Illinois Emergency Operations Plan

Base Plan

Illinois Emergency Management Agency

October 2021

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Record of Changes

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

1. Changes will be issued by the Interagency Strategic Planning Cell at IEMA and transmitted to agencies, personnel, and other designees specified by the IEMA Director or their designee.

2. When a change is made, an entry will be made in the following log:

CHANGE NUMBER	DATE ENTERED	PAGES OR SECTIONS CHANGED	ENTERED BY
1	October 2021	Added Table of Contents and Acronyms and Definitions Section and made document accessible for individuals requiring assistive technology. Restructured sections consistent with CPG 101, Version 3.	Karl Schmitt

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Illinois Emergency Operations Plan (IEOP) – Base Plan

I. Introduction and Overview

    A. Planning Doctrine

        1. Federal Emergency Management Agency (FEMA) Comprehensive Preparedness Guide (CPG) 101, Developing and Maintaining Emergency Operations Plans, Version 3.

    B. Incorporation

        1. The IEOP *Base Plan* is vertically integrated with the *National Response Framework (NRF)* and the IEOPs associated *Annexes* and *Appendices.* Changes to the *Base Plan* may affect associated *Annexes* and *Appendices.*

    C. Promulgation Statement

        1. The Illinois Emergency Management Agency's (IEMA's) mission is to prepare, protect and assist the citizens of the State of Illinois through planning, prevention, training, mitigation, response, and recovery to all hazards, natural, technological or manmade. To accomplish this mission, IEMA's operations are clearly documented in the Illinois Emergency Operations Plan (IEOP) and its associated annexes, appendices, attachments and job-aids.

        2. IEMA is the agency assigned overall responsibility and authority for administration of the emergency management program for the state, as outlined in the Illinois Emergency Management Act (IEMA Act). Local governments have primary responsibility for response to and recovery from disasters and emergencies. A request for state assistance may be initiated when local government capabilities are exceeded.

        3. The IEOP outlines response and recovery roles and responsibilities for agencies and organizations implementing state operations under the IEOP.

        4. All primary and support agencies and organizations identified in the IEOP annexes and appendices are responsible for engaging in the maintenance, review and editing of the IEOP and participating in associated training and exercises.

        5. All primary and support agencies and organizations identified in the IEOP annexes and appendices are responsible for developing and maintaining

internal tactical plans, Standard Operating Procedures (SOP), Standard Operating Guidelines (SOG), policies and procedures in furtherance of the roles and responsibilities outlined in the IEOP.

D.   Revision, Approval and Implementation

1.   Edits to the IEOP and all annexes and appendices must be made by the Inter-Agency Strategic Planning Cell (ISPC).

2.   Peer review and editing of the IEOP must occur on a biannual basis using the procedure outlined in the most recent version of ISPC Standard Operating Procedure (SOP), *IEOP Biannual Review SOP*.

3.   Midcycle edits to the IEOP must be completed using the procedures outlined in the most recent version of the ISPC *IEOP Midcycle Edits SOP*.

4.   All edits to the IEOP must be made with Microsoft Word Track Changes engaged and are subject to the biannual peer review process outlined in the ISPC IEOP *Biannual Review SOP* with the following exceptions:

   a)   Correcting typographical errors;

   b)   Correcting formatting and spacing issues;

   c)   Correcting pagination issues, and

   d)   Adding general administrative sections common to all annexes and appendices in the IEOP that do not alter the scope, common operating picture or responsibilities of primary and support agencies and organizations.

E.   Supersession

1.   This version of the IEOP supersedes the version published in December of 2019. The 2019 IEOP *Base Plan* is hereby rescinded.

F.   Distribution

1.   The IEOP is distributed to all IEMA operations staff and State Emergency Operations Center (SEOC) liaisons (LNOs) through access to the state's Microsoft Teams *IEOP Final and Working PDFs Channel*. LNOs have access to both the final and working version. The working version includes midcycle edits that have not been adopted through the biannual peer review process.

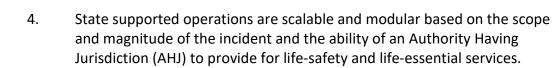2.   The final version of the IEOP is made available to the general public

through the IEMA website.
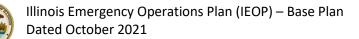
G.   IEOP Structure

1.   **Base Plan:** Includes key elements describing purpose, scope, policy situation overview ,assumptions, functional roles and responsibilities for internal and externalorganizations, logistic support and resource management system requirements, concept of operations and plan maintenance provisions.

2.   **Functional Annexes:** Describe roles and responsibilities of primary and support agencies and organizations and provide guidance for response and recovery operations.

3.   **Hazard Specific Annexes:** Describe concepts of response for primary and support agencies and organizations in response to specific identified threats and hazards.

4.   **Appendices:** Provide additional information to support an annex, and in some cases serve as operational procedures for primary and support agencies and organizations.

5.   **Attachments:** Expand on a section of the plan and provide clarification or additional information to support an annex or appendices.

6.   **Tabs and Job-Aids:** Provide specific information to support an annex or appendix or attachment.

H.   Base Plan Organization

1.   Appendix BP 1 - Illinois Disaster Management System (IDMS)

2.   Appendix BP 2 - State Forward Operations

3.   Appendix BP 3 - Mobile Support Team (MST) Coordination and Management

4.   Appendix BP 4 - Lines of Effort

II.   Purpose, Scope, Policy, Situation Overview and Planning Assumptions

A.   Purpose

1.   The IEOP provides strategic and operational guidance to primary and support agencies and organizations with a role or responsibility in the response to and recovery from a disaster or public health emergency.

B.   Scope

1.   The IEOP is focused on addressing the seven *Community Lifelines* identified by the Federal Emergency Management Agency (FEMA):

a)   Safety and Security;

b)   Food, Water, Shelter;

c)   Health and Medical;

d)   Energy;

e)   Communications;

f)   Transportation, and

g)   Hazardous Material.

2.   The IEOP addresses all hazards identified through the state's hazard identification and risk assessment HIRA process.

3.   The IEOP considers situations that range from an event not warranting a gubernatorial proclamation to a major disaster declared by the President of the United States.

4.   The IEOP does not address situations requiring only local government response.

5.   The IEOP does not specifically address National Special Security Events (NSSE).

C.   Policy

1.   The National Response Framework (NRF), National Disaster Recovery Framework (NDRF), Comprehensive Preparedness Guidance 101 and 201, and Emergency Management Accreditation Program (EMAP) standards are incorporated in the development of the IEOP.

2.   The Illinois Disaster Management System (IDMS) will be consistent with the NRF and National Incident Management System (NIMS).

3.   Under a state declared disaster, IEMA retains overall command, coordination and management of state disaster response and recovery through the State Emergency Operations Center (SEOC).

4.	State supported operations are scalable and modular based on the scope and magnitude of the incident and the ability of an Authority Having Jurisdiction (AHJ) to provide for life-safety and life-essential services.

5.	The governor or designees may authorize waivers of certain scope of practice and professional licensure and certification requirements.

6.	Implementation of this appendix will not supersede federal laws, rules and regulations.

7.	At the direction of the governor or designee, state agencies may be tasked with providing agency personnel in support of public health operations.

    a)	State employees and resources may be reassigned in accordance with the IEMA Act.

    b)	The governor or designee may authorize and direct the use of state resources to provide support and assistance to public health efforts, including those of the private sector, after consideration of priority and cost.

    c)	State agency personnel will be trained to the assigned mission and will be made aware of potential risks involved.

8.	Local jurisdictions have primary responsibility for response and recovery.

9.	Local jurisdictions will be fully engaged in response and recovery prior to the commitment of state resources.

10.	The state will maintain response and recovery capabilities.

11.	State agencies and Mobile Support Teams (MST) will maintain internal control structures and organizations for unity of command.

12.	One or more agencies, or primary and lead coordinators, may be designated for each annex.

13.	Agencies may be primary or support for more than one annex depending on their respective responsibilities and capabilities.

14.	Each agency having a role in the IEOP are responsible for developing and maintaining Standard Operating Procedures (SOP) and Standard Operating Guidelines (SOG) necessary to carry out missions assigned by the SEOC.

15. Financial and procurement functions will be carried out under the direction of the IEMA Chief Fiscal Officer or designee.

16. IEMA will maintain responsibility for administrative and financial procedures,and follow existing policy and procedures established by the state, before, during and after an emergency or disaster.

17. For the purposes of the IEOP, the American Red Cross (Red Cross) is a state agency and operates under the Illinois Disaster Management System (IDMS).

    a) Red Cross maintains administrative, financial, and operational control over its activities and direction over its own personnel.

    b) The IEOP will not supersede Red Cross response and relief activities nor shall it require the Red Cross to perform any services contrary to its policies or procedures.

18. For the purposes of the IEOP, the Secretary of State (SOS) Police is the Authority Having Jurisdiction (AHJ) for the Illinois State Capitol Complex.

19. Plans and procedures for response and recovery will include and consider operational priorities not limited to:

    a) Life;

    b) Safety;

    c) Health;

    d) Property protection; Environmental protection;

    e) Restoration of essential utilities;

    f) Restoration of essential program functions, and

    g) Coordination as appropriate.

20. Response includes immediate actions for:

    a) Life safety;

    b) Protection of critical infrastructure, and

    c) Protection of the environment.

    d)   Response activities are typically conducted by on-scene and locally available resources including, but not limited to, law enforcement, fire departments and emergency medical services (EMS) providers.

    e)   Recovery includes those capabilities necessary to assist communities affected by an incident to recover effectively, including but not limited to:

        i)   Damage assessment;

        ii)   Debris removal;

        iii)   Rebuilding infrastructure systems;

        iv)   Providing adequate interim and long-term housing for survivors;

        v)   Restoring health, social, and community services;

        vi)   Promoting economic development, and

        vii)   Restoring natural and cultural resources.

21.   Recovery includes short, intermediate and long-term recovery.

    a)   **Short-Term Recovery:** Temporary restoration of critical and/or lifeline infrastructure, emergency and temporary medical care, mass care/sheltering, debris removal for transportation routes, and implementation of force protection and security measures. Short-term recovery activities may be coordinated and managed solely with locally available resources. State, federal, private, non-governmental, volunteer and faith-based organizations may augment local activities.

    b)   **Intermediate Recovery:** Intended to provide both temporary and permanent restoration of critical and lifeline infrastructure. Intermediate recovery activities involve returning individual, families and essential government or commercial services to a functional state. Intermediate recovery activities may be coordinated and managed solely with locally available resources. State, federal, private, non-governmental, volunteer and faith-based organizations may augment local activities.

    c)   **Long-Term Recovery:** Intended to address complete

redevelopment and revitalization of the impacted area, rebuilding or relocating damaged or destroyed social, economic, natural and built environment. Long-term recovery activities include a move to self- sufficiency, sustainability and community resilience. Long-term recovery activities may be coordinated and managed with locally available resources. State, federal, private, non-governmental, volunteer and faith-based organizations may augment local activities

D.   Situation Overview

1.   General

a)   Illinois is approximately 385 miles long and 218 miles wide covering an area of 56,400 square miles containing over 55,583 square miles of land with approximately 700 square miles of inland water.

b)   The state has approximately 1,095 miles of navigable waterways thateither border or pass through the state.

c)   The states of Indiana, Iowa, Kentucky, Missouri, Wisconsin, and Michigan (in Lake Michigan) border the state.

d)   The state has approximately 2,182 interstate miles with an additional15,994 miles of state highways and 7,770 state bridges.

e)   The state has 7,737 public, at-grade crossings and a rail network consisting of approximately 9,982 miles of railroad track.

f)   The state is home to nationally significant port, intermodal and transferfacilities.

g)   The state has approximately 107 public/private airports.

h)   Chicago's O'Hare International Airport moves over 1.5 million tons of air cargo annually and serves as the state's single point of entry for repatriation.

2.   Hazard and Threat Analysis Summary

a)   The state risk profile includes natural, technological and human-causedhazards having a potential to cause damage or disruption to the public, critical infrastructure and/or environment.

b)   Hazards facing the state may change for a variety of factors,

including and use, population shifts, construction standards, technology and social ideology.

c) The state maintains the Illinois Multi-Hazard Mitigation Plan, which supplements the IEOP, and is intended to provide the framework forhazard mitigation.

d) The Illinois Multi-Hazard Mitigation Plan identifies potential hazards; addresses risk associated with each hazard, assesses the state's vulnerability to each hazard, and provides a strategy for mitigating theeffects of hazards.

e) The state utilizes the Hazard Identification and Risk Assessment (HIRA) process to identify and address specific threats and hazards. The HIRA enables whole community coordination as part of the state's advisory committee process, forming a supportive base for emergency planning.

f) The state has identified fifteen primary hazards for prevention, preparedness, response, recovery, and mitigation program relevancy.

  i) Natural Hazards:

    • Severe Weather;

    • Tornado;

    • Flood;

    • Drought;

    • Extreme Heat;

    • Severe Winter Storm, and

    • Earthquake.

  ii) Technological Hazards:

    • HazMat – Chemical;

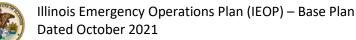   • HazMat – Radiological, and

    • Dam Failure.

iii)   Human-Caused Hazards:

- Terrorism – Chemical, Biological, Radiological, Nuclear Explosives (CBRNE);

- Civil Disobedience;

- Cyber Attack;

- Agriculture Epidemic (Not Otherwise Specified), and

- Public Health Epidemic (Not Otherwise Specified).

E.   Planning Assumptions

1.   Local governments are serving as the primary response and recovery resource to a disaster and emergency.

2.   State assistance will be required to supplement local capability and capacity.

3.   State agencies will fully engage in response and recovery operations.

4.   Federal assistance will be required to effectively respond to and recover from a catastrophic disaster.

5.   The President of the United States will declare a disaster or emergency and federal assistance will be available.

6.   The private and public sectors will work in concert to achieve common response and recovery goals and objectives.

III.   Concept of Operations

A.   General

1.   During a state declared disaster, IEMA, through the SEOC, is responsible for overall coordination of resources for the state.

2.   At a local government's request, the IEMA Director, or designee, may direct state agencies to deploy resources in support of a local jurisdiction.

3.   Affected local governments are responsible for identifying and communicating response priorities and resource requests to the state through established channels.
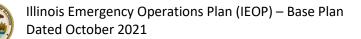
4.   For any level of emergency or disaster a state presence may be established.

5.   State response operations are coordinated through the SEOC utilizing a liaison-based incident management structure.

6.   IEOP annexes assign specific areas of responsibility for performing functions in response to an emergency or disaster.

7.   State agencies identified as the lead agency for each functional annex will have coordinating responsibility for that function.

8.   Appendices to functional annexes provide operational level guidance addressing critical response and recovery functions.

B.   Governors Declarative Authority

1.   In the event of a disaster, as defined in Section 4 of the IEMA Act, the Governor may, by proclamation declare that a disaster exists. Upon such proclamation, the Governor shall have and may exercise for a period not to exceed 30 days, emergency powers as defined in the IEMA Act (20 ILCS 3305/7).

C.   IEOP Implementation

1.   The IEMA Director or designated representative may implement the IEOP, in whole or in part, in response to an emergency or disaster.

2.   The IEOP is automatically implemented upon proclamation of a disaster by the governor in accordance with the IEMA Act.

D.   Notification, Alert and Warning (NAW)

1.   The state has developed and maintains processes to initiate, receive and relay NAWs both internally and externally with the Federal Emergency Management Agency (FEMA), IEMA staff, mobile support teams (MSTs) and primary and support agencies and organizations through their SEOC Liaisons (LNOs).

2.   IEMA NAW of SEOC LNOs will be handled in accordance with IEOP Base Plan, Appendix X-1, Notification, Alert and Warning.

3.   State agency Duty Officers/SEOC Liaisons are notified in accordance with IEMA Operations Center SOPs via the State of Illinois Rapid Electronic Notification (SIREN) system.

4. State agencies and support organizations are responsible for internal NAW of their leadership, offices, personnel and partner organizations.

E. SEOC Activation

1. The SEOC Manager, in coordination with executive staff, will determine the SEOC activation level necessary to support operations based on scope and magnitude of event and in line with the *SEOC Activation Level SOP.*

2. Activated state agencies will send representatives to the SEOC and state forward operations as directed to coordinate the state response to the disaster or emergency.

F. Legal Questions and Issues Resolution

1. The governor holds the authority to declare a disaster in the state as outlined under *Section III., B.* above. The disaster proclamation will be drafted by IEMA general counsel based on scope of the disaster.

2. In cases where the state needs resources from a surrounding state, such resources will be requested through the *Emergency Management Assistance Compact (EMAC)*, as authorized under the *Illinois Emergency Management Assistance Compact Act (45 ILCS 151/).*

3. The state government and its employees have qualified immunity limiting their legal liability as defined under the *State Lawsuit Immunity Act (745 ILCS 5/).*

4. Local government entities and their employees have qualified immunity limiting their legal liability as defined under the *Local Governmental and Governmental Employees Tort Immunity Act (745 ILCS 10/).*

G. Access and Functional Needs (AFN)

1. The state addresses individuals with AFN, including children and pregnant and lactating women in detail *in Annex 31-Access and Functional Needs.*

2. The state plans for and responds to incidents impacting individuals with AFN through five broad categories under the *CMIST Framework*:

a) Communications;

b) Maintaining Health;

c) Independence;

d)   Support and Safety, and

e)   Transportation.

H.   Household Pets and Service Animals

1.   The state addresses the care of household pets and service animals in detail in *Appendix 7 X6-Household Pets and Service Animals.*

I.   Associated Plans

1.   Illinois Plan for Radiological Accidents (IPRA).

2.   State of Illinois Strategic National Stockpile (SNS) Plan.

3.   Illinois Multi-Hazard Mitigation Plan.

IV.   Organization and Assignment of Responsibilities

A.   Local Governments

1.   Local governments shall access and utilize all available resources to protect against and cope with an emergency or threatening situation.

2.   When local governments determine that available resources are not adequate to respond to an emergency, they may request assistance from the state through the SEOC.

3.   Local governments may establish mutual aid agreements with adjacent political jurisdictions within the state.

4.   Local governments shall maintain activity logs, financial records, and situation reports.

B.   State Government

1.   Governor's Office

a)   May issue a disaster or public health emergency declaration at the request of the IEMA Director.

b)   May task state agencies with providing agency personnel, equipment and facilities in support disaster operations.

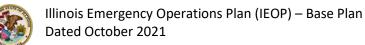c)   May authorize waivers of certain scope of practice and professional licensure and certification requirements.

2. State Agencies, Boards and Commissions

a) The IEMA Director is responsible for overall coordination of the state emergency management program through the IEMA Act.

b) IEMA will maintain liaison with the federal government, state agencies,disaster relief organizations, the private sector and other states' disaster agencies.

c) IEMA will maintain primary and alternate SEOC facilities, locations andcapabilities for strategic and operational coordination and management.

d) IEMA will maintain capabilities for strategic and operational coordination with private sector organizations and infrastructure.

e) IEMA will coordinate directly with federal agency counterparts for federal assistance if state resources are not available or adequate.

f) The SEOC will serve as the central source of information on the status of state response and recovery activities and, as required, disseminateinformation to the governor, the general assembly, the congress, thepublic, private sector, non-governmental and volunteer organizations, and the media.

g) The SEOC will coordinate the collection of disaster intelligence from thewhole community.

h) SEOC liaisons will provide strategic and operational resource coordination, prioritization and allocation in support of field operations.

   i) For the purposes of response, short, intermediate and long-term recovery operations agencies may conduct internal operational support activities as appropriate at owner- controlled or operated locations and facilities.

   ii) For hazard or function specific operations requiring specialized capabilities agencies may conduct operational support activitiesfrom Agency Operations Centers (AOC). Agencies operating anAOC are required to maintain and staff an SEOC LNO position and provide LNOs to other field operations as directed by the SEOC Manager.

      • For the purposes of disaster intelligence, situational

awareness and overall coordination, agencies operating an AOC will maintain procedures for the exchange of information among internal and external organizations,operation and sustainment of the AOC, and testing, maintenance and exercising of the AOC.

- Agencies operating an AOC shall maintain the capabilityand capacity to coordinate prevention, protection, response, recovery and mitigation activities, monitor identified threats and hazards and identify and executeappropriate operations.

i) SEOC LNOs and state agency representatives will coordinate with local and agency counterparts to determine the need for assistance in affected areas.

j) Requests for assistance will be forwarded to the SEOC through established channels, verified and tasked to appropriate agencies forresourcing.

k) Any state agency may be tasked with response, short, intermediate and long-term recovery responsibilities pursuant to the IEMA Act.

l) The following agencies have been tasked as primary agencies responsible for coordinating activities of at least one annex and/or appendix in the IEOP:

   i) American Red Cross (Red Cross)

   ii) Illinois Commerce Commission (ICC)

   iii) Illinois Department of Agriculture (IDOA)

   iv) Illinois Department of Innovation & Technology (DoIT)

   v) Illinois Department of Natural Resources (IDNR)

   vi) Illinois Department of Public Health (IDPH)

   vii) Illinois Department of Transportation (IDOT)

   viii) Illinois Emergency Management Agency (IEMA)

   ix) Illinois Environmental Protection Agency (IEPA)

x)   Illinois National Guard (ILNG)

xi)   Illinois State Board of Education (ISBE)

xii)   Illinois State Police (ISP)

xiii) Office of the State Fire Marshal (OSFM)

xiv)   Illinois Commission on Volunteerism and Community Service (Serve Illinois)

m)   The following agencies have been tasked as support agencies responsible for coordinating activities of at least one annex and/or appendix in the IEOP. Primary agencies listed above also have support roles in numerous annexes and appendices:

i)   Capital Development Board (CDB)

ii)   Illinois Deaf and Hard of Hearing Commission (IDHHC)

iii)   Illinois Council for Developmental Disabilities (ICDD)

iv)   Illinois Department of Human Rights (IDHR)

v)   Office of Illinois Attorney General (OIAG)

vi)   Illinois Board of Higher Education (IBHE)

vii)   Illinois Community College Board (ICCB)

viii) Illinois Department of Central Management Services (CMS)

ix)   Illinois Department of Children and Family Services (IDCFS)

x)   Illinois Department of Healthcare and Family Services (IDHFS)

xi)   Illinois Department of Juvenile Justice (IDJJ)

xii)   Illinois Guardianship and Advocacy Commission (IGAC)

xiii) Illinois Department of Commerce and Economic Opportunity (DCEO)

xiv)   Illinois Department of Corrections (IDOC)

xv)   Illinois Department of Human Services (IDHS)

xvi)   Illinois Department of Military Affairs (IDMA)

xvii)   Illinois Department of Natural Resources (IDNR)

xviii)   Illinois Department of Revenue (IDOR)

xix)   Illinois Department of Veterans' Affairs (IDVA)

xx)   Illinois Department on Aging (IDoA)

xxi)   Illinois Secretary of State, Department of Police (SOS)

xxii)   Illinois State Board of Education (ISBE)

xxiii)   University of Illinois (UofI)

C.   Military

1.   All Illinois National Guard (ILNG) personnel and equipment are federal assets, until ordered to State Active Duty (SAD) by the governor. Upon SAD activation, all ILNG forces and equipment are available assets to SEOC and all state partners.

2.   All requests for ILNG support shall be made through the SEOC.

3.   The SEOC determines if ILNG is the appropriate resource for a given mission assignment and makes a recommendation to the governor prior to activation.

4.   The governor or designee can order the ILNG to active duty, except in cases of immediate response authority.

5.   The state assumes payroll, support, liability and subsistence costs for activated troops, as well as reimbursement for the use of federal equipment during ILNG state activation, if funding is made available.

6.   ILNG, or the authorizing military command element, assumes payroll, support, liability and subsistence costs for troops and resources (state or federal) activated under immediate response authority.

7.   The federal government assumes payroll, support, liability and subsistence costs for activated troops, as well as reimbursement for the use of federal equipment during ILNG federal activation.

8.   Based on the scope and magnitude of event, ILNG may activate agreements with other state military organizations or the federal
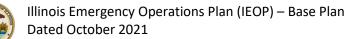
government.

9. The state addresses procedures governing the activation and deployment of the ILNG under IEOP Annex 27-Military Coordination.

D. Federal Government

1. Federal coordinating agencies include, but are not limited to:

   a) ISP: Department of Homeland Security (DHS);

   b) IEMA: Federal Emergency Management Agency (FEMA);

   c) IDPH: Centers for Disease Control and Prevention (CDC);

   d) IDPH, IDHS and IDoA: Department of Health and Human Services (HHS);

   e) IEPA: Environmental Protection Agency (USEPA);

   f) IDOT: Department of Transportation (USDOT);

   g) ILNG: Department of Defense (DOD), and

   h) IDOA: Department of Agriculture (USDA).

E. Private Sector

1. Private sector organizations participate in response and recovery to a disaster based on the type of organization, the services, commodities, materiel provided and location of an event.

2. The state may activate a Business Emergency Operations Center (BEOC) to coordinate public-private operations as an integrated element of the SEOC.

   a) BEOC structures may be assigned to either forward elements or the SEOC.

   b) Regardless of the type of BEOC utilized, private sector organizations will fully be integrated to:

      i) Address response needs of employees, infrastructure and facilities at/for critical life-line infrastructure;

      ii) Protect sensitive information and maintain continuity of

business operations for critical life-line infrastructure;

    iii)   Plan for, respond to and recover from incidents that impact critical life-line infrastructure and facilities;

    iv)   Collaborate with state agencies and other organizations to determine what assistance may be required and how it can be provided;

    v)   Contribute to disaster intelligence and information sharing efforts;

    vi)   Provide direct coordination and collaboration on strategic priorities and objectives, and

    vii)   Contribute resources, personnel and expertise required for prevention, protection, response, recovery and mitigation.

3.   Healthcare System

    a)   The healthcare system in the state predominantly resides in private sector with facilities being either for-profit or not-for-profit corporations.

    b)   The state addresses healthcare preparedness, response and recovery through Appendix 8 X2-Healthcare System, which defines the system as including the following healthcare provider and supplier types:

    i)   Hospitals;

    ii)   Critical Access Hospitals (CAHs);

    iii)   Ambulatory Surgical Centers (ASCs);

    iv)   Hospices;

    v)   Psychiatric Residential Treatment Facilities (PRTFs);

    vi)   Programs for All-Inclusive Care for the Elderly (PACE);

    vii)   Transplant Centers;

    viii)   Long-Term Care (LTC) Facilities;

    ix)   Intermediate Care Facilities for Individuals with Intellectual

Disabilities (ICF/IID);

x)   Home Health Agencies (HHAs);

xi)   Comprehensive Outpatient Rehabilitation Facilities (CORFs);

xii)   Religious Nonmedical Health Care Institutions (RNHCIs);

xiii)   Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services;

xiv)   Community Mental Health Centers (CMHCs);

xv)   Organ Procurement Organizations (OPOs);

xvi)   Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs), and

xvii)   End-Stage Renal Disease (ESRD) Facilities.

c)   The operational and tactical details for healthcare preparedness are outlined in the Illinois Department of Public Health Emergency Support Function (ESF) 8 Plan, which is developed and maintained by IDPH.

d)   Hospitals and critical access hospital's disaster preparedness, response and recovery activities are coordinated through the Regional Hospital Coordinating Center (RHCC).

e)   Hospitals, critical access hospitals and all other healthcare provider and supplier types listed above are invited to join a Regional Health Care Coalition (HCC) to support their preparedness activities, but HCCs have no documented role in response or recovery.

4. Emergency Medical Services (EMS) System

a)   The state's EMS system consists of a myriad of government and private non-profit and for-profit providers operating under one of 61 EMS systems within the 12 EMS regions overseen by the IDPH, Division of Emergency Medical Systems and Highway Safety.

b)   The state addresses EMS preparedness, response and recovery through Appendix 8 X3-Emergency Medical Services System.

5.   Behavioral Health System

     a)   The behavioral health system in the state predominantly resides in private sector with facilities being either for-profit or not-for-profit corporations.

     b)   The state addresses behavioral health preparedness, response and recovery through Appendix 8 X4-Behavioral Health System, which defines the system as including the following:

          i)   The Illinois Department of Human Services (IDHS)

          ii)   Private sector physicians and licensed behavioral health practitioners;

          iii)   Public sector physicians and licensed behavioral health practitioners;

          iv)   Non-profit sector physicians and licensed behavioral health practitioners;

          v)   Outpatient behavioral health clinics;

          vi)   Inpatient or residential behavioral health facilities, and

          vii)   Numerous NGOs funded through state funded behavioral health grants and federally funded subgrants from the state.

F.   Mutual Aid

1.   Authority and direction for mutual aid systems in the state are derived from the*IEMA Act (20 ILCS 3305, section5(f)(2) and 8*, as amended.

2.   Detailed procedures governing mutual aid in the state are outlined under IEOP *Annex 19-Mutual Aid Coordination*.

3.   Mutual Aid Organizations

     a)   Illinois Coroners and Medical Examiners Association (ICMEA)

     b)   Illinois Emergency Services Management Association (IESMA)

     c)   Illinois Incident Management Team (IMT)

     d)   Illinois Law Enforcement Alarm System (ILEAS)

        e)   Illinois Medical Emergency Response Team (IMERT)

        f)   Illinois Public Works Mutual Aid Network (IPWMAN)

        g)   Illinois Telecommunicator Emergency Response Taskforce (IL-TERT)

        h)   Mutual Aid Box Alarm System (MABAS)

        i)   AUXCOMM

        j)   Illinois Public Health Mutual Aid System (IPHMAS)

4.   Interstate Mutual Aid Agreements, as amended.

        a)   Emergency Management Assistance Compact (EMAC), 45 ILCS 151

                i)   EMAC allows the state to provide or receive interstate mutual aid and establishes procedures for reciprocity, reimbursement,workers' compensation and liability. A request for assistance comes from the host governor and the actual details are coordinated by the state emergency management agencies involved.

5.   Mutual Aid Agreements between IEMA and non-governmental organizations:

        a)   Illinois Coroners and Medical Examiners Association (ICMEA)

                i)   Provides disaster response assistance to units of local government when local and regional resources are insufficient to meet the disaster response needs of the requesting unit of local government.

        b)   IESMA/Emergency Management Assistance Team (EMAT)

                i)   Provides support to local government during a disaster or emergency. The teams consist of emergency management personnel from other local units of government.

        c)   Illinois Law Enforcement Alarm System (ILEAS)

                i)   Provides law enforcement in matters of mutual aid, emergencyresponse, and the combining of resources for use during emergencies or periods of extraordinary circumstances.

d) Mutual Aid Box Alarm System (MABAS)

    i) Provides fire service in matters of mutual aid, emergency response and the combining of fire resources for use during emergencies or periods of extraordinary circumstances. MABAScan provide specialized services and teams when authorized by local governmental entities for local assistance or by the state for regional and state assistance. MABAS resources will respond to provide state assistance when activated by IEMA.

e) Illinois Incident Management Team (ILMT)

    i) As a component of the Illinois Medical Emergency Response Team (IMERT), IMT provides support to the incident/unified command structure in the implementation of the incident command system and in the formation and implementation ofthe Incident Action Plans (IAPs).

f) Illinois Medical Emergency Response Team (IMERT)

    i) Assists with emergency medical treatment at mass casualty incidents, including, but not limited to, chemical, biological, and radiological incidents.

g) Illinois Telecommunicator Emergency Response Taskforce (IL-TERT)

    i) Provides trained teams of individuals to assist in communicationcenters during disasters.

h) AUXCOM

    i) Provides emergency amateur radio communications assistance to the IEMA Regional Coordinator and serves as the amateur radio point of contact between IEMA and the Illinois amateur radio community.

G. Mutual Aid Agreements between other state agencies and organizations

1. Illinois Public Health Mutual Aid System (IPHMAS)

a) A state-wide mutual aid and assistance system in which all IDPH certified local health departments are eligible to participate.

Agreements allow local health departments in Illinois to share resources in the event of a public health emergency which could include outbreaks; a bioterrorism release of contagious or infectious diseases, infectious agents,chemical agents or toxins; natural disasters; technological hazards; man-made disasters; civil emergencies; and community disorders.

V.   Direction, Control and Coordination

A.   Detailed procedures governing direction and control for the state are outlined under IEOP *Annex 1-Direction and Control and Coordination.*

B.   Implementation of the IEOP is carried out through the Illinois Disaster Management System (IDMS), as outlined in IEOP *Base Plan Appendix X1-Illinois Disaster Management System*.

C.   State agencies, local governments and external organizations retain operational control of their resources.

D.   Direction, control and coordination of state response, short, intermediate and long-term recovery actions will be carried out in accordance with state and federal laws, rules, regulations, policies, guidance and authorities.

E.   Resources and services of the state shall be coordinated as appropriate with comparable activities of local governments, other states, the federal government, private sector entities, non- governmental organizations including voluntary, community and faith-based organizations, and the public.

F.   State-deployed Mobile Support Teams (MSTs) may be assigned to support or coordinate local or state strategic operations.

G.   State Unified Area Command (SUAC) or State Area Command (SAC) elements may be deployed by the SEOC to coordinate information and resource requirements for operations.

H.   State short, intermediate, and long-term activities will maintain chain-of-command and unity-of command principles established in IEOP *Base Plan Appendix 1, Direction, Control, and Coordination.*

I.   Coordinating Elements:

1.   **State Emergency Operations Center (SEOC):** The physical location at which state strategic and operational coordination ofinformation and resources occurs in support of local and state incident management (on-scene operations). The EOC may be a fixed or temporary facility, or some

combination thereof. TheSEOC Manager directs and manages strategic and operational activities through the SEOC.

2. **Lines of Effort (LOE):** Operate as strategic planning and coordinating elements for the SEOC anddo not play an operational role. Planning and analysis, situation assessment, resource accountability, documentation and recordkeeping may be roles assigned LOE's.

3. **State Unified Area Command (SUAC):** A multi-jurisdictional, multi-disciplinary organization established by the SEOC to oversee the coordination and management of state resources in support of multiple field/incident operations, or a very large or evolving incident. SUAC may include representatives from sub- state, private, non-governmental, and volunteer organizations. The SEOC assigns specific areas of responsibility to the SUAC and activates the SUAC only if necessary, depending on the complexity of the incident and quantity of state-controlled resources utilized. The SUAC does not contain an Operations Section. Multiple Incident Commands and Area Commands (AC) may coordinate directly with the SUAC. SUAC reports directly to the SEOC.

4. **State Area Command (SAC):** An organization established by the SEOC to oversee coordination of information, intelligence, resource requests and the allocation of resources supporting field/incident operations that are handled individually by separate incident management and/or Incident Command locations. The SEOC activates SACs only if necessary. SACs do not contain an Operations Section. SACs may report directly tothe SEOC or SUAC as assigned.

J. The ranking state official responding to an event will establish coordinating oversight of state resources in the field (operational/tactical) from an established or recognized Incident Command Post (ICP), SUAC or SAC as appropriate. In some instances,oversight may be co-located with existing local command structures.

K. Business Emergency Operations Center (BEOC)

1. The state will utilize a virtual, physical or field-based BEOC as an integrated component of the SEOC to coordinate disaster intelligence, establish common strategic priorities and assist in the prioritization of short, intermediate, long-term recovery activities among the SEOC, public sector and private/non-governmental organizations.

L. Recovery

1. For the purpose of continuity of command, coordination and

management, the SEOC Manager will transfer command to the State Disaster Recovery Coordinator at the cessation of short-term recovery and continuation of intermediate and long-term recovery efforts.

2. Because of a presidential declaration of emergency or majordisaster, a Joint Field Office (JFO) with supporting federal personnel will activate. The State Disaster Recovery Coordinator may co-locate at the JFO as appropriate.

3. State agency responsibilities relating to intermediate and long-term recovery is included in IEOP *Annex 14, Long-term Community Recovery.*

4. Disaster assistance programs made available after gubernatorial proclamations and presidential disaster declarations are implemented in accordance with provisions ofthe Robert T. Stafford Disaster Relief Act and Emergency Assistance Act, P.L. 93-288, as amended, the Disaster Mitigation Act of 2000, FEMA regulations, National Response Framework (NRF), National Disaster Response Framework (NDRF), and state administrative plans for the Individuals and Households Program, the Public Assistance Program and the Hazard Mitigation Grant Program.

5. Intermediate and long-term recovery is coordinated through state and federal agencies in accordance with statutory authorities or through special task forces established by state and federal officials.

6. Some agencies' responsibilities relating to disasters are limited to disaster assistance and long-term recovery. Agencies activated by the SEOC, and not specifically identified in the IEOP, are governed by statute and integrated into operations asappropriate.

M. Federal Coordination

1. IEMA, through the SEOC, will coordinate directly with the Federal Emergency Management Agency (FEMA) when there is a federal disaster or emergency declaration and federal resources are required.

2. The SEOC will maintain liaison with the appropriate federal support element.

    a) **National Response Coordination Center (NRCC):** A multiagency center that coordinates overall federal support formajor incidents and emergencies and provides resources andpolicy guidance.

    b) **Joint Field Office (JFO):** The primary operating location for the Federal Coordinating Officer (FCO) and emergency response
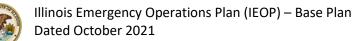
personnel.Furthermore, it provides a central location for regional coordination of response efforts by all levels of government, non-governmental organizations, and the private sector.

c) **Unified Coordination Group (UCG):** Comprised of seniorleaders representing federal and state interests, tribal governments, local jurisdictions and the private sector and manages federal resources in support of state response and short-term recovery operations.

3. The FEMA Operational Liaisons to the SEOC will provide the principal means of coordination between the SEOC and FEMA.

4. Federal agency support will be coordinated via the Emergency Support Function (ESF) structure.

5. Direct coordination with federal agencies will occur through state agencies with their applicable federal coordinating agencies as outlined in the IEOP annexes and appendices.

6. The SEOC Manager will request federal agency liaison to the SEOC based on scope and magnitude of event, phase of activity and individual federal agency authority.

VI. Information Collection, Analysis and Dissemination

A. For the purposes of the IEOP, information collection, analysis, and dissemination include processes used for validation of intelligence and information, situational awareness, damage assessments, the development of reports and methods of distribution to the whole community or selected agencies and organizations.

B. Information collection, analysis, dissemination activities will be carried out in accordance with IEOP *Annex 28, Disaster Intelligence.*

C. All agencies activated to the SEOC will support information collection, analysis and dissemination, with the SEOC STIC Liaison Officer (LNO) and SEOC Private Sector LNO maintaining a coordinating role.

VII. Communication Coordination

A. For the purposes of the IEOP, communications will include, but not be limited to, systems, networks and capabilities identified in the IEMA Statewide Communications Plan and Tactical Interoperability Communications Plan (TICP).

B. Communications will be conducted in a National Incident Management System

(NIMS) compliant manner utilizing clear-text and frequencies coordinated with the SEOC.
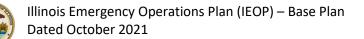
C.   Operational communications will be established and utilized in accordance with IEOP Annex 3, Communications.

D.   All agencies activated to the SEOC will support communications interoperability integration, with the IEMA Statewide Interoperability Coordinator (SWIC) maintaining a coordinating role.

E.   For the purposes of interoperability and integration, the state maintains an agreement with Radio Amateur Civil Emergency Service (RACES) to serve as an alternate means of communication.

F.   Individual agencies are responsible for the testing and maintenance of internal communications resources and systems.

VIII.   Administration Finance and Logistics

A.   Administration and Finance

1.   IEMA is responsible for the administrative management and coordination of the state emergency management program.

2.   IEMA is responsible for financial management of the state's emergency management program before, during and after an emergency or disaster.

3.   IEMA, through the Interagency Strategic Planning Cell (ISPC), is responsible for development and coordinated revision and review of the IEOP and supportive documentation.

4.   All agencies activated to the SEOC are responsible for the accurate accounting for, and documentation of, expenditures, procurements, services and contractual obligations.

5.   Agencies assigned to the SEOC will follow administrative and financial policies and procedures established by the state, as well as policies and procedures established by IEMA for response, short, intermediate and long-term recovery.

6.   Financial and administrative management for operational purposes will be carried out in accordance with IEOP *Annex 18, Financial and Administrative Management.*

B.   Logistics

1. The SEOC will use a resource management system for acquiring internally and externally available resources to support missions and tasks approved by the SEOC manager or designees.

2. Resource management includes mutual aid and assistance agreements, the use of federal and state teams, and resource mobilization protocols.

3. For the purposes of the IEOP, resource management includes mutual aid agreements; assistance agreements; the use of federal, state, and Mobile Support Teams (MSTs) and resource mobilization protocols.

4. System requirements incorporate identification, acquisition, prioritization, tracking, accountability and distribution of resources before, during and after an event.

5. The SEOC will assign logistics functions and operations to one or more agencies, to incorporate processes for providing resources and other services, to support strategic and operational activities of the state and designated incident management locations.

6. Resource management and logistics will be established and utilized in accordance with IEOP *Annex 9, Resource Management.*

IX.   Plan Development and Maintenance

A.   IEOP review will be ongoing with a complete assessment occurring on odd numbered years no later than December 31st.

1. Plan updates will be managed by the *Inter-Agency Strategic Planning Cell (ISPC)* and be conducted in line with the IEMA *Program Management Plan (PgMP)* and in accordance with the ISPC *IEOP Bi-Annual Review SOP.*

2. IEOP midcycle updates and revisions will occur after exercises, real-world events, certifications and comprehensive program in accordance with the *IEOP Midcycle Edits SOP.*

3. The ISPC will ensure consistency with strategic and operational structures and compliance with state and federal law, rules, regulations, and guidance.

4. To the extent possible, IEOP updates and revisions will incorporate input from key stakeholders, advisory committees and partner organizations.

X.   Authorities and References

A.   Authorities

1. Illinois Emergency Management Agency Act, 20 ILCS 3305, as amended.

2. Robert T. Stafford Disaster Relief and Emergency Assistance Act, PL93-288, as amended.

3. Disaster Relief Act, 15 ILCS 30, as amended.

4. Post-Katrina Emergency Management Reform Act of 2006, as amended.

5. Disaster Mitigation Act of 2000, as amended.

6. Emergency Management Assistance Compact, 45 ILCS 151, as amended.

7. Emergency Interim Executive Succession Act, 5 ILCS 275, as amended.

8. Illinois Compiled Statutes, 745 ILCS 5, State Lawsuit Immunity Act , as amended

9. Illinois Compiled Statutes, 745 ILCS 10, Local Governmental and Governmental Employees Tort Immunity Act , as amended.

B. References

1. National Response Framework (NRF), as amended.

2. National Disaster Recovery Framework (NDRF), as amended.

3. National Incident Management System (NIMS), as amended.

4. Illinois Plan for Radiological Accidents (IPRA), as amended.

5. Illinois Multi-Hazard Mitigation Plan, as amended.

XI. Acronyms and Definitions

A. Acronyms

3PL Third Party Logistics

AAA Area Agencies on Aging

AC Area Command

ACS Alternate Care Site

ADA Americans with Disabilities Act

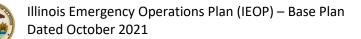| AFN	Access and Functional Needs
AFNSS	Access and Functional Needs Support Services
AHJ	Authority Having Jurisdiction
AI	Avian influenza
ALF	Assisted Living Facility
ALS	Advance Life Support
AO	Areas of Operation
AODA	Alcohol and Other Drug Abuse
APHIS	Animal and Plant Health Inspections Service
APO	Agency Procurement Officer
ASC	Ambulatory Surgical Centers
ASF	African Swine Fever
AST	Aboveground Storage Tanks
AT	Assistive Technology
AUXCOMM	Auxiliary Communications
AVIC	Area Veterinarian In-Charge
AVMA	American Veterinary Medical Association
BEOC	Business Emergency Operations Center
BLS	Basic Life Support
C4	Command, Control, Communications and Coordination
CAH	Critical Access Hospital
CCIR	Commanders Critical Information Requirements
CCP	Counseling Assistance and Training Program
CDP	Commodity Distribution Point

CERC	Crisis and Emergency Communication
CERT	Community Emergency Response Team
CERCLA	Comprehensive Environmental Response, Compensation and Liability Act
CFR	Code of Federal Regulations
CIL	Center for Independent Living
CISA	Cybersecurity and Infrastructure Security Agency
CLF	Community Living Facilities
CLIA	Community Independent Living Arrangements
CMHC	Community Mental Health Center
CMIST	Communication, Maintaining Health, Independence, Support, Transportation
CMS	Consumable Medical Supplies
COG	Continuity of Government
COMC	SEOC Communications Coordinator
COMU	Communications Unit
CONOPS	Concept of Operations
COOP	Continuity of Operations Plan
COP	Common Operating Picture
CORFs	Comprehensive Outpatient Rehabilitation Facilities
CPAP	Continuous Positive Airway Pressure
CPG	Comprehensive Preparedness Guide
CVT	Certified Veterinarian Technician
DCO	Defense Coordinating Officer
DFA	Direct Federal Assistance

DI	Disaster Intelligence
DME	Durable Medical Equipment
DMORT	Disaster Mortuary Operational Response Team
DRC	Disaster Recovery Center
DSA	Disaster Survivor Assistance
DSCA	Defense Support of Civil Authorities
DUA	Disaster Unemployment Assistance
EAD	Emerging Animal Disease
EAS	Emergency Alert System
EEI	Essential Elements of Information
EMA	Emergency Management Agency
EMAP	Emergency Management Accreditation Program
EMAT	Emergency Management Assistance Team
EMS	Emergency Medical Services
EMSC	Emergency Medical Services for Children
EMT	Emergency Medical Technician
EOC	Emergency Operations Center
EPIC	Emergency Partners Information Connection
ERC	Emergency Response Coordinators
ESAR-VHP	Emergency System for Advance Registration for Volunteer Health Professionals
ESF	Emergency Support Function
ESRD	End-Stage Renal Disease.
FAD	Foreign Animal Disease

FCO	Federal Coordinating Officer
FIFRA	Federal Insecticide Fungicide and Rodenticide Act
FMD	Foot and Mouth Disease
FMS	Federal Medical Station
FOG	Field Operations Guide
FOSC	Federal On-Scene Coordinator
FQHC	Federally Qualified Health Centers
FS&P	Force Security and Protection
GAR	Governor's Authorized Representative
GIS	Geographic Information System
GLHP	Great Lakes Healthcare Partnership:
HA	Housing Assistance
HAN	Health Alert Network (HAN)
HazMat	Hazardous Materials
HCC	Health Care Coalitions
HDU	Hazardous Device Unit
HHA	Home Health Agencies
HIPPA	Health Insurance Portability and Accountability Act
HMGP	Hazard Mitigation Grant Program
HOH	Hard of Hearing
HPAI	Highly Pathogenic Avian Influenza
HPP	Hospital Preparedness Program
HSIN	Homeland Security Information Network
HSPD	Homeland Security Presidential Directive

IAO	Individual Assistance Officer
IAP	Incident Action Plan
IC	Incident Commander
ICF	Intermediate Care Facility
ICF/IID	Intermediate Care Facilities for Individuals with Intellectual Disabilities
ICN	Illinois Century Network
ICS	Incident Command System
IDAT	Illinois Damage Assessment Team
IDMS	Illinois Disaster Management System
IEMA Act	Illinois Emergency Management Agency Act
IEOP	Illinois Emergency Operations Plan
IFAW	International Foundation for Animal Welfare
IGA	Intergovernmental Agreement
IHP	Individuals and Households Program
ILS	Intermediate Life Support
IMT	Incident Management Teams
IPAWS	Integrated Public Alert and Warning System
IPRA	Illinois Plan for Radiological Accidents
ISPC	Inter-Agency Strategic Planning Cell
ISPERN	Illinois State Police Emergency Radio Network
ITECS	Illinois Transportable Emergency Communications System
ITTF	Illinois Terrorism Task Force
IVRS	Illinois Vital Records System

JFO	Joint Field Office
JFSOC	Joint Family Support Operations Center
JIC	Joint Information Center
JIS	Joint Information System
JITT	Just-in-time training
JOC	Joint Operations Center
LEADS	Law Enforcement Activities Data System
LEMA	Local Emergency Management Agency
LEP	Limited English Proficiency
LHD	Local Health Department
LNO	Liaison Officer
LOE	Lines of Effort
LP	Liquid Petroleum
LTC	Long-Term Care
LTVRM	Long-Term Vulnerability Reduction and Mitigation
MAA	Mutual Aid Agreements
MAC	Multiagency Coordination
MAM	Mission Assignment Manager
MARC	Multi-Agency Resource Center
MARN	Mutual Aid Response Network
MCI	Mass Casualty Incident
MCM	Medical Counter Measures
MEOC	Mobile Emergency Operations Centers
MERCI	Medical Emergency Radio Communications of Illinois

MISO	Mid-Continent Independent System Operator
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MRC	Medical Reserve Corp
MSC	Major Subordinate Commands
MST	Mobile Support Teams
NAC	National Ambulance Contract
NARS	Nuclear Accident Reporting System
NAW	Notification, Alert and Warning
NBEOC	National Business Emergency Operations Center
NCP	National Contingency Plan
NDHTF	National Disaster Housing Taskforce
NDMS	National Disaster Medical System
NDRF	National Disaster Recovery Framework
NECP	National Emergency Communication Plan
NEMIS	National Emergency Management Information System
NGCC	National Guard Coordination Center
NGO	Non-Governmental Organizations
NIMS	National Incident Management System
NIPP	National Infrastructure Protection Plan
NMZ	New Madrid Seismic Zone
NPS	Nuclear Power Station
NRF	National Response Framework
NRI	National Risk Index for Natural Hazards

OIC	Officer in Charge
ONA	Other Needs Assistance
OPA	Oil Pollution Act
OPO	Organ Procurement Organizations
P$CS	Petroleum and Chemical Safety
PA	Public Assistance
PACE	Programs for All-Inclusive Care for the Elderly
PAS	Personal Assistance Services
PCA	Personal Care Assistance
PCCC	Pediatric Critical Care Center
PDA	Preliminary Damage Assessment
PDRP	Post Disaster Recovery Plans
PFO	Primary Federal Officer
PHEOC	Public Health Emergency Operations Center
PHEP	Public Health Emergency Preparedness Program
PHIS	Public Health Information Sharing
PHMSSR	Public Health and Medical Services Response Region
PIO	Public Information Officer
PIRs	Priority Information Requirements
PPD	Presidential Policy Directive
PRTF	Psychiatric Residential Treatment Facilities
RACES	Radio Amateur Civil Emergency Service
RCRA	Resource Conservation and Recovery Act
REAC	Radiological Emergency Assessment Center

REMSC	Regional Emergency Medical Services Coordinator
RFMR	Request for Medical Resources
RFR	Request for Resources
RHC	Rural Health Clinics
RHCC	Regional Hospital Coordinating Center
RMA	Radiation Measurement and Analysis
RNA	Rapid Needs Assessment
RNHCIs	Religious Nonmedical Health Care Institutions
RPs	Responsible Parties
RRC	Resource Reception Centers
RRCC	Regional Response Coordination Center
RRF	Resource Request Form
RRG	Radiological Response Group
RSF	Recovery Support Function
RTF	Radiological Task Force
SAC	State Area Command
SAD	State Active Duty
SAR	Search and Rescue
SARA	Superfund Amendments and Reauthorization Act
SCIP	Statewide Communications Interoperability Plan
SCO	State Coordinating Officer
SDRC	State Disaster Recovery Coordinator
SEAL	Significant Event Awareness Log
SEOC	State Emergency Operations Center

SFMO	State Financial Management Officer
SFOB	State Forward Operating Base
SHMO	State Hazard Mitigation Officer
SHPO	State Historic Preservation Officer
SIREN	State of Illinois Rapid Electronic Notification System
SITREP	Situation Reports
SLB	Senior Leadership Briefing
SLF	Supportive Living Facility
SME	Subject Matter Expert
SMHRF	Supportive Mental Health Rehabilitation Facility
SNF	Skilled Nursing Facility
SNS	Strategic National Stockpile
SODC	State Operating Developmental Centers
SOG	Standard Operating Guidelines
SOI-COG	State of Illinois Continuity of Government Plan
SOP	Standard Operating Procedures
SPAG	State Public Assistance Group
SPAS	Supervising Public Assistance Specialist
SPR	Stakeholder Preparedness Review
STEMI	ST-Segment Elevation Myocardial Infarction
STIC	Statewide Terrorism and Intelligence Center
SUAC	State Unified Area Command
SWIC	Statewide Interoperability Coordinator
TBI	Traumatic Brain Injury

TDF	Treatment and Detention Facility
THIRA	Threat Hazard Identification and Risk Assessment
TICP	Tactical Interoperable Communications Plan
TMTS	Temporary Medical Treatment Station
TRS	Telecommunications Relay Service
TTS	Text to Speech
TTY	Teletypewriter
UAC	Unified Area Command
UAS	Unmanned Aerial System
USAR	Urban Search and Rescue
UST	Underground Storage Tank
vND	Virulent Newcastle Disease
VOAD	Voluntary Organizations Active in Disaster
VRS	Video Relay Service
VS	Veterinary Services
WAI	Web Accessibility Initiative
WEA	Wireless Emergency Alert
WMD	Weapons of Mass Destruction
WVSZ	Wabash Valley Seismic Zone

B.   Definitions

Access/Accessible: The suitability or adaptability of programs, services, activities, goods, facilities, privileges, advantages or accommodations provided by a public or private (for-profit or not-for-profit) entity, or by any entity to which it contracts for all members of the population, including individuals with disabilities

Access and Functional Needs (AFN): Individuals including, but not limited to, people with disabilities, older adults, and individuals with limited English proficiency, limited access to transportation and/or limited access to financial resources to prepare for, respond to and recover from the emergency.

Access-Based Needs: Access to certain resources, such as social services, accommodations, information, transportation, and medications to maintain health.

Access and Functional Needs Support Services (AFNSS): Services that enable individuals with access and functional needs (AFN) to maintain their independence in a general population shelter, their home or care facility.

All-Hazards: A classification encompassing all conditions, environmental or human-caused, that have the potential to cause injury, illness, or death; damage to or loss of equipment, infrastructure services, or property; or alternatively causing functional degradation to social, economic or environmental aspects. These include accidents, technological events, natural disasters, space weather, domestic and foreign-sponsored terrorist attacks, acts of war, weapons of mass destruction and chemical, biological (including pandemic), radiological, nuclear or explosive events.

Alternate Care Site (ACS)/Alternate Treatment Site (ATS): A temporary space for patient care under the authority of an existing healthcare facility/ healthcare system. This would be utilized when regular treatment areas are at capacity or unavailable and the healthcare facility/system must provide care during a medical surge event. Examples include use of the hospital cafeteria as a treatment area, tents set up in the parking lot of a hospital, and/or using outpatient clinics or treatment centers in the community to provide medical surge care.

Ambulance: See Emergency Medical Services

Americans with Disabilities Act (ADA): An Act of Congress enacted in 1990 that prohibits discrimination based on disability. It affords similar protections against discrimination to Americans with disabilities as the Civil Rights Act of 1964, which made discrimination based on race, religion, sex, national origin, and other characteristics illegal, and later sexual orientation.

Americans with Disabilities Amendments Act (ADAAA): An Act of Congress enacted in 2009 that amended the ADA and other disability nondiscrimination laws to make changes to the definition of the term "disability," clarifying and broadening that definition—and therefore the number and types of persons who are protected under the ADA and other Federal disability nondiscrimination laws.

Area Command (AC): An organization that oversees the management of multiple incidents or oversees the management of a very large or evolving situation with multiple ICS organizations. See Unified Area Command.

Assigned Resource: A resource that has been checked in and assigned work tasks on an incident.

Assignment: A task given to a person or team to perform based on operational objectives defined in the IAP.

At-Risk Individuals: People with Access and Functional Needs that may interfere with their ability to access or receive medical care before, during, or after a disaster or emergency. At-risk individuals include individuals who may need additional response assistance. These individuals include but are not limited to:

- Infants and children;

- Older adults;

- Pregnant and nursing women;

- Individuals with disabilities, seen or unseen;

- Individuals who live in institutional settings;

- Individuals from diverse cultures;

- Individuals with chronic health conditions;

- Individuals who have limited English proficiency (LEP) or are non-English speaking;

- Individuals with limited or no access to transportation;

- Individuals experiencing homelessness;

- Individuals with social and economic limitations, and

- Individuals who have pharmacological dependency.

Attack: A hostile action taken against the United States by foreign forces or terrorists, resulting in the destruction of or damage to military targets, injury or death to the civilian population, or damage or destruction to public and private property.

Authority Having Jurisdiction (AHJ): An entity that has the authority and responsibility for developing, implementing, maintaining, and overseeing the qualification process within its organization or jurisdiction. This may be a state or Federal agency, training commission, NGO, private sector company, or a tribal or local agency such as a police, fire, or public works department. In some cases, the AHJ may provide support to multiple disciplines that collaborate as a part of a team (e.g., an IMT).

Available Resource: A resource assigned to an incident, checked in, and available for assignment.

Badging: The assignment of physical incident-specific credentials to establish legitimacy and permit access to incident sites.

Behavioral Health: The promotion of mental health, resilience and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities

Catastrophic Incident: Any natural or man-made incident, including terrorism that results in extraordinary levels of mass casualties, damage, or disruption severely affecting the population, infrastructure, environment, economy, national morale, and/or government functions. A catastrophic event could result in sustained national impacts over a prolonged period of time; almost immediately exceeds resources normally available to local, State, Tribal, and private sector authorities in the impacted area; and significantly interrupts governmental operations and emergency services to such an extent that national security could be threatened.

CBRNE: Chemical, biological, radiological, neurological and explosive weapons. An example of CBRNE-specific equipment is a monitor. A CBRNE-specific pharmaceutical is an item such as an autoinjector.

Centers for Independent Living (CILs): Designed and operated by individuals with disabilities, CILs provide independent living services for people with disabilities for people with all types of disabilities.

Chain of Command: The orderly line of authority within the ranks of incident management organizations.

Chief Elected Official: The official of the community who is charged with authority to implement and administer laws, ordinances, and regulations for the community. He or she may be a mayor, city manager, chair of a county board of commissioners, etc.

Chief Executive Official: The official of the community who is charged with authority to implement and administer laws, ordinances, and regulations for the community. He or she may be a mayor, city manager, etc.

Clear Text: Communication that does not use codes. See Plain Language.

CMIST Framework: Provides a broad categorization that encompasses all common access and functional needs (AFN) challenges without having to define a specific diagnosis, status, or label:

- Communication

- Maintaining Health

- Independence

- Support and Safety

- Transportation

Command: The act of directing, ordering, or controlling by virtue of explicit statutory, regulatory, or delegated authority.

Community: A political or geographical entity that has the authority to adopt and enforce laws and ordinances for the area under its jurisdiction. In most cases, the community is an incorporated town, city, township, village or unincorporated area of a county. However, each state defines its own political subdivisions and forms of government.

Community Based Organizations (CBO): An organization or organized body providing social services to individuals, families, and/or communities that benefits a targeted/identified community and has a significant influence and an effective voice.

Community Lifeline: A means of identifying, grouping, evaluating and reporting on the status of government and business functions that are essential to the health, safety and economic security of the community:

- Safety and Security

- Food, Water, Shelter

- Health and Medical

- Energy

- Communications

- Transportation

- Hazardous Material

Consumable Medical Supplies (CMS): Non-durable medical supplies that cannot withstand repeated use, are usually disposable, and are generally not used in the absence of illness or injury. They include, but are not limited to, bandages, antiseptics, and skin preparations and personal protective equipment (PPE) such as masks (community and medical/surgical), goggles, face shields/safety visors, respirators (N95 and filtering face piece), gloves (examination and surgical), gowns, garments, coveralls, and clean air suits.

Contamination: The undesirable deposition of a chemical, biological, or radiological material on the surface of structures, areas, objects, or people.

Continued Temporary Housing Assistance (CTHA): The process for determining an applicant's need for continued temporary housing assistance (CTHA), sometimes known as Rental Recertification.

Continuity of Operations Plan (COOP): A plan within individual executive departments and agencies to help ensure that Primary Mission Essential Functions (PMEFs) continue to be performed during a wide range of emergencies, including localized acts of nature, accidents and technological or attack-related emergencies.

Counseling Assistance and Training Program (CCP): A short-term disaster relief grant for states, U.S. territories, and federally recognized tribes. CCP grants are awarded after a presidential disaster declaration, funding supports community-based outreach, counseling, and other mental health services to survivors of natural and human-caused disasters.

Child Welfare Services (CWS): A continuum of services designed to ensure that children are safe and that families have the necessary support to care for their children successfully. Child welfare agencies typically:

- Support or coordinate services to prevent child abuse and neglect;

- Provide services to families that need help protecting and caring for their children;

- Receive and investigate reports of possible child abuse and neglect; assess child and family needs, strengths, and resources;

- Arrange for children to live with kin (i.e., relatives) or with foster families when safety cannot be ensured at home;

- Support the well-being of children living with relatives or foster families, including ensuring that their educational needs are addressed, and

- Work with the children, youth, and families to achieve family reunification, adoption, or other permanent family connections for children and youth leaving foster care

Continuity: The ability to provide uninterrupted services and support while maintaining organizational viability, before, during and after an incident that disrupts normal operations.

Continuity Capability: The ability of an organization to continue to perform its essential functions, using COOP and COG programs and continuity requirements that have been integrated into the organization's daily operations. The primary goal is preserving of our form of government under the U.S. Constitution and the continued performance of NEFs and organizational essential functions under all conditions.

Continuity Coordinator: The senior accountable official, designated by leadership or elected officials, who is responsible for oversight of the continuity program. Continuity coordinators are supported by a continuity manager and other continuity planners within subcomponent levels throughout the organization or government.

Continuity of Government (COG): A coordinated effort within the executive, legislative, or judicial branches to ensure that essential functions continue to be performed before, during, and after an emergency or threat. Continuity of government is intended to preserve the statutory and constitutional authority of elected officials at all levels of government across the United States.

Continuity of Operations (COOP): An effort within individual organizations to ensure that essential functions continue to be performed during the disruption of typical operations.

Continuity Plan: A documented plan that details how an individual organization will ensure it can continue to perform its essential functions during a wide range of incidents that impact normal operations.

Corrective Action Program (CAP): An organized method of documenting and tracking improvement actions for an organization's continuity program.

Coordinate: To exchange information systematically among principals who have

or may have a need to know certain information to carry out specific incident management responsibilities.

Credentialing: Providing documentation that identifies personnel and authenticates and verifies their qualification for a position. See Badging.

Critical Infrastructure: Assets, systems, and networks, whether physical or virtual, so vital to the United States that the incapacitation or destruction of such assets, systems, or networks would have a debilitating impact on security, national economic security, national public health or safety, or any combination of those matters. Some examples of critical infrastructure include:

- Public water systems serving large population centers;

- Primary data storage and processing facilities, stock exchanges or major banking centers;

- Chemical facilities located in close proximity to large population centers.

- Major power generation facilities exceeding 2,000 MW and supporting the regional electric grid;

- Hydroelectric facilities and dams producing power in excess of 2,000 MW that could cause catastrophic loss of life if breached;

- Nuclear power plants, and

- Major underground gas, water, phone and electrical supplies affecting a large population.

Critical Infrastructure and Key Resources (CIKR): Includes those assets, systems, networks, and functions—physical or virtual—so vital to the United States that their incapacitation or destruction would have a debilitating impact on security, national economic security, public health or safety, or any combination of those matters. Key resources are publicly or privately controlled resources essential to minimal operation of the economy and the government.

Cultural Resources: Aspects of a cultural system that are valued by or significantly representative of a culture or that contain significant information about a culture. Cultural resources may be tangible entities or cultural practices. Tangible cultural resources are categorized as districts, sites, buildings, structures, and objects for the National Register of Historic Places and as archeological resources, cultural landscapes, structures, museum objects and archives, and ethnographic resources for Federal management purposes.

Damage Assessment: Appraising or determining the number of injuries and deaths, damage to public and private property and status of key facilities and services (e.g., hospitals and other healthcare facilities, fire and police stations, communications networks, water and sanitation systems, utilities, transportation networks) resulting from a human-caused or natural disaster.

Decontamination: The reduction or removal of a chemical, biological, or radiological material from the surface of a structure, area, object, or person.

Delegation of Authority: A statement that the agency executive delegating authority and assigning responsibility provides to the Incident Commander. The delegation of authority can include priorities, expectations, constraints, and other considerations or guidelines, as needed. Demobilization: The orderly, safe, and efficient return of an incident resource to its original location and status.

Demobilization: The orderly, safe, and efficient return of an incident resource to its original location and status.

Department Operations Center (DOC): An operations or coordination center dedicated to a single, specific department or agency. The focus of a DOC is on internal agency incident management and response. DOCs are often linked to and/or physically represented in a combined agency EOC by an authorized agent(s) for the department or agency.

Developmentally Disabled Care Facilities:

- **Large Intermediate Care Facilities:** Intermediate Care Facilities for the Developmentally Disabled (ICFDD) - These are large setting facilities that provide nursing/personal care and programming for DD residents. These facilities tend to house clients with greater behavior and medical needs. While most DD residents could endure an evacuation without significant medical risk, behavioral issues must be considered when determining where they will be moved. There are freestanding licensed ICFDD's. IDPH regulates the DD portion of state operated DD facilities under federal rules.

- **Small Intermediate Care Facilities:** Intermediate Care Facilities for the Developmentally Disabled 16-bed or less (ICFDD 16) - These are small group homes for DD clients. In general, ICFDD 16 clients tend to be higher functioning. The vast majority of ICFDD homes are in this category.

- **Long-term Care for U-22 Facilities:** Long-term Care for Under Age 22 Years (SNF Peds) - These are skilled nursing homes for children. The majority of the population has major medical needs in addition to a DD diagnosis. This is a very frail population and the same concerns regarding

the evacuation of a geriatric SNF apply here. A significant number of SNF pediatric residents require some form of life support system. See Pediatric Annex.

- **Community Living Facilities Act Facilities**: The Community Living Facilities (CLF) Act (210 ILCS 35) establishes a licensing category similar to the ICFDD 16 classification under the Nursing Home Care Act. The CLF statute came before the establishment of the 16-bed DD facilities and was an effort to support the establishment of small setting DD homes. The only significant difference between CLF and ICFDD 16 is CLFs house up to 20 clients.

Direct Assistance: Assistance provided to disaster survivors by the Federal Government in the form of physical resources; essentially all assistance that is not provided monetarily. This includes housing units that are acquired by purchase or lease, directly for individuals or households who, because of a lack of available housing resources, would be unable to make use of financial assistance as well as direct activities by the government to repair or rent units, such as contracting with a company to repair a rental property.

Disability: Individual who has a physical or mental impairment that substantially limits one or more major life activities (an "actual disability"), or a record of a physical or mental impairment that substantially limits a major life activity ("record of"), or an actual or perceived impairment, whether or not the impairment limits or is perceived to limit a major life activity, that is not both transitory and minor ("regarded as") and specific changes to the text of the ADA.

Disability Integration (DI): The DI Cadre deploys Disability Integration Advisors (DIADs) and Disability Integration Specialists (DINSs) to advise key leaders in Joint Field Offices (JFOs) and managers at the branch level to increase access and inclusion for survivors with disabilities in both the response and recovery missions. DI Cadre staff provides strategies, tools, and tactics to improve services to people with disabilities. Also, advises field leadership and management on the consideration of needs of people with disabilities including universal design principles.

Disaster: An occurrence of a natural catastrophe, technological accident, or human-caused event that has resulted in severe property damage, deaths, and/or multiple injuries.

Disaster Behavioral Health (DBH): The provision of behavioral health, substance abuse, and stress management services to disaster survivors and responders.

Disaster Field Office (DFO): The office established in or near the designated area

of a Presidentially declared major disaster to support Federal and State response and recovery operations.

Disaster Recovery Center (DRC): Places established in the area of a Presidentially declared major disaster, as soon as practicable, to provide victims the opportunity to apply in person for assistance and/or obtain information relating to that assistance. DRCs are staffed by local, State, and Federal agency representatives, as well as staff from volunteer organizations (e.g., the ARC).

Disaster Survivor Assistance: The Disaster Survivor Assistance (DSA) cadre establishes a timely presence focused on addressing the needs of impacted populations and disaster survivors. They collect targeted information, provide accessible in-person information and referrals, and identify public information needs.

Durable Medical Equipment (DME): Any equipment that provides therapeutic benefits to a patient in need because of certain medical conditions and/or illnesses. DME includes, but is not limited to, wheelchairs (manual and electric), hospital beds, traction equipment, canes, crutches, walkers, kidney machines, ventilators, oxygen, monitors, pressure mattresses, lifts, nebulizers, bili blankets and bili lights. DME consists of items which:

- Are primarily and customarily used to serve a medical purpose;

- Are not useful to a person in the absence of illness or injury;

- Are ordered or prescribed by a physician;

- Are reusable;

- Can stand repeated use, and

- Are appropriate for use in the home.

Electromagnetic Pulse: A sharp pulse of energy radiated instantaneously by a nuclear detonation which may affect or damage electronic components and equipment.

Emergency: Any incident, whether natural, technological, or human-caused, that necessitates responsive action to protect life or property.

Emergency Alert System (EAS): A national public warning system that requires radio and TV broadcasters, cable TV, wireless cable systems, satellite and wireline operators to provide the President with capability to address the American people within 10 minutes during a national emergency.

Emergency Environmental Health Services: Services required to correct or improve damaging environmental health effects on humans, including inspection for food contamination, inspection for water contamination, and vector control; providing for sewage and solid waste inspection and disposal; clean-up and disposal of hazardous materials; and sanitation inspection for emergency shelter facilities.
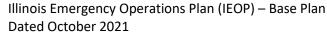
Emergency Management Accreditation Program (EMAP): An independent non-profit organization that fosters excellence and accountability in emergency management and homeland security programs by establishing credible standards applied in a peer review accreditation process.

Emergency Health Services: Services required to prevent and treat the damaging health effects of an emergency, including communicable disease control, immunization, laboratory services, dental and nutritional services; providing first aid for treatment of ambulatory patients and those with minor injuries; providing public health information on emergency treatment, prevention, and control; and providing administrative support including maintenance of vital records and providing for a conduit of emergency health funds from State and Federal governments.

Emergency Management (EM): The managerial function charged with creating the framework within which communities reduce vulnerability to hazards and cope with disasters.

Emergency Management Agency (EMA): An agency at the local, tribal, state, national or international level that holds responsibility for comprehensively planning for, responding to and recovering from all manner of disasters and emergencies whether natural, technological or man-made. EMAs may also be requested to provide consequence management for large special events such as major gatherings, visiting dignitaries, etc. Also referred to as an Office of Emergency Management (OEM).

Emergency Management Assistance Compact (EMAC): An interstate mutual aid agreement which all 50 States, the District of Columbia, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, and the U.S. Virgin Islands have passed. The Compact contains 13 articles establishing a mutual aid system with, among other elements, provisions for jurisdictions to share their resources with one another during emergencies, give and receive reimbursement for shared resources, and give and receive liability protection for their officers and employees rendering aid in another jurisdiction. EMAC is similar to IMAC, except that IMAC is focused on mutual aid within a state or territory, and EMAC is focused on mutual aid between states and territories.

Emergency Management Assistance Team (EMAT): An agency-based agreement between local governments and the Illinois Emergency Services Management Agency (IESMA) providing mutual aid to agencies that may need emergency management support in times of disaster or other emergencies that may overwhelm a local jurisdiction.

Emergency Medical Services (EMS): Services, including personnel, facilities, and equipment required to ensure proper medical care for the sick and injured from the time of injury to the time of final disposition, including medical disposition within a hospital, temporary medical facility, or special care facility, release from site, or declared dead. Further, emergency medical services specifically include those services immediately required to ensure proper medical care and specialized treatment for patients in a hospital and coordination of related hospital services.

- **Critical Care Ambulance:** Perform skills beyond the national standard curriculum with a registered nurse (RN) or critical care paramedic on the ambulance in accordance with the national standard curriculum and the EMS medical director.

- **Advanced Life Support (ALS) Ambulance:** Staffed with a minimum of one paramedic and one EMT-Basic that are capable of providing advanced life support (ALS) or basic life support (BLS) care. Paramedics can perform invasive skills such as intubation, surgical airways, defibrillation, and medication administration in accordance with the national standard curriculum and the EMS medical director.

- **Intermediate Life Support (ILS) Ambulance:** Staffed with a minimum of one EMT-intermediate, pre-hospital RN or physician who is capable of providing Intermediate life support (ILS) or basic life support (BLS) care and one other EMT, pre-hospital RN or physician. EMT-intermediates can perform some invasive skills such as intubation, initiation of intravenous access, administer some medications, cardiac monitoring and defibrillation in accordance with the national standard curriculum and the EMS Medical Director.

- **Basic Life Support (BLS) Ambulance**: A BLS ambulance is staffed by two EMT-basics who are capable of providing non-invasive life saving measures including basic airway measures, spinal immobilization, bleeding control, splinting, oxygen administration and the use of automated external defibrillator (AED) in accordance with the national standard curriculum and the EMS medical director.

Emergency Mortuary Services: Services required to assure adequate death

investigation, identification, and disposition of bodies; removal, temporary storage, and transportation of bodies to temporary morgue facilities; notification of next of kin; and coordination of mortuary services and burial of unclaimed bodies.

Emergency Operations Center (EOC): The physical location where the coordination of information and resources to support incident management activities (on-scene operations) normally takes place. An EOC may be a temporary facility or located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction.

Emergency Operations Plan (EOP): A plan for responding to a variety of potential hazards.

Emergency Support Function (ESF): A grouping of governmental and certain private sector capabilities into an organizational structure to provide capabilities and services to manage domestic incidents.

Essential Elements of Information (EEI): Important and standard information items, which support timely and informed decisions.

Essential Services: Services necessary to a basic standard of living and the general welfare of society. Services may include any of the following: electricity services, gas services, water and sewerage services, etc.

Evacuation: The organized, phased, and supervised withdrawal, dispersal, or removal of people from dangerous or potentially dangerous areas, and their reception and care in safe areas. Event: See Planned Event.

Evacuees: All persons removed or moving from areas threatened or struck by a disaster.

Faith Based Organizations (FBO): An organization whose values are based on faith and/or beliefs, which has a mission based on social values of the particular faith, and which most often draws its activists (leaders, staff, volunteers) from a particular faith group. The faith to which the organization is relating to does not have to be academically classified as religion.

Federal Assistance: A federal program, service, or activity that directly aids organizations, individuals, or state/local/tribal governments. Sectors include education, health, public safety and public welfare - to name a few. Financial assistance is distributed in many forms, including grants, loans, direct payments, or insurance.

Federal Coordinating Officer (FCO): The official appointed by the President to

execute Stafford Act authorities, including the commitment of FEMA resources and mission assignments of other federal departments or agencies. In all cases, the federal coordinating officer represents the FEMA Administrator in the field to discharge all FEMA responsibilities for the response and recovery efforts underway. For Stafford Act incidents, the federal coordinating officer is the primary federal representative with whom the state coordinating officer and other response officials' interface to determine the most urgent needs and to set objectives for an effective response in collaboration with the unified coordination group.

Field Assessment Team: A small team of pre-identified technical experts that conduct an assessment of response needs (not a PDA) immediately following a disaster. The experts are drawn from FEMA, other agencies and organizations--such as the U.S. Public Health Service, U.S. Army Corps of Engineers, U.S. Environmental Protection Agency, and the American Red Cross--and the affected State(s). All FAsT operations are joint Federal/State efforts.

Function-Based Needs: Restrictions or limitations an individual may have that requires assistance before, during, and after a disaster or public health emergency.

Governor's Authorized Representative (GAR): An individual empowered by a governor to: (1) execute all necessary documents for disaster assistance on behalf of the state, tribe, territory or insular area, including certifying applications for public assistance; (2) represent the governor of the impacted state in the unified coordination group, when required; (3) coordinate and supervise the state disaster assistance program, to include serving as its grant administrator; and (4) identify, in coordination with the state coordinating officer, the state's critical information needs for incorporation into a list of essential elements of information.

Hazard: An event or physical condition that has the potential to cause fatalities, injuries, property damage, infrastructure damage, agricultural loss, damage to the environment, interruption of business, or other types of harm or loss"

Hazard Mitigation: Any action taken to reduce or eliminate the long-term risk to human life and property from hazards. The term is sometimes used in a stricter sense to mean cost-effective measures to reduce the potential for damage to a facility or facilities from a disaster event.

Hazardous Material (HAZMAT): Any substance or material that when involved in an accident and released in sufficient quantities, poses a risk to people's health, safety, and/or property. These substances and materials include explosives, radioactive materials, flammable liquids or solids, combustible liquids or solids,

poisons, oxidizers, toxins, and corrosive materials.

Health Alert Network (HAN): An electronic communications method used by the Centers for Disease Control and Prevention and state health departments for sharing cleared information about urgent public health incidents with public information officers; federal, state, territorial, tribal, and local public health practitioners; clinicians; and public health laboratories.

Health Care Coalition (HCC): A group of individual healthcare and response organizations (e.g., hospitals, emergency medical services, emergency management organizations, and public health agencies) in a defined geographic location that play a critical role in developing healthcare system preparedness and response capabilities. HCCs serve as multiagency coordinating groups that support and integrate with ESF-8 activities in jurisdictional incident command systems. HCCs reflect the unique needs and features of their local areas. They help health care facilities to plan, organize, equip, train, exercise, and evaluate the health care system preparedness in their regions.

Health Insurance Portability and Accountability Act (HIPPA): A Congressional Act enacted in 1996 that modernized the flow of healthcare information, stipulates how personally identifiable information maintained by the healthcare and healthcare insurance industries should be protected from fraud and theft, and addressed some limitations on healthcare insurance coverage. It generally prohibits healthcare providers and healthcare businesses, called covered entities, from disclosing private information to anyone other than a patient and the patient's authorized representatives.

Homeland Security Exercise and Evaluation Program (HSEEP): Provides a set of fundamental principles for exercise programs, as well as a common approach to program management, design and development, conduct, evaluation, and improvement planning.

Hospital: An organization, clinic, medical center, medical college or university, infirmary, surgery center or any other institution, association or foundation providing medical, surgical, or psychiatric care and treatment for the sick or the injured.

- **Regional Hospital Coordinating Center (RHCC):** The lead hospital in a Public Health and Medical Services Response Region (PHMSRR) and/or EMS Region responsible for coordinating health and medical emergency response for hospitals in the region. The RHCC will serve as the primary point of contact for communication and coordination for health and medical emergency event response activities for the resource, associate, and participating Hospitals in its PHMSRR. Associate and participating

hospitals request health and medical assistance from their resource hospitals. If the resource hospital cannot fulfill the request, it pushes the request to the RHCC. Any requests from resource, associate, and participating hospitals for non-health and medical assistance should be routed through the local jurisdictional emergency management agency

- **Resource Hospital:** Lead hospital for EMS and have the authority and responsibility for all EMS system program plans, including clinical aspects and operations. In addition, resource hospitals are designated through the pediatric facility recognition program at the Pediatric Critical Care Center (PCCC), Emergency Department Approved for Pediatrics (EDAP) or Standby Emergency Department for Pediatrics (SEDP) level. Each resource hospital will have a designated EMS director to lead all operations for its EMS system. It also must maintain a minimum of two medical supply bags with supplies for disaster response. The medical bag supply list is shared with each Regional EMS Coordinator (REMSC) through the Comprehensive Emergency Management Program (CEMP) as a part of the Healthcare System Preparedness Capability (HPP 01) chapter.

- **Associate Hospital:** The middle tier of hospitals in the EMS system and have either a basic or comprehensive emergency department with 24-hour physician coverage. Associate hospitals are responsible for supporting the health and medical emergency response activities of their resource hospital. They must maintain a medical supply bag with supplies for disaster response. The medical bag supply list is shared with each REMSC, each hospital, and the RHCC through the CEMP as a part of the Healthcare System Preparedness Capability (HPP 01) chapter.

- **Participating Hospital**: Responsible for supporting the health and medical emergency response activities of their associate and resource hospitals. They must maintain a medical supply bag with supplies for disaster response. The medical bag supply list is shared with each REMSC, each hospital, and the RHCC through the CEMP as a part of the Healthcare System Preparedness Capability (HPP 01) chapter.

- **Pediatric Critical Care Center (PCCC):** A hospital that has a dedicated pediatric intensive care unit (PICU) and other defined pediatric critical care capabilities and is able to provide optimal critical and specialty care services to pediatric patients; and provides all essential services either in-house or readily available 24 hours per day.

Hospital Bypass System: An internet-based system that hospitals use to communicate bypass status, counts for required and available bed types, and

other critical resources during a disaster and on a routine basis.

Illinois HELPS: An Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), is an internet-based system designed for the advanced registration of volunteers who may provide health services during a public health emergency. The Illinois HELPS system can verify the identity, credentials, certifications, licenses, and hospital privileges of registered volunteer health professionals prior to deployment.

Illinois Radio Emergency Assistance Channel (IREACH): A governmental interagency mutual aid channel.

Incident: An occurrence, natural or human caused, that necessitates a response to protect life or property. In this document, the word "incident" includes planned events as well as emergencies and/or disasters of all kinds and sizes.

Incident Action Plan (IAP): An oral or written plan containing the objectives established by the incident commander or unified command and addressing tactics and support activities for the planned operational period, generally 12 to 24 hours.

Incident Command (IC): The ICS organizational element responsible for overall management of the incident and consisting of the Incident Commander or Unified Command and any additional Command Staff activated.

Incident Command System (ICS): A standardized approach to the command, control and coordination of on-scene incident management, providing a common hierarchy within which personnel from multiple organizations can be effective. ICS combines procedures, personnel, facilities, equipment and communications in a common organizational structure to aid in the management of on-scene resources during incidents. It is used for all kinds of incidents and is applicable to small, as well as large and complex, incidents, including planned events.

Incident Management: The broad spectrum of activities and organizations providing operations, coordination, and support applied at all levels of government, using both governmental and nongovernmental resources to plan

Incident Management Assistance Team (IMAT): A team of ICS-qualified personnel configured according to ICS that deploys in support of affected jurisdictions and/or on-scene personnel.

Incident Management Team (IMT): A rostered group of ICS-qualified personnel consisting of an incident commander, command and general staff and personnel assigned to other key ICS positions.

Individual Assistance: The Individual Assistance (IA) cadre ensures that individuals and families affected by disasters have access to the full range of FEMA programs and information in a timely manner and provide the highest level of service to applicants.

Individual with Disability: Refers to a person (child or adult) who has a physical or mental impairment that substantially limits one or more major life activities; a person who has a history or record of such impairment; or a person who is perceived by others as having such impairment.

Information Management: The collection, organization, and control over the structure, processing, and delivery of information from one or more sources and distribution to one or more audiences who have a stake in that information.

Intelligence/Investigations (I/I): Efforts to determine the source or cause of the incident (e.g., disease outbreak, fire, complex coordinated attack, or cyber incident) in order to control its impact and/or help prevent the occurrence of similar incidents. In ICS, the function may be accomplished in the Planning Section, Operations Section, Command Staff, as a separate General Staff section, or in some combination of these locations.

Interagency Agreement (IAA): A written agreement entered into between two government agencies, or major organizational units within an agency, which specifies the goods to be furnished or tasks to be accomplished by one agency (the servicing agency) in support of the other (the requesting agency).

Inter-Agency Strategic Planning Cell (ISPC): A section in the Operations Branch of IEMA that is comprised of IEMA and other state agencies responsible for all planning functions in the agency.

Intergovernmental Agreement (IGA): An agreement for services between a state agency and any other governmental entity whether federal, state, or local and any department, division, unit or subdivision thereof.

Interim Housing: The intermediate period of housing assistance that covers the gap between sheltering and the return of disaster survivors to permanent housing. Generally, this period may span from the day after the disaster is declared through a period up to 18 months.

Intermediate Recovery: Phase of recovery which involves returning individuals, families, critical infrastructure and essential government or commercial services to a functional, if not pre-disaster, state. Such activities are often characterized by temporary actions that provide a bridge to permanent measures.

Interoperability: The ability of systems, personnel, and equipment to provide and receive functionality, data, information, and/or services to and from other systems, personnel, and equipment, between both public and private agencies and departments.

Intrastate Mutual Aid Compact: An arrangement among jurisdictions within a state or territory which establishes a system for the sharing of emergency response resources after a disaster. IMAC is similar to EMAC, except that IMAC is focused on mutual aid within a state or territory, and EMAC is focused on mutual aid between states and territories.

Insular Area: American Samoa, the Federated States of Micronesia, Guam, the Marshall Islands, the Northern Mariana Islands, the Trust Territory of the Pacific Islands, and the Virgin Islands; areas for which FEMA has statutory responsibilities relating to disasters.

Joint Field Office (JFO): The primary federal incident management field structure. The joint field office is a temporary federal facility that provides a central location for coordinating organizations with primary responsibility for response and recovery, including state, local, territorial, tribal, insular area and federal governments and private sector and nonprofit organizations.

Joint Information Center (JIC): A facility in which personnel coordinate incident-related public information activities. It serves as the central point of contact for all news media. Public information officials from all participating agencies co-locate at, or virtually coordinate through, the joint information center.

Joint Information System (JIS): A structure that integrates overarching incident information and public affairs into a cohesive organization designed to provide consistent, coordinated, accurate, accessible, timely, and complete information during crisis or incident operations.

Jurisdiction: Jurisdiction has more than one definition. Each use depends on the context:

- A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority. Jurisdictional authority at an incident can be political or geographical (e.g., city, county, tribal, state or federal boundary lines) or functional (e.g., law enforcement, public health).

- A political subdivision (e.g., federal, state, county, parish, municipality) with the responsibility for public safety, health and welfare within its legal authorities and geographic boundaries.

Lifeline: See "Community Lifeline."

Limited English Proficiency (LEP): English is not the primary language of an individual who have difficulty communicating effectively in English and may need an interpreter or document translation in order to have meaningful access to programs

Lines of Effort (LOE): The unity of purpose that centralizes multiple tasks and missions behind a desired effect.

Local Government: A county, municipality, city, town, township, local public authority, school district, special district, intrastate district, council of governments (regardless of whether the council of governments is incorporated as a nonprofit corporation under state law), regional or interstate government entity or agency or instrumentality of a local government; a rural community, unincorporated town or village or other public entity.

Logistics: The process and procedure for providing resources and other services to support incident management.

Long-Term Care (LTC) Facility:

- **Skilled Nursing Facilities (SNF):** The highest level of nursing home care. Residents in SNF require 24-hour nursing care and are the most medically compromised. SNF residents may be bedridden, comatose, have severe dementia or require life support systems. Before making a decision to evacuate, the medical risks associated with moving these frail residents must be weighed against the risk they are facing.

- **Intermediate Nursing Care Facilities (ICF):** Second highest level of nursing home care. These residents require 24-hour nursing care, but their needs are not as medically complex as those in SNF. There can be considerable variation in the medical needs of ICF residents. While the majority of ICF residents are elderly, there are a growing number of ICF residents that have mental illness (MI) as their primary diagnosis. MI residents tend to be younger and more able-bodied. Caution should be used in making evacuation decisions at ICFs, but there may be some ICFs with a predominately MI population where evacuation will not present a medical risk.

- **Shelter Care Facilities (SHL):** Lowest level of nursing home care. These residents require assistance with personal care and varying levels of oversight and supervision. SHL residents have minimal nursing care needs. Caution should be used in making evacuation decisions, but most

SHL residents should be able to endure an emergency evacuation without serious medical risk.

Long-Term Housing: Safe, sanitary, and secure housing that can be sustained without continued disaster-related assistance.

Long-Term Recovery: Phase of recovery that may continue for months or years and addresses complete redevelopment and revitalization of the impacted area, rebuilding or relocating damaged or destroyed social, economic, natural and built environments and a move to self-sufficiency, sustainability and resilience.

Major Disaster:

- Any natural catastrophe (including any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought), or, regardless of cause, any fire, flood, or explosion, in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under this Act to supplement the efforts and available resources of States, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.

- As defined by the Stafford Act, any natural catastrophe (including any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought) or, regardless of cause, any fire, flood or explosion, in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under this act to supplement the efforts and available resources of local, State governments and disaster relief organizations in alleviating the damage, loss, hardship or suffering caused thereby.

Mass Casualty Incident: An incident that generates a sufficiently large number of casualties whereby the available healthcare resources, or their management systems, are severely challenged or unable to meet the healthcare needs of the affected population.

Mass Effect Incident: An incident that primarily affects the ability of an organization to continue its normal operations. For healthcare organizations, this can disrupt the delivery of routine healthcare services and hinder their ability to provide needed surge capacity. For example, a hospital's ability to provide medical care to the victims of an earthquake is compromised if it must focus on

relocating current patients because a section of the facility was destroyed.

Mass Care: Congregate sheltering, feeding, distribution of emergency supplies and reunification of children with their parent(s)/legal guardians and adults with their families.

Medical Surge: The ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of healthcare organizations to survive a hazard impact and maintain or rapidly recover operations that were compromised; a concept known as medical system resiliency.

Medical Emergency Radio Communications of Illinois (MERCI): A network of frequencies established to allow traffic for mobile-to-mobile, mobile-to-hospital, and hospital-to-hospital channels designated by IDPH. Allows ambulances throughout the state to communicate with hospital emergency departments and facilitates communications between hospitals on a point-to-point basis.

Memorandums of Agreement (MOA): See Memorandum of Understanding (MOU).

Memorandum of Understanding (MOU): An agreement between two or more parties outlined in a formal document. It is not legally binding but signals the willingness of the parties to move forward with a contract.

Mission Area: One of five areas (Prevention, Protection, Mitigation, Response, and Recovery) designated in the National Preparedness Goal to group core capabilities.

Mission Essential Functions (MEFs): The essential functions directly related to accomplishing an organization's mission as set forth in statutory or executive charter. Generally, MEFs are unique to each organization.

Mitigation: A sustained action to reduce or eliminate risk to people and property from hazards and their effects.

Mobile Support Teams (MST): Deployable teams with the authority to operate as state assets through Memorandums of Understanding between the team and the state. MSTs in Illinois include:

- IL-IMT – Illinois Incident Management Team

- EMAT – Illinois Emergency Management Mutual Aid System

- IMERT- Illinois Medical Emergency Response Team

- IPWMAN – Illinois Public Works Mutual Aid Network

- ILEAS – Illinois Law Enforcement Alarm System

- MABAS – Mutual Aid Box Alarm System

Mobilization: The processes and procedures for activating, assembling, and transporting resources that have been requested to respond to or support an incident.

Multiagency Coordination Group (MAC Group): A group, typically consisting of agency administrators or executives from organizations, or their designees, that provides policy guidance to incident personnel, supports resource prioritization and allocation, and enables decision making among elected and appointed officials and senior executives in other organizations, as well as those directly responsible for incident management. Can also be called the Policy Group.

Multiagency Coordination Systems: An overarching term for the NIMS Command and Coordination systems: ICS, EOCs, MAC Group/policy groups, and JISs.

Mutual Aid Agreement: A written or oral agreement between and among agencies/organizations and/or jurisdictions that provides a mechanism to quickly obtain assistance in the form of personnel, equipment, materials, and other associated services. The primary objective is to facilitate the rapid, short-term deployment of support prior to, during, and/or after an incident.

Mutual Assistance Agreement: See Mutual Aid Agreement.

National Disaster Recovery Support (NDRS): The NDRS cadre coordinates federal post-disaster recovery planning efforts through engagement with state, territorial, tribal, and local stakeholders. NDRS provides data analytics that aid senior leadership decision making and identifies non-standard funding or other resources that support the implementation of recovery efforts.

National Emergency Management Information System (NEMIS): An integrated data management system that automates management of disaster response and recovery operations, including application registration, processing, and payment of assistance to disaster survivors.

National Incident Management System (NIMS): A systematic, proactive approach to guide all levels of government, nonprofits and the private sector to work together to prevent, protect against, mitigate, respond to and recover from the effects of incidents. NIMS provides stakeholders across the whole community with the shared vocabulary, systems and processes to successfully

deliver the capabilities described in the National Preparedness System. NIMS provides a consistent foundation for dealing with all incidents, ranging from daily occurrences to incidents requiring a coordinated federal response.

National Preparedness Goal (NPG): Doctrine describing what it means for the whole community to be prepared for the types of incidents that pose the greatest threat to the security of the Nation, including acts of terrorism and emergencies and disasters, regardless of cause. The goal itself is: "A secure and resilient Nation with the capabilities required across the whole community to prevent, protect against, mitigate, respond to, and recover from the threats and hazards that pose the greatest risk."

National Preparedness System (NPS): An organized process to achieve the National Preparedness Goal of a secure and resilient Nation.

National Response Coordination Center (NRCC): A multiagency coordination center located at FEMA Headquarters. Its staff coordinates the overall Federal support for major disasters and emergencies, including catastrophic incidents and emergency management program implementation.

National Response Framework (NRF): A comprehensive, national, all-hazards approach to domestic incident response. It serves as a guide to enable responders at all levels of government and beyond to provide a unified national response to a disaster. It defines the key principles, roles and structures that organize the way United States jurisdictions plan and respond.

National Risk and Capability Assessment (NRCA): A suite of assessment products that measures risk and capability across the nation in a standardized and coordinated process. When analyzed together, these products will better measure national risks, capabilities, and gaps.

National Special Security Event (NSSE): Planned major events, designated by the Department of Homeland Security, that warrant the full protection, incident management and counterterrorism capabilities of the federal government.

Non-Essential Functions (NEFs): Select functions that are necessary to lead and sustain the Nation during a catastrophic emergency and that, therefore, must be supported through COOP, COG, and ECG capabilities.

Nongovernmental Organization (NGO): A group that is based on the interests of its members, individuals, or institutions. An NGO is not created by a government, but it may work cooperatively with government. Examples of NGOs include faith-based groups, relief agencies, organizations that support people with access and functional needs, and animal welfare organizations.

Nonprofit Organization: A group that meets the requirements of Internal Revenue Service Code Section 501(c)(3)47 and is based on the interests of its members, individuals or institutions. A nonprofit is not created by a government, but it may work cooperatively with government. Examples of nonprofits include faith-based groups, relief agencies, organizations that support people with access and functional needs and animal welfare organizations.

Office of Emergency Management (OEM): See Emergency Management Agency (EMA).

Operational Security (OPSEC): The implementation of procedures and activities to protect sensitive or classified operations involving sources and methods of intelligence collection, investigative techniques, tactical actions, counter-surveillance measures, counterintelligence methods, undercover officers, cooperating witnesses, and informants.

Operations Section: The ICS Section responsible for implementing tactical incident operations described in the IAP. In ICS, the Operations Section may include subordinate branches, divisions, and/or groups.

Personal Assistance Services (PAS): Services that provide assistance with performing activities of daily living that an individual would typically perform if he or she did not have a disability, and that is not otherwise required as a reasonable accommodation; examples include, assistance with removing and putting on clothing, eating, using the restroom, and pushing a wheelchair or assistance with getting into or out of a vehicle at the worksite.

Personal Care Assistant (PCA): An individual trained to provide a wide range of services to individuals in their own homes. Generally, people with a physical or mental disability or older adults who need help with certain everyday tasks. PCAs do not provide medical care that requires a medical license from the state.

Personal Care Services (PCS): Services that help individuals stay in their own homes and communities rather than live in institutional settings, such as nursing homes.

Personal Protective Equipment (PPE): Personal Protective Equipment includes items required by applicable Occupational Safety and Health Administration (OSHA) standards needed to enhance the operational safety of the firefighter.

Plain Language: Communication that the intended audience can understand and that meets the communicator's purpose. For the purpose of NIMS, plain language refers to a communication style that avoids or limits the use of codes, abbreviations, and jargon, as appropriate, during incidents involving more than a single agency.

Planned Event: An incident that is a scheduled non-emergency activity (e.g., sporting event, concert, parade).

Planning Assumptions: Parameters that are expected and used as a context, basis or requirement for developing response and recovery plans, processes and procedures. If a planning assumption is not valid for a specific incident's circumstances, the plan may not be adequate for response success. Alternate methods may be needed. For example, if a decontamination capability is based on the planning assumption that the facility is not within the zone of release, this assumption should be verified at the beginning of the response.

Points of Distribution (POD): Centralized locations in an impacted area where survivors pick up life-sustaining relief supplies following a disaster or emergency.

Political Subdivision: A unit of government created by and under the authority of a higher level of government. If a state divides itself up into counties, the counties are political subdivisions of the state. If those counties divide themselves up into county subdivisions, the county subdivisions are political subdivisions of the counties, which are in turn political subdivisions of the state.

Preliminary Damage Assessment (PDA): A mechanism used to determine the impact and magnitude of damage and the resulting unmet needs of individuals, businesses, the public sector, and the community as a whole. Information collected is used by the State as a basis for the Governor's request for a Presidential declaration, and by FEMA to document the recommendation made to the President in response to the Governor's request. PDAs are made by at least one State and one Federal representative. A local government representative familiar with the extent and location of damage in the community often participates; other State and Federal agencies and voluntary relief organizations also may be asked to participate, as needed.

Preparedness: Actions taken to plan, organize, equip, train, and exercise to build and sustain the capabilities necessary to prevent, protect against, mitigate the effects of, respond to and recover from threats and hazards.

Prevention: The capabilities necessary to prevent, avoid or stop an imminent threatened or actual act of terrorism.

Primary Mission Essential Functions (PMEFs): Those Mission Essential Functions (MEFs) that must be continuously performed to support or implement the uninterrupted performance of NEFs.

Private Sector: Organizations and individuals that are not part of any governmental structure. The private sector includes for-profit and not-for-profit organizations, formal and informal structures, commerce, and industry.

Protection: The capabilities to safeguard the homeland against acts of terrorism and manmade or natural disasters, focusing on actions to protect United States people, vital interests, and way of life.

Protocol: A set of established guidelines for actions (designated by individuals, teams, functions, or capabilities) under various specified conditions.

Public Assistance (PA): The Public Assistance Grant Program provides assistance to State, Local, Tribal and Territorial governments, and certain types of Private Non-Profit organizations so that communities can quickly respond to and recover from major disasters or emergencies declared by the President. The PA cadre aids with debris removal, emergency protective measures, and the repair, replacement, or restoration of disaster-damaged, publicly owned facilities and some private non-profit facilities. The PA Program also encourages protection of these damaged facilities from future events by providing for hazard mitigation measures during the recovery process.

Public Information: Processes, procedures, and systems for communicating timely, accurate, and accessible information on an incident's cause, size, and current situation; resources committed; and other matters of general interest to the public, responders, and additional stakeholders (both directly affected and indirectly affected).

Public Information Officer (PIO): A member of the ICS Command Staff responsible for interfacing with the public and media and/or with other agencies with incident-related information needs.

Public Health Emergency: Is believed to be caused by any of the following:

- Bioterrorism;

- The appearance of a novel or previously controlled or eradicated infectious agent or biological toxin;

- A natural disaster;

- A chemical attack or accidental release, or

- A nuclear attack or accident, and

Poses a high probability of any of the following:

- Many deaths;

- Many serious or long-term illnesses or disabilities, or

- Widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to many people.

Recovery: Those capabilities necessary to assist communities affected by an incident to recover effectively, including, but not limited to, rebuilding infrastructure systems; providing adequate interim and long-term housing for survivors; restoring health, social, and community services; promoting economic development; and restoring natural and cultural resources.

Recovery Support Function (RSF): Organizing structures for key functional areas of assistance outlined in the National Disaster Recovery Framework that group capabilities of various government and private sector partner organizations to promote effective recovery from disasters before and after disasters strike. Reimbursement: Mechanism used to recoup funds expended for incident-specific activities.

Regional Operating Center (ROC): The temporary operations facility for the coordination of Federal response and recovery activities, located at the FEMA Regional Office (or Federal Regional Center) and led by the FEMA Regional Director or Deputy Director until the DFO becomes operational. Once the ERT-A is deployed, the ROC performs a support role for Federal staff at the disaster scene.

Resilience: Ability to adapt to changing conditions and withstand and rapidly recover from disruption due to emergencies.

Resource Management: Systems for identifying available resources at all jurisdictional levels to enable timely, efficient, and unimpeded access to resources needed to prepare for, respond to, or recover from an incident.

Resource Tracking: The process that all incident personnel and staff from associated organizations use to maintain information regarding the location and status of resources ordered for, deployed to, or assigned to an incident.

Resources: Personnel, equipment, teams, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained. Resources are described by kind and type and may be used in operational support or supervisory capacities at an incident or at an EOC.

Response: The capabilities necessary to save lives, protect property and the environment, and meet basic human needs after an incident has occurred.

Restoration: Returning a physical structure, essential government or commercial services or a societal condition back to a former or normal state of use through repairs, rebuilding or reestablishment.

Risk Assessment: A formal risk assessment consists of employing software programs or recognized expert analysis to assess risk trends. Examples of informal assessments include a manual study of fire loss, burn injuries or life loss over a period of time and the causative factors for each occurrence.

Service Animal: Any dog that is individually trained to do work or perform task for the benefit of an individual with a physical, sensory, psychiatric, or intellectual disability.

Shelter: A place of refuge that provides life-sustaining services in a congregate facility for individuals who have been displaced by an emergency or a disaster.

Short Term Housing: Refers to the states of "sheltering" and "interim housing."

Short-Term Recovery: Phase of recovery which addresses the health and safety needs beyond rescue, the assessment of the scope of damages and needs, the restoration of basic infrastructure and the mobilization of recovery restarting and/or restoring essential services for recovery decision making.

Single Resource: An individual, a piece of equipment and its personnel complement, or a crew/team of individuals with an identified work supervisor that can be used on an incident.

Situation Report (SitRep): Confirmed or verified information regarding the specific details relating to an incident. Span of Control: The number of subordinates for which a supervisor is responsible, usually expressed as the ratio of supervisors to individuals.

Staging Area: A temporary location for available resources in which personnel, supplies, and equipment await operational assignment.

Stakeholder Preparedness Review (SPR): A self-assessment of a jurisdiction's current capability levels against the targets identified in the Threat and Hazard Identification and Risk Assessment (THIRA). Using the targets from the THIRA, jurisdictions identify their current capability and how that capability changed over the last year, including capabilities lost, sustained, and built.

Standard Operating Procedure (SOP): A reference document or an operations manual that provides the purpose, authorities, duration, and details for the preferred method of performing a single function or several interrelated functions in a uniform manner.

Starcom 21: The Statewide Trunk P-25 Phase 1 Trunked Network has been adopted as the primary state wireless communications network and by all state agencies and health community partners. Many county and local agencies have

also adopted the use of Starcom. During any event the necessary radio nets will be initiated in order to support voice communications needs for the healthcare community to provide notification and coordinate emergency response efforts.

State Coordinating Officer (SCO): The person appointed by the governor to coordinate state, commonwealth, or territorial response and recovery activities with FRP related activities of the federal government, in cooperation with the FCO.

State of Illinois Rapid Electronic Notification (SIREN): Utilized to provide alert messages during normal day-to-day events; also can be utilized to provide health and medical information and updates during health and medical emergency events. Also see Health Alert Network (HAN).

State Liaison: A FEMA official assigned to a particular state, who handles initial coordination with the State in the early stages of an emergency.

Strike Team (ST): A set number of resources of the same kind and type that have an established minimum number of personnel, common communications, and a leader. In the law enforcement community, strike teams are sometimes referred to as resource teams.

Succession: A formal, sequential assumption of a position's authorities and responsibilities, to the extent not otherwise limited by law, by the holder of another specified position as identified in statute, executive order, or other presidential directive, or by relevant D/A policy, order or regulation if there is no applicable executive order, other presidential directive or statute in the event of a vacancy in office or a position holder dies, resigns or is otherwise unable to perform the functions and duties of that pertinent position.

Sustainability: Meeting the needs of the present without compromising the ability of future generations to meet their own needs.

Tactics: The deployment and directing of resources on an incident to accomplish the objectives.

Task Force (TF): Any combination of resources of different kinds and/or types assembled to support a specific mission or operational need.

Telecommunication Device for the Deaf (TDD/TDY): A teleprinter, an electronic device for text communication over a telephone line, that is designed for use by persons with hearing or speech difficulties. Other names for the device include teletypewriter (TTY), textphone, and minicom.

Telecommunications Relay Service (TRS): Allows people who have difficulty

hearing or speaking on the telephone to communicate with voice telephone users.

Telecommunications Service Priority (TSP): A program that authorizes national security and emergency preparedness (NS/EP) organizations to receive priority treatment for vital voice and data circuits. The TSP program provides service vendors a Federal Communications Commission mandate to prioritize requests by identifying those services critical to NS/EP. A TSP assignment ensures that it will receive priority attention by the service vendor before any non-TSP service.

Teletypewriter (TTY): See Telecommunication Device for the Deaf (TDD/TDY).

Temporary Housing: Accommodations provided by the federal government to individuals or families whose homes are made unlivable by an emergency or a major disaster.

Temporary Medical Treatment Station (TMTS): A location that is not currently providing healthcare services and will be converted to enable the provision of healthcare services to support, at a minimum, inpatient and/or outpatient care required after a declared catastrophic disaster. TMTS includes facilities not currently licensed to provide healthcare services to help absorb the patient load after all other healthcare resources are exhausted. Patient care services will be established to absorb the patient load until the local healthcare system can manage the demands of patients during a medical surge. Services will not include all services found in hospitals and will vary based on resource availability and event-specific patient needs. A TMTS can be a fixed site such as a university gymnasium or mobile tents and specialized trailers. There are two distinct incident categories that could require the utilization of a TMTS:

- **Emergent:** Likely requires rapid implementation in response to a sudden catastrophe. Mutual aid will likely be available although on an unknown time schedule. The scope of care provided will be fluid and based on responder medical skill level, leadership and organizational capability, available equipment and supplies, and specific patient needs. The clinical capabilities will be limited to initial stabilization with the goal of transferring patients with serious conditions to a higher-level care as soon as possible. The clinical focus is to provide the best care for the most patients. The concept of operations should focus on a short-term utilization lasting about 2 weeks.

- **Strategic:** Potential step in managing a slow onset catastrophic medical surge event like a pandemic. Mutual aid will likely be scarce or nonexistent. Scope of care should be predetermined and based on a well-defined mission such as decompressing hospitals of low acuity patients or

cohorting palliative care patients. A specific scope of care determination will help with identifying clinical provider skill sets and essential equipment and supply needs. The TMTS may be needed for many weeks to months.

Text to Speech (TTS): Enables text to be converted into speech sounds imitative of the human voice.

Terrorism: Any activity that involves an act that is dangerous to human life or potentially destructive of critical infrastructure and is a violation of the criminal laws of the United States or of any state or other subdivision of the United States; and appears to be intended to intimidate or coerce a civilian population, or to influence the policy of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination, or kidnapping.

Test, Training, and Exercises (TT&E): Activities designed to familiarize, impart skills, and ensure viability of continuity plans. TT&E aids in verifying that an organization's continuity plan is capable of supporting the continued execution of the organization's essential functions throughout the duration of a continuity plan activation.

Threat: A natural or manmade occurrence, an individual, an entity, or an action having or indicating the potential to harm life, information, operations, the environment, and/or property.

Threat and Hazard Identification and Risk Assessment (THIRA): A three-step risk assessment process that helps communities understand their risks and what they need to do to address those risks by answering the following questions:

- What threats and hazards can affect our community?

- If they occurred, what impacts would those threats and hazards have on our community?

- Based on those impacts, what capabilities should our community have?

Type: A NIMS resource classification that refers to capability of a specific kind of resource to which a metric is applied to designate it as a specific numbered class.

Unified Area Command (UAC): version of command established when incidents under an Area Command are multijurisdictional. See Area Command.

Unified Command (UC): An ICS application used when more than one agency has incident jurisdiction or when incidents cross political jurisdictions.

Unmet Needs: The deficit between verified disaster-caused damages and obtainable disaster aid, including insurance assistance, Federal and State assistance, and personal resources.

Whole Community: A focus on enabling the participation in incident management activities of a wide range of players from the private and nonprofit sectors, including NGOs and the general public, in conjunction with the participation of all levels of government, to foster better coordination and working relationships.

Warning: The alerting of emergency response personnel and the public to the threat of extraordinary danger and the related effects that specific hazards may cause. A warning issued by the NWS (e.g., severe storm warning, tornado warning, tropical storm warning) for a defined area indicates that the particular type of severe weather is imminent in that area.

Watch: Indication by the NWS that, in a defined area, conditions are favorable for the specified type of severe weather (e.g., flash flood watch, severe thunderstorm watch, tornado watch, tropical storm watch).

Weapons of Mass Destruction (WMD): Any weapon or device intended or with capability to cause death or serious bodily injury to a significant number of people.

Web Accessibility Initiative (WAI): Web accessibility means that websites, tools, and technologies are designed and developed so that people with disabilities can use them. More specifically, people can:

- perceive, understand, navigate, and interact with the Web

- contribute to the Web

XII.   Attachments

    A.   None