management Agency (IEMA)
Illinois Environmental Protection Agency (IEPA)
Illinois National Guard (ILNG)
Illinois State Police (ISP)

Other

Organizations: American Red Cross (Red Cross)
Illinois Medical Emergency Response Team (IMERT)
Illinois Poison Control (IPC)
Mutual Aid Box Alarm System (MABAS)

I. Introduction

A. Purpose

1. To establish strategic and operational guidance necessary for the protection, utilization, re-establishment and restoration of public health and medical services through implementation of agency specific tactical plans.

B. Scope

1. For the purposes of this appendix, "Public health emergency" is defined as an occurrence or imminent threat of an illness or health condition defined in IEOP Annex 9, Public Health and Medical Services.
2. For the purposes of this appendix, the term local health department or district (herein after referred to as "local health department") refers to the local governmental agency that administers and ensures health related programs and services within a particular jurisdiction.



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3. Public health and medical services addressed in this appendix may extend beyond the geographical boundaries of the state through established mutual aid agreements and dependent systems.
4. This appendix does not address tactical response to all potential incidents resulting from an earthquake.
5. Laws, rules, regulations and policies of the United States government and agencies involved in risk management, assessment, protective measures and prevention activities for public health and medical services are considered applicable within the state.
6. For the purposes of this appendix, public health and medical services includes, but is not limited to, the following:
 - a) Rapid assessment of damage to public health and medical service systems;
 - b) Identification and implementation of actions to re-establish existing, and/or establish alternate public health and medical services;
 - c) Immediate actions necessary to open, close and/or operate public health and medical systems;
 - d) Actions to establish communication links in impacted areas;
 - e) Coordination of movement of resources within Illinois to effect implementation of agency specific response plans, and
 - f) Implementation of response criteria for all IDPH Regions.
7. This appendix does not address implementation of the State of Illinois Strategic National Stockpile (SNS) or other agent specific plans.

C. Policy

1. Procedures for utilization, control and use of state resources for public health and medical services will incorporate operational priorities that include but are not limited to:
 - a) Protection of life;
 - b) Public health and safety;
 - c) Property protection;
 - d) Environmental protection;



- e) Restoration of essential utilities;
 - f) Restoration of essential program functions, and
 - g) Coordination as appropriate.
2. The governor or designee will authorize and direct the use of state resources to provide support and assistance to response and recovery efforts after consideration of priorities and cost.
 3. The governor or designee(s) will authorize waivers of certain restrictions, scope of practice requirements and professional licensure and certifications.
 4. Public health and medical personnel approved for missions by the State Emergency Operations Center (SEOC) will be trained for assigned missions and made aware of potential risks involved and operate within their guidelines of their EMS System Medical Director.

D. Situation Overview

1. An earthquake(s) has occurred resulting in a substantial change in healthcare operations and level of care capabilities, damage to public health and medical infrastructure, disruption of day-to-day activities, and a threat to life-safety to medical critical infrastructure such as water, power and medical gas across one or more impacted areas including effects on:
 - a) Hospitals;
 - b) Local Health Departments (LHD);
 - c) Long Term Care Facilities (LTC);
 - d) Rural Critical Access Hospitals (CAH) or Health Clinics;
 - e) Federally Qualified Health Centers (FQHC);
 - f) Safety Net Hospitals;
 - g) Fire Stations to include EMS, and
 - h) Other regulated Facilities.
2. The healthcare industry is impacted in such a way that neither conventional nor contingency care can be maintained, and crisis care is required to ensure unimpeded delivery of critical emergency lifesaving and life sustaining essential medical care.



3. The IDPH Public Health Emergency Operations Center (IDPH-PHEOC) has been activated and all public health resources are implementing missions and tasks directed through the IDPH-PHEOC.
4. The implementation of the Illinois Department of Public Health Catastrophic Incident Response Annex is required.
5. Management of state resources through the SEOC and the implementation of this Appendix are required.

E. Assumptions

1. Local jurisdiction resources are fully engaged in assessing damage to locally maintained and controlled public health and medical services.
2. Private sector organizations will conduct damage assessments of owner-controlled public health and medical services and infrastructure.
3. Rapid damage assessment of the disaster area will be required.
4. Waivers and exemptions for certain restrictions, scope of practice requirements and professional licensure and certifications will be required in accordance with Illinois statutes.
5. Mutual aid and/or federal resources will be requested.
6. Information from whole community partners concerning the viability of public health and medical services and infrastructure is available.
7. IDPH employees will be self-sustaining for no less than 72 hours.
8. Immediate or spontaneous deployment of resources will impede coordinated efforts to open, close and operate public health and medical services and infrastructure.
9. Secondary or cascading effects will include injuries and fatalities, hazardous materials spill(s), fire(s) and the loss of other life essential public health and medical services and infrastructure due to their proximity or reliance on other critical infrastructure and key resource sectors.
10. State agency response will be hindered due to secondary effects associated with an earthquake.
11. State resources will be available and operable allowing for implementation of this appendix.



12. The loss of other critical infrastructure will impede identification and reporting of damage and public health and medical services resource capability and capacity.
13. State employees may care for family members and property prior to deploying to state approved missions, delaying initial response and recovery efforts.

II. Concept of Operations

A. General

1. IDPH will activate the IDPH-PHEOC in accordance with procedures earthquakes of 4.5 magnitude or greater.
2. IDPH may activate the IDPH-PHEOC and regional operations for an earthquake of less than 4.5 magnitudes based on coordination between any Region, IDPH Office of Preparedness and Response and the SEOC.
3. IDPH will request the implementation regional and facility level Continuity of Operations Plans (COOP) to ensure delivery of mission essential functions required by implementation of the IEOP.
4. Response and recovery efforts to earthquake related public health and medical service components will be coordinated among multiple federal, state, and local agencies, departments, EMS Systems, boards or commissions having enabling authority.
5. Immediately following an earthquake, agency staff will take independent, immediate action to identify damage, determine resource requirements, mobilize assets, deploy resources and assist local government efforts in coordination with IEMA and other state partners.
6. Upon activation of the IDPH-PHEOC and implementation of the IEOP, requests for assistance from local jurisdictions will be directed through the SEOC in accordance with IEOP Annex 9, Resource Management and Logistics.
7. IDPH will utilize critical and priority information obtained from state, regional, local and non-governmental organizations to develop intelligence for distribution that details the nature and extent of damage to primary and alternate public health and medical services, status of emergency response and recovery, and to provide life-saving and life-essential resourcing and activities.
8. IDPH will conduct and complete assessments on health and medical services in impacted areas to establish priorities for restoration and



sustain critical services for general and individual with Access and Functional Needs (AFN).

9. IDPH, along with agencies assigned through the SEOC, will implement response plans for public health and medical services within 72 hours of the incident, to ensure resource capacity and capability is available for affected areas.
10. IDPH will execute strategic operations within 24 hours of the incident, to establish functional and integrated communications to expedite operational and tactical activities among internal and external partners.
11. IDPH will deliver and maintain coordinated and prompt, reliable, and actionable public information directed at impacted areas, or statewide, as appropriate, within 72 hours of the incident, to effectively relay crisis communications and educational information to diverse populations on:
 - a) Actions to be taken as a result of the earthquake, including information for possible aftershocks;
 - b) Assistance being made available for public health and safety, and
 - c) Additional information regarding threats or risks present, which may affect the public.
12. ISP will assist in determining and will coordinate force security and protection requirements for public health and medical services and infrastructure in accordance with IEOP, Annex 16 Law Enforcement Coordination and Management.
13. IDOT, along with agencies assigned through the SEOC, will identify and establish secure transportation corridors in accordance with IEOP, Earthquake, Transportation Management, Appendix 4, for deployment of resources to support restoration or re-establishment of public health and medical services and infrastructure.
14. Medical Support
 - a) Medical support provided through the SEOC activation of Mobil Support Teams (MST).
 - b) Medical Reserve Corp (MRC) units are deployed by local health departments and are not IDPH controlled assets.
 - c) Regional Medical Emergency Response Teams (RMERT) are regional assets managed by privately owned medical facilities and are not IDPH controlled assets. IDPH can assist in requests for



deployment of these resources.

- d) Deployment of IMERT is coordinated through IDPH-PHEOC and the SEOC.

B. Operational Priorities

1. The state will apply strategic priorities to determine the ability to open and allow access to Public Health and Medical facilities for:
 - a) Life safety, search and rescue;
 - b) Debris removal to effect higher priority missions;
 - c) Implementing and maintaining site security;
 - d) Temporary restoration of critical infrastructure;
 - e) Debris removal not required for immediate life, safety, and evacuation missions;
 - f) Temporary health and welfare;
 - g) Shelter, food and water, and medical assistance;
 - h) Permanent debris removal and relocation;
 - i) Delivery of medical equipment/supplies for continuity of care;
 - j) Preservation and securing of crime scene evidence or localized areas of interest, and
 - k) Delivery of Critical Incident Stress Debriefing (CISD) to responders and residents.
2. IDPH will apply strategic priorities to assess and support public health and medical services and infrastructure in accordance with the IDPH Emergency Support Function 8 Plan (IDPH-ESF8), most recent version.
3. In accordance with IDPH Catastrophic Incident Response Annex, operational priorities are to assist with coordination of resources aimed at transitioning from crisis medical care back to contingency care and eventually conventional care.

C. Organization

1. Direction and Control



- a) IEMA, through the SEOC, retains overall coordination and management of state response and recovery efforts in accordance with the IEMA Act, as amended.
- b) IDPH will retain operational and tactical coordination of resources deployed in accordance with approved SEOC assignments and the IDPH-ESF8 Plan.
- c) Other state agencies and mutual aid organizations activated by the SEOC will retain operational control of resources approved by the SEOC Manager.
- d) For the purposes of IDPH, the following direction and control authorities and limitations are provided in accordance with the IEOP and IDPH-ESF8 Plan.
 - i) The IDPH SEOC Liaison (IDPH SEOC LNO) serves as the point of coordination for IDPH earthquake response and recovery.
 - ii) The IDPH-PHEOC serves as the incident management point for regional operations.
 - iii) The IDPH-PHEOC maintains situational awareness; analysis of impacts to public health and medical systems and infrastructure; and develops and implements joint response and recovery strategies and plans approved by the SEOC.

2. Coordinating Elements

- a) SEOC notification, alert and warning of SEOC liaisons will be handled in accordance with IEOP Annex 3, Communications Appendix A-1, Notification, Alert and Warning.
- b) Primary and support agencies are responsible for internal and support partner notification.
- c) IDPH notification, alert and warning of regional staff and other essential personnel will be coordinated accordance with internal procedures.
 - i) IDPH staffing levels are determined through coordination between the IDPH-PHEOC, IDPH SEOC LNO and SEOC.
 - ii) IDPH will notify IEMA Telecommunications and/or the SEOC Manager upon activation of the IDPH-PHEOC and



implementation of the IDPH-ESF8 Plan, or any deployment of resources in response to an earthquake of any magnitude.

- d) For the purposes of SEOC management, the following coordinating elements are provided in accordance the IEOP:
- i) State Unified Area Command (SUAC) elements may be deployed by the SEOC to coordinate information and resource requirements in impacted areas:
 - State agencies involved in the implementation of plans to restore or re-establish public health and medical services and infrastructure will deploy an agency liaison to each location, in which an SUAC is activated.
 - SUAC agency liaisons are delegated the role and responsibility for the accountability, notification, activation, deployment, and coordination of resources within the operational area assigned the SUAC by the SEOC.
- e) One or more Lines of Effort (LOE) ~~ESSFs~~ may be implemented by the SEOC for specific strategic action planning for transportation management.
- i) LOEs assigned to the SUAC operate under the authority of the SUAC commander.
 - ii) LOE staffing will be determined by the SEOC Manager and SUAC commander in coordination with SEOC agency liaisons.
- f) The SEOC IDPH LNO will serve as the coordination point on public health and medical systems and infrastructure and will maintain situational updates, develop required intelligence briefings, and provide critical and priority information to stakeholders, key decision makers, executive officers and the SEOC.
- i) The SEOC IDPH LNO will coordinate directly with state agency representatives to ensure coordination of response and recovery operations related to public health and medical services and infrastructure.
 - ii) SEOC agency liaisons coordinating public health and medical services and infrastructure are required to



maintain situational updates, develop required intelligence briefings, and provide critical and priority information to the SEOC.

- g) The IMERT may be activated at the request of a local member agency or organization or at the request of the SEOC, PHEOC or designee.
- h) The SEOC IDPH LNO may coordinate the use of county or local jurisdiction resources for assigned missions and tasking.
- i) As appropriate for the type, scope and magnitude of public health and medical services and infrastructure requirements, IDPH will coordinate the dissemination of reports of disruptions to potentially affected stakeholders, key decision makers and executive officers.
- j) SEOC liaisons and the IDPH-PHEOC will coordinate information on the operations of local, state, and private organizations, implementing public health and medical services and infrastructure plans with the SEOC IDPH Liaison.

3. Federal Coordination

- a) At the direction of the Governor, or designee, IDPH will coordinate with the United States Department of Health and Human Services (HHS) Emergency Coordinator, the Assistant Secretary of Preparedness and Response (ASPR) Field Officer, and the Center for Disease Control and Prevention (CDC) Division of State and Local Readiness (DSLRL), for resource requests and situational awareness reports, as state resources become overwhelmed or additional federal support is indicated.
- b) HHS leads Emergency Support Function 8 (ESF 8) – Public Health and Medical Services, which provides the mechanism for coordinated Federal assistance to supplement state, tribal, and local resources in response. The types of direct federal support ESF 8 can provide falls broadly into the following categories:
 - i) Operational Coordination;
 - ii) Medical Surge to include EMS;
 - iii) Medical Sheltering;
 - iv) Public Health;



- v) Mental Health;
- vi) Patient Movement;
- vii) Veterinary Support, and
- viii) Fatality Management.

- c) Additional information on federal partners available for a public health and medical service response can be found in TAB B.

D. System Capabilities and Structure

1. IDPH Resources in Impacted Areas

- a) IDPH resources in the impacted areas can be found in Tab A Table Addendum, maintained by IDPH OPR.

2. IDPH Resources in Non-Impact Areas

- a) IDPH resources in the non-impacted areas will be maintained by IDPH headquarters.

III. Roles and Responsibilities

A. Illinois Department of Public Health

1. Coordinate the collection and dissemination of damage assessments to prioritize operations and determine resources allocations.
2. Determine available resources and coordinate and manage the movement of resources into areas of critical need, as appropriate, to sustain the restoration or re-establishment of Public Health, Medical Services and Medical Infrastructure. public health and medical services and infrastructure.
3. Assist in identifying resource reception centers for the receipt of SEOC approved resources.
4. Determine staffing required and the need to request SEOC activation of LOE - Public Health and Medical.
5. In coordination with IEMA PIO, SEOC and SUAC/SAC, ensure dissemination of public information messaging containing public health and medical services and infrastructure information.
6. Ensure the coordination of prioritized inspections of public health and medical services and infrastructure, including hospitals, EMS, LTC, and



other IDPH regulated facilities.

7. Ensure the coordinated identification of primary, secondary, and tertiary public health and medical services and infrastructure.
8. Provide information to SEOC and IDPH-PHEOC concerning status of public health and medical services and infrastructure in the affected areas.
9. Coordinate the development of public health and medical infrastructure restoration plans with regulated facilities.
10. Coordinate the movement of patients through Emergency Medical Services (EMS).
11. Coordinate with IDHS to provide Functional Needs Support Services (FNSS) for Individuals with Access and Functional Needs (AFN).

B. Illinois Department of Agriculture (IDOA)

1. Following SEOC activation, the IDOA will inform its agricultural partners of the incident and will seek situational information to be reported back through the SEOC.

C. Illinois Department of Children and Family Services (IDCFS)

1. Provide assistance to hospitals, regionally based alternate care sites, regionally based alternate treatment sites and state temporary medical treatment stations:
 - a) Secure placement for non-injured and ill children who have been unable to be reunited with their families, for whom DCFS has legal custody;
 - b) Provide consent for treatment of youth in need of state medical care, and
 - c) Provide consent for patient transfer during the decompression process for youth in state care.
2. Report any missing children for whom the department is legally responsible for to the local law enforcement agency, the child's case manager and the Child Intake and Recovery Unit.
3. Coordinate and support communications between IDPH and day care and childcare centers.

D. Illinois Department of Corrections (IDOC)



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1. Provide personnel, equipment, security, and transportation support to assist with public health and medical support.

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

1. Will take the following actions upon gubernatorial disaster proclamation and in coordination with IEMA and IDPH for any persons working under the direction of IEMA and IDPH:
 - a) Suspend requirements for permanent or temporary licensure of persons who are licensed in another state.
 - b) Modify the scope of practice restrictions under any licensing act administered by IDFPR, to include restrictions under the Pharmacy Practice Act.

F. Illinois Department of Healthcare and Family Services (HFS)

1. Coordinate the provision of durable all medical equipment from network providers.
2. Provide lists of individuals in the Medicaid program who have been issued durable medical equipment.

G. Illinois Department of Human Services (IDHS)

1. Coordinate evacuation of Substance Use Disorder (SUD) treatment facilities in the impacted areas.
2. Assist with evacuation of mental and behavioral health treatment facilities in the impacted areas.
3. Assist with relocation or shelter-in-place of any impacted mental or behavioral health treatment facilities.
4. Arrange for staff from network providers to conduct mental health assessments of affected individuals and provide referrals to treatment services, as indicated.
5. Coordinate with IDPH to provide Functional Needs Support Services (FNSS) for Individuals with Access and Functional Needs (AFN).
6. Provide support with counseling to both affected populations and emergency workers.
7. Assist with emergency pharmaceutical distribution and quality assurance.

H. Illinois Department of Transportation (IDOT)



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1. Provide or coordinate transportation of key healthcare and emergency workers, medical equipment, medications, and medical supplies.
 2. Coordinate specialized transportation of temperature sensitive medications, blood, blood products and tissue in support of emergency operations.
- I. Illinois Department of Veteran’s Affairs (IDVA)
1. Assist in the coordination of assistance to veterans.
 2. Provide information on status and needs of veterans and veteran support agencies in the affected area.
- J. Illinois Department on Aging (IDoA)
1. Coordinate and support implementation of state and federal disaster assistance programs to meet the needs of elderly populations.
 2. Assist with providing FNSS to adult populations.
 3. Coordinate and manage contact with elderly populations and their caregivers in the community.
 4. Provide information on status and needs of elderly populations and their caregivers in the community.
- K. Illinois Emergency Management Agency (IEMA)
1. Coordinate collection, receipt, compilation, and development of situational reports on damage impacts to services, facilities, sites and programs at the federal, state and local levels.
 2. Collect, analyze, de-conflict and disseminate damage assessment information.
 3. Collaborate with IDPH on requests for medical resources.
 4. Activate medical mobile support teams in collaboration with IDPH.
 5. Provide laboratory services to ensure the safety of food, dairy products and drinking water supplies, where radiological contamination may have occurred.
 6. Request waivers of professional medical licensure from IDPH, IDFPR or other agencies as appropriate.
- L. Illinois Environmental Protection Agency (IEPA)



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1. Provide technical advice and sample analysis for public water supply systems.
2. Provide air monitoring and wipe sampling for selected hazardous materials inside buildings or structures, when monitoring resources are not committed to other hazardous materials missions.
3. Provide toxicological expertise and risk communication expertise in support of health risk communication about chemicals or other health risks.
4. Provide technical advice to medical care providers on chemical decontamination of emergency responders or other exposed persons and the disposal of contaminated materials.
5. Process expedited permits for waste disposal and open burning of debris in aid of vector control.
6. Provide technical expertise on sanitation control for emergency bulk drinking water distribution.
7. Provide sample collection for Bio-Watch program and coordinate response requirements as appropriate.
8. Provide technical expertise on disposal of bio-medical waste.

M. Illinois National Guard (ILNG)

1. Provide air monitoring for contaminants, in accordance with Annex 27, Military Coordination.

N. Illinois State Police (ISP)

1. Provide vehicle escorts to expedite transportation of medical teams to and from disaster site(s) and provide vehicle escorts for emergency medical assets.
2. Provide assistance to local coroners in the identification of fatalities.
3. Provide security, traffic and crowd control and other functions of local and state law enforcement.

IV. Authorities and References

A. Authorities

1. IDPH Emergency Support Function 8 Plan, as amended.



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2. Illinois Emergency Operations Plan, as amended
3. Pandemic and all Hazards Preparedness act, as amended
4. Public Health Service Act, as amended
5. Public Readiness and Emergency Preparedness Act, as amended
6. 20 IL CS 3305 (IEMA ACT), as amended
7. 20 IL CS 2305 (IDPH ACT), as amended
8. Emergency Medical Services and Trauma Act, as amended.

B. References

1. IDPH supporting documentation, as amended.
2. IMERT Emergency Response Plans and supporting documentation, as amended.
3. ILNG Emergency Response Plans and supporting documents, as amended.
4. IDPH Catastrophic Incident Response Annex, as amended