SPARC
SHAWNEE PREPAREDNESS AND RESPONSE COALITION

Chemical Emergency Surge Annex

July 2025
Version 2.0

Shawnee Preparedness and Response Coalition
556 N. Airport Road, Murphysboro, Illinois 62966

Signature Page

This annex is developed in support of the Shawnee Preparedness and Response Coalition Regional Response and Recovery Plan to facilitate response to chemical emergencies.

This annex has been reviewed and approved by the SPARC Executive Board and the coalition member organizations with authority to approve. This annex addresses the Hospital Preparedness Program (HPP) grant requirements and is compliant with the principles outlined in the National Incident Management System (NIMS); it relies on strong working relationships, and effective networking efforts between all coalition member organizations and partners to manage incidents.

Version 1.0 Approved by the SPARC Executive Board on August 13, 2024.

Signed by:
Todd Carr
73E41617BDFD4CC...

Todd Carr
SPARC President

Signed by:
Bill Thouvenin
2C1FE01881FE4AD...

Bill Thouvenin
SPARC Vice President

Signed by:
Brad Graul
25E8B62ED518403...

Brad Graul
SPARC Secretary

Signed by:
Arien Herrmann
536FC821F509448...

Arien Herrmann
RHCC Manager

Record of Revision and Distribution

This document reflects the ongoing work and mission of the Shawnee Preparedness and Response Coalition (SPARC) regional strategies for emergency preparedness and disaster response. Proposed changes shall be reviewed and approved by the SPARC Executive Board. This document will be revised annually or as needed after exercises, planned events and real-world incidents to identify gaps and to define strategies to address gaps with a collaborative approach to regional preparedness for potential chemical releases, whether of accidental or deliberate in nature.

This document will be distributed electronically to each SPARC Executive Board member. A copy of this document will be posted for the general membership on the Coalition's website http://www.sparccoalition.com

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

Version Number	Description of Change	Date of Change	Individual Making Change
1.0	Plan first developed	6/2024	
2.0	Change name of State ESF-8 Plan to Public Health and Emergency Medical Plan	7/2025	Tamara Caffey-Bey
	Added the information on DuoDote	7/2025	Tamara Caffey-Bey

Person/Title/Agency	Method of Delivery	Date
SPARC Planning Action Team and SPARC Executive Board	Email	June 27, 2024

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1. Introduction

This chemical emergency-focused operational annex complements the Shawnee Preparedness and Response Coalition (SPARC) Regional Response and Recovery Plan. It is intended to be a high-level, incident-specific response plan that identifies the experts and specialized resources that exist within the SPARC region or external to the HCC that are available. Each coalition member organization is encouraged to develop and maintain detailed policies and procedures that support their individual operations.

The Chemical Surge Annex is consistent with guidance provided by the United States Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC) and the Office of Administration for Strategic Preparedness and Response (ASPR). ASPR TRACIE is a "technical clearinghouse," providing the *Healthcare Coalition Chemical Emergency Surge Annex Template* and Chemical Hazards TC to emergency responders, healthcare workers, and communities preparing for and responding to chemical incidents.

This annex describes essential actions of SPARC and its members organizations to respond to a chemical surge emergency. A ***chemical emergency*** occurs when the unexpected, uncontrolled release of a toxic substance from its containment system has the potential to harm humans and the environment. Chemical incidents can occur as a result of natural disasters, accidents, or intentional releases (i.e., terrorist attack). For this Plan, a ***surge*** event is anything that is beyond the capabilities (resources) of the local jurisdictions on a 'blue sky day[1].'

1.1. Purpose

The SPARC Chemical Emergency Surge Annex describes a coordinated healthcare response to a chemical emergency in which the number and severity of exposed or possibly exposed patients challenges the capability of SPARC member facilities. This annex outlines specific incident and response protocols necessary to plan for, manage, and care for patients during a chemical emergency.

This annex does not replace other county or local emergency operations plans or procedures, but rather builds upon the existing plans and their annexes. SPARC members are encouraged to develop their own chemical response plans and participate in agency-wide chemical emergency drills and exercises.

[1] Blue Sky Day – is a term used in the disaster and emergency management world to originally refer to days when the sky was only blue – no clouds, funnels, rain, etc., and therefore no weather averse events. We use it to mean 'when nothing is happening.'

During a chemical emergency SPARC members should understand the following:

1. Roles and responsibilities for containing contamination, decontaminating patients, and providing patient care.
2. Resources within the coalition, and external to it, are documented and coalition members understand the timeframe for their activation and arrival.
3. Each healthcare facility and EMS agency has a plan, proper training, and necessary equipment to address the needs of patients impacted by a chemical incident, including the provision for dry and wet decontamination.
4. Sources of information regarding patient care are documented and available (e.g., job aids, technical expert reach back).
5. Emergency management and public health agencies understand the need for rapid communication to the public; the potential need for shelters where victims can perform self-decontamination (e.g., "dry" decontamination at a minimum) and additional locations for mass decontamination; the coordination of medical countermeasures deployment (e.g., CHEMPACK, Strategic National Stockpile [SNS]); and secondary transport coordination.

1.2 Scope

The SPARC Chemical Emergency Surge Annex is part of the Regional Response and Recovery Plan and will guide the Coalition in coordinating preparedness and response efforts with member organizations. This annex includes concepts outlined by the National Incident Management System (NIMS) and establishes common goals, strategies, and terminology with other regional and local plans - www.fema.gov/nims

During a chemical emergency surge incident, the role of SPARC is to support information sharing and coordination of resources between coalition members. This annex involves the coordination of healthcare organizations and the critical resources within the SPARC region and outlines the roles and responsibilities of the SPARC member organizations to support a chemical emergency. This annex establishes the framework for activation, notification and coordination of the coalition in response to a large-scale chemical incident which challenges the capabilities of the members and/or the region's healthcare system.

1.3 Overview/Background of SPARC and Situation

Refer to the SPARC Preparedness Plan for an overview of the coalition and the most current information on regional demographics.

An annual hazard vulnerability assessment (HVA) completed for the SPARC region indicated that the likelihood of a chemical incident occurring in the region is low. Refer to the SPARC Regional Response and Recovery Plan for a complete copy of the HVA or via the Comprehensive Emergency Management Planning (CEMP) tool (IDPH approved accounts only).

Many hazardous chemicals are commonly used, stored, and transported throughout the region each day. Hazardous chemicals can be accidently released during industrial, transportation (highways, railways and barges), and agricultural accidents or intentionally released during a terrorist attack. For further information about chemical risks in your community, SPARC members can consult with their local emergency planning committees (LEPCs).

The SPARC region recognizes the following challenges associated with the care of patients exposed during a chemical mass casualty incident that need to be built or improved: lack of trained personnel to do adequate and safe decontamination of patients, appropriate personal protection equipment, chemical detection equipment, ground/air transportation for pediatric transfer outside of the region, transportation of the CHEMPACK to the requesting site, training on communication devices modes, and subject matter experts. As such, SPARC members will foster collaboration between facilities to support each other during times of disaster.

Those potentially at higher risk during a chemical emergency include, but are not limited to:

- Pediatric population
    - Schools/day care centers located in close proximity to a fixed and/or transported chemical risk
- Senior population
    - Long-term care facility residents/Congregate living facility residents
- Industrial/transportation/agricultural workers
    - Including workers in facilities storing or handling toxic chemicals
- EMS/Fire/Law Enforcement/First Receivers
- Nearby residents in close proximity to a fixed and/or transported chemical risk
- Individuals with limited access to transportation/evacuation options
- Individuals with language barriers
- Individuals with chronic conditions
- Individuals with physical and cognitive disabilities
- Individuals with mental/behavioral health issues

1.4 Assumptions

Planning assumptions for this Plan include:

- Chemical incidents can quickly overwhelm a community's emergency response system and often require specialized resources which may not be immediately available.
- Each facility or healthcare organization should understand expectations specific to them as part of the coalition, especially within the first few minutes and hours of a large-scale chemical incident.
- Hospitals may need to shelter in place (or, less likely, evacuate) in response to a chemical release or plume.

- There should be an understanding of the general expectations for EMS and fire/rescue personnel during a chemical incident response that is appropriate to regional resources.
- Hospitals must have appropriate plans, PPE, and equipment to receive and decontaminate patients as self-referral is common.
- On-duty staff will need to quickly evaluate a large number of real versus possible exposures.
- Job aids will be needed to help initiate response, decontamination, and treatment guidance for these uncommon events.
- Specialty consultation (e.g., poison control center, regional HAZMAT experts) will be needed quickly to provide specific care recommendations for agent type and magnitude of release.
- Depending on the scale of the chemical incident, establishment of alternate decontamination or screening locations may be required to assess low-risk patients and provide basic decontamination needs.
- There will not be an adequate local supply of specific countermeasures and antidotes for a large-scale chemical emergency.
- Depending on the scale, severity, and type of chemical emergency, it may be necessary to contract private organizations to assist with large-scale containment and clean-up efforts.
- Fear from the incident will cause a surge of “worried well” to the emergency departments.
- Contamination monitoring, proper PPE utilization, and decontamination efforts will be essential in protecting coalition partners, staff, and the public.
- The Federal Bureau of Investigation (FBI) leads the criminal investigation if the chemical release was intentional.
- Health concerns, prolonged response requirements, fatigue, difficult work environments, and stress may contribute to behavioral health challenges among coalition members and the general public.

2. Concept of Operations

A. General

- The RHCC will activate this annex based on information relayed by regional or local partners, hospitals, EMS, local health departments, or Illinois Department of Public Health (IDPH).
- Under ESF-8, the RHCC staff will support health and emergency response for hospitals in its region when the local response is overwhelmed.
- When a chemical accident or incident occurs, the fire department in the affected jurisdiction will assume initial incident command and the on-scene Incident Commander has the authority to order an immediate evacuation of the area, if warranted.
- Activate EOC in the jurisdiction of the chemical incident.

- The on-scene Incident Commander, or designated entity, should notify the local EMA who should remain in contact with the RHCC, in order to ascertain and share information needed to manage the incident.
- SPARC will support the sharing of information and resources between HCC members and with other jurisdictional partners.
- During a chemical emergency, the incident command system (ICS) and the National Incident Management System (NIMS) will be utilized to manage the incident.
- Emergency Medical Services (EMS) will transport exposed patients to hospitals.
- In a chemical MCI, local and regional resources and efforts will become exhausted; State and Federal resources will be required.

B. Activation

- The decision to activate this annex will be determined at the discretion of the RHCC or designee; trigger(s) below must be met.

C. Indicators/Triggers

In a chemical emergency certain supplies and equipment are needed to respond. This Plan will be activated when:

- Hospitals are presented with chemically exposed patients beyond their capacity for both general inpatient and intensive care unit (ICU) beds; when a hospital reaches its peak census.
- Non-hospital members have exhausted local resources and capabilities to manage chemically exposed patients on a 'blue sky day[1].

D. Notifications

Upon receipt of notification of a chemical incident, the RHCC will:

- Provide initial notification of an actual or potential incident, and/or activation of this annex to the IDPH Duty Officer, IEMA-OHS Duty Officer, SPARC Executive Board, and the SPARC membership.
- Depending on the disaster and time of day, individual hospital notification of an incident will come through the Sheriff's dispatcher, local EMS, local EMA, other hospitals or IDPH via telephone, E-mail, or the Health Alert Network (HAN)/SIREN.

When reporting a chemical incident, the message should include:

- Location of the disaster or event
- Type and extent of the situation
- Hazardous materials involvement
- Wind direction
- Approximate number of victims involved

- Potential evacuations
- Contact information
- Resources needed

2.3 Roles and Responsibilities

SPARC serves as a communication hub for participating entities and coordinate the sharing of resources, policy, and practices both prior to and during an event. Refer to the end of document for a checklist of key agency support roles specific to a chemical emergency response.

A chemical emergency of any scale will likely be beyond the capabilities of local and regional healthcare resources and require assistance at the state or federal levels.

2.4. Logistics

Hospitals in the region have internal surge procedures to activate for any MCI event. Surge plans for chemical response should consider the decontamination and triage space needed for this type of incident and the number of patients affected.

2.4.1 Space

Responding to a chemical emergency requires adequate space. The following have been identified as potential available space to conduct response efforts:

- Emergency Operations Center (EOC)
- Decontamination area (may be multiple locations – at scene and hospital)
- Security zone
- Triage/treatment zone
- Family reunification center
- Decontamination waste cleanup area
- Joint Information Center (JIC)

Healthcare partners are encouraged to work with their local emergency management to identify appropriate locations for alternate care sites/support facilities.

2.4.2 Staff

During a MCI, hospitals will be responsible for determining staffing levels. Each hospital is expected to have a policy addressing peak census procedures in the event that they are nearing the point of being overwhelmed [77 IL Admin code 515.330(o)]. Hospital may utilize labor pools and any pre-existing staff sharing agreements with local facilities to vet supplemental staff.

- LHDs may be able to help with contacting local Medical Reserve Corps (MRC) unit volunteers since many of the LHDs have a MRC Coordinator who is able to contact local volunteers when they are needed.

Additionally, hospitals can cross-train clinical personnel or utilize 'just-in-time-training' of clinical staff. Specialty care staff will be needed to assist in the care of adult and pediatric patients (i.e., Burn Specialist, Respiratory Therapist/Specialist, Trauma Specialist, etc.). The *SPARC Burn Surge Annex* contains just-in-time training resources for staff in the caring of burn patients.

Subject Matter Experts (SMEs) such as Hazmat Specialist may be utilized for advising on hazardous substances. SPARC members can utilize the following resources:

- CHEMTREC – Emergency Call Center available 24/7 to offer immediate assistance for incidents involving hazardous materials of any kind. **1-800-424-9300**.
- CDC Chemical Emergencies – Provides general and chemical-specific information for public and professionals.

See Section 3.3.2: References and Emergency Contacts for Help During Chemical Emergencies.

2.4.3 Supplies

All facilities and agencies with decontamination capabilities should maintain their equipment and be prepared to utilize it to decontaminate exposed persons. In the event supplies and equipment are not available through existing channels, member organizations must follow the established request processes as identified in local plans and the Public Health and Emergency Medical Plan (PHEMP).

Each county EMA should have a Resource Guide, Chemical Emergency Response Plan and Multi-Hazard Mitigation Plan that outlines strategies, procedures, and resources to effectively respond to emergencies and disasters in your jurisdiction.

CHEMPACK

The CHEMPACK Program is a Federal (National) initiative to ensure antidotes are rapidly available to state and local emergency responders to enhance their capability to respond quickly to a large-scale nerve agent exposure (HHS/CHEMM, 2021).

There are two types of CHEMPACK containers: EMS and Hospital. The CHEMPACKs can be activated as a resource to treat approximately 454 patients for an EMS container and 1000 patients for a hospital container. The table below indicates contents of the CHEMPACK containers.

The CHEMPACK medications are stored in a secured container and medications are intended for emergency treatment of organophosphate poisoning used in industrial and agricultural practices and nerve agents such as sarin (GB) and VX. DuoDote® is the newest FDA approved chemical nerve agent

antidote. It contains two active ingredients – Atropine and Pralidoxime chloride to be used for rapid response.

The location of the CHEMPACK hospitals and containers shall not be disclosed to any person or agency except as may be needed to fulfill planning or response missions.

CHEMPACK CONTAINER CONTENTS			
Product	**Unit Pack**	**Cases per EMS Container**	**Cases per Hospital Container**
Mark 1 Auto- injector	240	5	2
Atropine Sulfate 0.4 mg/ml 20 ml	100	1	9
Pralidoxime 1 mg inj. 20 ml	276	1	10
Atropen 0.5 mg	144	1	1
Atropen 1.0 mg	144	1	1
Diazepam 5 mg/ml, auto-injector	150	2	1
Diazepam 5 mg/ml, 10 ml	50	1	13
Sterile Water for Injection, 20 cc Vials	100	2	28
Approximate Treatment Capacity (depending on the severity of the event		**454**	**1000**

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Strategic National Stockpile (SNS)

The supplies, medicine, and devices for lifesaving care contained in the stockpile can be used as a short-term, stopgap buffer when the immediate supply of these materials is not available or sufficient. (HHS/CHEMM).

For more information on the Strategic National Stockpile visit:
https://aspr.hhs.gov/SNS/Pages/default.aspx

- The SNS is considered crisis supply. When local and regional resources and processes are exhausted, hospitals will contact the LHD within its jurisdiction to assist in acquiring supplies from the SNS as requested. Hospitals should follow processes identified and incorporated into their existing plans. If there is not a LHD within its jurisdiction, the affected hospital will contact their local EMA Coordinator.

2.5 Operations – Medical Care

In the event of a disaster involving chemical emergencies, Emergency Medical Services (EMS) and hospitals play a crucial role in providing immediate and stabilizing care to exposed patients. In large-scale incidents, some facilities may be required to continue care for patients beyond initial stabilization until sufficient resources become available for transport.

2.5.1 Triage and Screening

Primary triage will be conducted during the initial scene size-up and patient assessment, which is often performed by EMS personnel who may be the first to arrive on the scene and identify the event as a HAZMAT incident. During this critical initial assessment, EMS/Hazmat Teams will follow their established protocols for responding to chemical emergencies and triage patients using state-approved mass casualty incident (MCI) triage methods (START/JumpSTART©). The Chemical Hazards Emergency Medical Management (CHEMM) provides Triage Guidelines for chemical exposures, which should be adhered to by EMS/Hazmat Teams during the initial assessment and management of patients. The initial scene size-up and patient assessment are essential for ensuring an effective and coordinated response to the chemical emergency.

2.5.2 Patient Care / Management

Identifying a toxidrome or chemical group will assist in the selection of triage needs, patient handling, decontamination, PPE, treatment, antidote, and disposition needs. Types and Categories of Hazardous Chemicals - CHEMM (hhs.gov).

- For large-scale chemical incidents, LHDs and other local agencies may be able to provide staff to support the operation of a Community Reception Center if IEMA-OHS determines that one is needed.
- Patient tracking and reunification will be conducted in accordance with accepted policies and procedures for patient movement and discharge.

2.5.3 Treatment

SPARC members should refer to facility specific plans, protocols, and training for guidelines regarding chemical patient treatment.

During a chemical incident, first responders and emergency department professionals will need immediate access to experts in toxicology and chemical exposures. The following resources may be considered:

- Illinois Poison Control at **1-800-222-1222**.
- CHEMM - Information for Hospital Providers

2.5.4 Safety and Control Measures

Healthcare facilities will follow chemical protection principles of time, distance, and shielding during a chemical emergency to reduce exposure.

Chemical detection equipment, proper PPE utilization, decontamination efforts, and staff training and education will be essential in protecting coalition partners, facility staff and the public during a chemical emergency. As a best practice, healthcare organizations and other response organizations may consider conducting annual internal chemical emergency surge preparedness assessments/ checklists. The assessment/checklist could be utilized in conjunction with other local emergency operations plans and standard operating procedures (SOPs). Data obtained may be submitted to the Regional Emergency Planning Coordinator for regional awareness and/or planning purposes.

A sample Facility Chemical Emergency Surge Checklist is provided in *Attachment 1*.

Personal Protective Equipment

The National Institute of Occupational Safety & Health (NIOSH) have Emergency Response Cards which outline the appropriate personal protective equipment and actions for the different types of exposure to each agent. NIOSH AGENT LIST EMERGENCY RESPONSE CARDS

There are also phone applications for first responders to help deal with hazmat accidents during the critical first 30 minutes such as *ERG 2020 for Android*.

Personal protective equipment is divided into four categories based on the degree of protection afforded. Refer to *Attachment 2* for Levels of PPE.

Decontamination

May refer to the following decontamination resources:

- Primary Response Incident Scene Management (PRISM): Guidance for the Operational Response to Chemical Incidents. Volume 1: Strategic Guidance for Mass Casualty Disrobe and Decontamination.
- Wireless Information System for Emergency Responders (WISER)[2]

Waste Management

Following a chemical incident, patient decontamination and care operations can produce large amounts of victim clothing and belongings. These items will need to be labeled and set aside for either evidence, decontamination and return or disposal. Healthcare organizations will work through

[2] As of February 28, 2023, NLM has discontinued the Wireless Information System for Emergency Responders **(WISER).** Users who have downloaded and installed the WISER app on a mobile device or downloaded the WISER system to a desktop computer will still have access, although the data will no longer be updated.

their normal vendors and channels to ensure all waste produced will be safely handled and disposed of appropriately. Wash water from decontamination operations will need to be contained and treated before safe discharge to the environment or wastewater treatment plant. Facilities should contact their local wastewater treatment plant for actions related to deactivation and recovery processes.

If facility/agency capabilities become overwhelmed, contingency plans for waste management and environmental inspections may be activated.

2.5.5 Fatality Management

Hospitals should determine appropriate plans and procedures for fatality management with the local medical examiner and/or county coroner for the storing and final disposition of contaminated bodies.

Refer to individual facility plans and county coroner plans.

2.5.6 Transport

Patients requiring emergency medical transportation should be decontaminated, triaged, and transported according to EMS protocols.

Patients self-presenting at healthcare facilities should be assessed and decontaminated, if needed, in accordance with the facility's Emergency Operations Plan.

2.5.7 Deactivation and Recovery

When it is determined that the situation is contained, the RHCC will rely pertinent information to the coalition membership that the situation has been contained and the region has returned to a normal condition. This may occur on a local or county-by-county basis.

Recovery planning will start early in the event and will follow the processes outlined in the SPARC Regional Response and Recovery Plan.

2.5.8 After Action Reporting

Following a chemical emergency, SPARC members will have a chance to identify strengths to be maintained and built upon, as well as identifying potential areas of improvement. Findings will be captured in the After-Action Report (AAR)/Improvement Plan (IP) and distributed to the SPARC membership, denoting lessons learned, best practices and recommendations for future planning, training, and exercise development. Any relevant plans, policies and procedures will be update accordingly. Visit www.sparccoalition.com for regional planning documents and after-action reports.

2.6 Special Considerations

2.6.1 Behavioral Health

The effects on behavioral health as a result of a chemical incident may have negative impacts among the general public, healthcare workers, and children, that include stress and anxiety arising from fear of death or illness.

Behavioral health services are limited during 'blue sky days[1].' Access to inpatient behavioral health beds is difficult in the SPARC region. Upon request, short-and long-term behavioral health services will be supported by the following SPARC partners:

- Behavioral Health organizations (i.e., Centerstone) may be called upon to provide needed support to survivors, responders, and people with pre-existing behavioral health concerns.
- American Red Cross will provide emotional counseling and psychological first aid services to the affected population and disaster workers.
- Local health departments in the region that offer behavioral health services may be involved with meeting behavioral health needs following a chemical emergency.

2.6.2 Pediatric and At-Risk Populations

Children are at greater risk than adults during a chemical emergency due to their unique physical and behavioral vulnerabilities. The SPARC Pediatric Surge Annex provides guidance for a mass casualty incident with an influx of pediatric patients.

An important element of the planning process is to identify and prioritize vulnerable populations in the SPARC region that have special needs before, during, and after a chemical incident. Facilities' plans should include the following:

- Pediatrics
- Elderly
- Pregnant women
- Workers or Emergency Responders
- Migrant workers
- Residents of Long-Term Care Facilities/Congregate Living with limited access to transportation/evacuation options
- Institutionalized individuals who may or may not be able to evacuate or relocate
- Individuals with limited English proficiency and Non-English Speakers
- Individuals who have chronic health conditions
- Individuals with physical and cognitive disabilities
- Individuals with mental/behavioral health issues

Specific clinical guidance or public messaging for these and other vulnerable populations may need to be communicated or developed during a chemical emergency.

2.6.3 Communications

SPARC has redundant communication capabilities with its members. Refer to the SPARC Emergency Communications Plan for further guidance.

- In the event of a chemical emergency within the region, messages will be updated to reflect current conditions and new information as it is gathered to ensure all agencies involved are able to communicate quickly and clearly to ensure consistent decision-making. Primary and alternate communications will follow those established in the SPARC Emergency Communications Plan.
- The RHCC has a role in information collection, sharing, and dissemination to provide a comprehensive operational picture to healthcare facilities and local jurisdictions in a chemical emergency.

Media/Public Communications

The IC/UC will use a Joint Information Center (JIC) to support the gathering, verification, coordination, and dissemination of accurate, accessible, and timely information during a chemical emergency. SPARC members should undertake actions outlined in the to combat rumors during a chemical emergency.

The designated Public Information Officer (PIO) will disseminate rapid and consistent healthcare information to the public during a chemical emergency. Public Messaging may include what to do if you have been exposed:

- Take first aid actions.
- Quickly remove clothing that has come into direct contact with chemical. Cut off clothing rather than pulling it over your head.
- Put clothes into a plastic bag, while avoiding contaminated area of clothing. Use tongs or other appliances to handle contaminated clothing.
- If needed, dial 911 for an ambulance, or go to your nearest emergency room.

3. Appendices

3.1 Training and Exercises

Individual agencies and organizations are responsible for training their own personnel. OSHA letters of interpretation specify that hospitals must provide HAZWOPER First Responder Operations Level training to first receivers who are expected to decontaminate victims or handle victims before they are thoroughly decontaminated (OSHA 2003, 2002b, 1999, 1992c, 1991a). This level of training is

appropriate for anyone with a designated role in the Hospital Decontamination Zone. Training requirements for First Responder Operations Level appear under 29 CFR 1910.120(q)(6)(ii), which includes a minimum training of eight hours and outlines topics to be covered. (OSHA, 2003).
For further information refer to OSHA document "Best Practices for Hospital-Based First Receivers."
SPARC members are encouraged to participate in the following training and education:

- The RHCC offers regional training opportunities in ICS 300 & 400, HAZMAT and CHEMPACK.
- The Center for Domestic Preparedness (CDP) in Anniston, Alabama offers several courses, including an online HAZMAT awareness course and in-person courses such as CBRNE (chemical, biological, radiological, nuclear, and explosive) training. Hospital Emergency Response Training (HERT), and a train-the-trainer course.
- Texas A & M Engineering Extension Service (TEEX) offers an online course in “WMD/Terrorism Awareness for Emergency Responders” course designed to meet OSHA’s “First Responder Awareness Level” standards for hazardous materials and weapons of mass destruction (WMD).

3.2 Legal Authorities

3.2.1 Illinois Compiled Statues 210 ILCS 50, Emergency Medical Services (EMS) Systems Act, as amended.

3.2.2 The primary authority within each EMS region for coordinating EMS System licensed providers in response to an emergency medical incident(s) as a result of a disaster or other large scale event rests with the EMS system(s) medical director(s).

3.2.3 IDPH is mandated by statute to protect the public health.

3.2.4 In the event of circumstances that require an immediate action to protect the public health and safety, the Incident Commander is authorized to order or implement necessary protective actions. If possible, the Incident Commander, or designated entity, should consult with, and seek the advice of, the radiation subject matter expert on any decisions involving radiation prior to taking such actions.

3.2.5 EMA is the lead agency for response coordination in their jurisdiction.

3.3 Additional References/Resources

3.3.1 References

1. Illinois Department of Public Health. (2018). *ESF-8 Plan Public Health and Medical Services*. Retrieved from https://dph.illinois.gov/content/dam/soi/en/web/idph/files/publications/idph-esf-8-plan-2018-final-public-version-032718.pdf.
2. Occupational Safety and Health Administration (OSHA). (2005). “*Best Practices for Hospital-Based First Receivers*.” Retrieved from https://www.osha.gov/sites/default/files/publications/osha3249.pdf
3. Shawnee Preparedness and Response Coalition (SPARC) Burn Surge Annex, June 2022.

4. Shawnee Preparedness and Response Coalition (SPARC) Emergency Communications Plan, February 2023.
5. U.S Department of Health & Human Services. ASPR TRACIE. (2021). *Healthcare Coalition Chemical Emergency Surge Annex Template*. Retrieved from https://asprtracie.hhs.gov/technical-resources/resource/10356/healthcare-coalition-chemical-emncy-surge-annex-template
6. U.S. Department of Health & Human Services. Chemical Hazards Emergency Medical Management (CHEMM). (2021). *CHEMPACK*. Retrieved from https://chemm.hhs.gov/chempack.htm
7. U.S. Department of Health & Human Services. Chemical Hazards Emergency Medical Management (CHEMM). *SNS*. Retrieved from https://chemm.hhs.gov/sns.htm
8. Wisner, B.A., John; World Health Organization, *Chemical Incidents*, in *Environmental health in emergencies and disasters: a practical guide*, B.A. Wisner, John, Editor. 2002. p. 175-190.

3.3.2 Resources and Emergency Contacts for Help During Chemical Emergencies

ASPR TRACIE Chemical Hazards TC. *Tools and Resources for Emergency Responders and Healthcare Providers.* https://asprtracie.hhs.gov/technical-resources/29/chemical-hazards/27

Illinois Poison Control Centers – All calls are answered by a medical professional, with the goal of providing immediate poison exposure management instructions in the event of a chemical emergency. **1-800-222-1222.**

Occupational Safety and Health Administration (OSHA) – This is a comprehensive guideline for hospital based first-receivers of victims from incidents involving hazardous substances. **Learn More** https://www.osha.gov/sites/default/files/publications/osha3249.pdf

Primary Response Incident Scene Management (PRISM) – This is an evidence-based guidelines on mass decontamination during a chemical incident. **Learn More** (www.medicalcountermeasures.gov/barda/cbrn/prism/)

Wireless Information System for Emergency Responders (WISER) (website & free app) - This is a wonderful tool that can be used prior to the arrival of chemically-contaminated patients to help guide the identification of a chemical, decontamination needs, and treatment guidelines. **Learn More** (www.wiser.nlm.nih.gov)

Emergency Response Guidebook (ERG) (free app) - Often used by first-responders to guide the identification of a chemical (based on the labeling placard) and the initial response to a chemical emergency. The WISER app links to pages from the ERG. **Learn More** (www.phmsa.dot.gov/hazmat/erg/erg2020-mobileapp)

NIOSH Pocket Guide to Chemical Hazards (website & free app) - Provides detailed information about chemical hazards and recommendations for first aid and personal protective equipment. Serves as an additional clinical reference. **Learn More** (www.cdc.gov/niosh/npg/)

Chemical Hazards Emergency Medical Management (CHEMM) – Electronic resources used to help identify a chemical substance and guide the decontamination and initial treatments. (chemm.hhs.gov)

CHEMM Intelligent Syndromes Tool (CHEMM-IST) - Is a prototype decision support tool developed by experts in medicine and emergency response as an aid for identifying the chemical a patient was exposed to in a mass casualty incident. **Learn More** (chemm.hhs.gov/chemist.htm)

Strategic National Stockpile (SNS) - The SNS program is designed to supplement and re-supply state and local inventories of medicines and supplies during emergencies severe enough to exhaust local supplies. Decisions about what medicines and materiel should be included in the SNS are made by the HHS Assistant Secretary of Preparedness and Response (ASPR), the HHS, the Department of Homeland Security (DHS), and the CDC, in consultation with state and local public health officials and private sector organizations and entities. **Learn More** https://www.phe.gov/about/sns/Pages/default.aspx

CDC'S CHEMPACK Program (the stockpile that may protect you in a chemical attack) - CHEMPACKs are deployable containers of nerve agent antidotes that work on a variety of nerve agents and can be used even if the actual agent is unknown. Traditional stockpiling and delivery would take too long because these antidotes need to be administered quickly. CDC's CHEMPACK team solves this problem by maintaining 1,960 CHEMPACKs strategically placed in more than 1,340 locations in all states, territories, island jurisdictions, and the District of Columbia. Most are located in hospitals or fire stations selected by local authorities to support a rapid hazmat response. More than 90% of the U.S. population is within one hour of a CHEMPACK location, and if hospitals or first responders need them, they can be accessed quickly. The delivery time ranges from within a few minutes to less than 2 hours. **Learn More** https://aspr.hhs.gov/SNS/Pages/CHEMPACK.aspx

Emergency Contacts for Help During Chemical Emergencies

- **Call 911**
  If you believe you have been exposed to a hazardous agent, or if you believe an intentional treat will occur or is occurring, call 911 immediately.
- **American Red Cross, Preparing for Events: Chemical Emergencies**
  1-800-733-2767: HQ, Washington, DC
  Public information guides to various types of chemical emergencies.
- **Animal Poison Control Center - Pet Poison Helpline**
  1-800-213-6680
  A fee may be charged per case. 24/7 service available in the U.S., Canada, and the Caribbean for pet owners and veterinary professionals requiring assistance with treating a potentially poisoned pet.
- **ASPCA National Animal Poison Control Center**
  1-888-426-4435
- **(Staffed 24/7)** A fee may be charged per case. Allied with the University of Illinois College of Veterinary Medicine.
- **CAMEO Online database**
  1-301-713-2989: NOAA Office of Response & Restoration, Maryland
  Chemical ID and properties, firefighting, health hazards, PPE, first aid. Chemical reactivity feature for mixtures. Download database.
- **CDC Chemical Emergencies**
  1-770-488-7100: CDC EOC-not for general public
  1-404-639-7405: Office Terror Prep & Em Resp
  General and chemical-specific info for public and professionals. Public info includes shelter-in-place, evacuation, dealing with chemically contaminated clothing, and chemical fact sheets.
- **CHEMTREC**
  1-800-424-9300
  (Staffed 24/7) public service hotline for emergency responders. CHEMTREC® is part of the American Chemistry Council.
- **Department of Homeland Security "Ready.gov"**
  1-202-282-8000: DHS Ready Campaign The official readiness and awareness site of the US Government. Includes general information for the public on preparedness, health hazards, and sheltering.

- **2020 Emergency Response Guidebook**

  1-800-467-4922: DOT Pipeline & Hazardous Materials Administration

  Contains emergency response protocols for specific chemicals and chemical classes including fire & explosion hazards, evacuation perimeters, and first aid.
- **Environmental Protection Agency (EPA) Region V**

  1-800-621-8431

  Contains chemicals emergency-related information for professionals and public, including chemical safety, chemical substance inventory, and releases and spills.
- **Federal Bureau of Investigation (FBI)**

  1-202-324-3000 (Headquarters)

  Contains resources for citizens and others to prepare for and respond to a terrorist event, including victim assistance, training, incident reporting, and understanding threat levels.
- **Federal Emergency Management Agency (FEMA)**

  1-800-621-FEMA

  Contains chemical emergency-related information for households and communities, including preparation, and what to during and after an emergency event.
- **Illinois Poison Control Centers**

  1-800-222-1222

  (Staffed 24/7) All calls are answered by a medical professional, with the goal of providing immediate poison exposure management instructions.
- **Mental Health - "OVC Handbook for Coping after Terrorism: A Guide to Healing and Recovery"**

  1-800-851-3420: OVC resource center

  Office for Victims of Crime (OVC), Dept of Justice.
- **National Guard Weapons of Mass Destruction (WMD) Civil Support Team (CST)**
- "Staffed 24/7" indicates constant availability of someone to talk with any day of the week and at any time of the day or night.
- **National Response Center (USCG)**

  1-800-424-8802

  (Staffed 24/7) Federal point of contact for reporting oil and chemical spills; hotline for chemical & biological weapons of mass destruction incidents.
- **NIOSH Emergency Response Resources**

  1-800-232-4636: CDC Info-request NIOSH

  Links to dozens of emergency response resources and chemical information.

- **NIOSH International Chemical Safety Cards**

  1-800-232-4636: CDC Info-request NIOSH

  Summarizes essential health and safety information on chemicals for their use at the "shop floor" level. Approx. 1,600 industrial chemicals (no CWAs); 17 languages. CWA info.
- **NIOSH Pocket Guide to Chemical Hazards**

  1-800-232-4636: CDC Info-request NIOSH

  Condensed general industrial hygiene information on several hundred chemicals/classes. Does not include CWAs.
- **OSHA Emergency Preparedness & Response**

  1-800-321-OSHA: OSHA assistance 24/7

  OSHA resources. Specialty topics include: Chemical, Biological, Bioterrorism, Radiation, Personal Protective Equipment, Training and Education, Equipment.
- Searchable by health symptom, substance properties. Download database to PC or mobile device.
- **Wireless Information System for Emergency Responders (WISER)**

  1-888-FINDNLM or Email to tehip@teh.nlm.nih.gov

  Includes substance ID & properties, human health, and containment and suppression.

3.4 Acronyms/Definitions

AAR	After -Action Report
ASPR TRACIE	Administration for Strategic Preparedness and Response, Technical Resources, Assistance Center, and Information Exchange
CDC	Centers for Disease Control and Prevention
CDP	Center for Domestic Preparedness
CEMP	Comprehensive Emergency Management Planning
CHEMPACK	Chemical Emergency Medical Pharmaceutical Pack
CHEMM	Chemical Hazards Emergency Medical Management
CHEMM-IST	Chemical Hazards Emergency Medical Management -Intelligent Syndromes Tool
EMA	Emergency Management Agency
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EPA	Environmental Protection Agency
ERG	Emergency Response Guidebook
ESF-6	Emergency Support Function #6
ESF-8	Emergency Support Function #8
FBI	Federal Bureau of Investigation
FEMA	Federal Emergency Management Agency
GB	Sarin
HAN	Health Alert Network
HAZMAT	Hazardous Materials
HERT	Hospital Emergency Response Training
HICS	Hospital Incident Command System
HPP	Hospital Preparedness Program
HVA	Hazard Vulnerability Assessment
ICS	Incident Command System
ICU	Intensive Care Unit
IDPH	Illinois Department of Public Health
IEMA-OHS	Illinois Emergency Management Agency-Office of Homeland Security
ILEAS	Illinois Law Enforcement Alarm System
IP	Improvement Plan
ISP	Illinois State Police
JIC	Joint Information Center
LEPC	Local Emergency Planning Committee
LHD	Local Health Department
MABAS	Mutual Aid Box Alarm System
MAC	Multi-Agency Coordination
MCI	Mass Casualty Incident
MRC	Medical Reserve Corps

NIMS	National Incident Management System
NIOSH	National Institute for Occupational Safety and Health
OSHA	Occupational Safety and Health Administration
PIO	Public Information Officer
PPE	Personal Protective Equipment
PRISM	Primary Response Incident Scene Management
RFMR	Request for Medical Resources
RHCC	Regional Hospital Coordinating Center
SIREN	State of Illinois Rapid Electronic Notification System
SME	Subject Matter Expert
SNS	Strategic National Stockpile
SOP	Standard Operating Procedures
SPARC	Shawnee Preparedness and Response Coalition
SRT	Special Response Team
START	Simple Triage and Rapid Treatment
TEEX	Texas A & M Engineering Extension Service
TC	Topic Collection
UC	Unified Command
WISER	Wireless Information System for Emergency Responders
WMD	Weapons of Mass Destruction

Blue Sky Days – is a term used in the disaster and emergency management world to originally refer to days when the sky was only blue – no clouds, funnels, rain, etc., and therefore no weather averse events. We use it to mean 'when nothing is happening.'

Chemical Incident - the unexpected, uncontrolled release of a toxic substance from its containment system that has the potential to harm humans and the environment. Chemical incidents can occur as a result of natural disasters, accidents, or intentional releases (i.e., terrorist attack).

Surge - is anything that is beyond the capabilities (resources) of the local jurisdictions on a 'blue sky day.'

4.0 Attachments

1. Facility Chemical Emergency Surge Assessment Tool
2. Levels of PPE

Attachment 1 – Facility Chemical Emergency Surge Assessment Tool

Facility Chemical Emergency Surge Assessment

Directions: Use the checklist below to assess your agency/organization's chemical emergency surge preparedness.

Agency/Organization Name:
Name/Title of Person Completing Assessment:
Date:
Contact Information: Email: Phone:

Structure for Planning and Decision Making

According to FEMA, a *chemical incident* is the unexpected release of a substance that is (potentially) hazardous either to humans, other animals or the environment. Chemical releases arise from technological incidents, impact of natural hazards, and from conflict and terrorism.

Chemical emergencies may be accidental in nature (e.g., industrial, transportation-related) or intentional (e.g., a terror event or criminal chemical release).

Yes	No	
☐	☐	Chemical Emergency Surge planning has been incorporated into disaster planning and exercises for your agency/organization?
☐	☐	Have you identified specific agency representatives (and backups) to participate in chemical emergency planning?
☐	☐	Have you reviewed your existing chemical emergency care assets? Please list any identified resource gaps that may occur during a mass casualty incident: 1._____ 2._____ 3._____
☐	☐	Are you aware of the chemical risks and vulnerabilities specific to your community? Please list any chemical risks and vulnerabilities below: 1._____ 2._____ 3._____
☐	☐	Do you know/understand your agency/facility role during a chemical incident?
☐	☐	Does your facility have a mechanism for separating contaminated patients from uncontaminated patients and visitors who arrive for care? What is

☐	☐	Does your facility have a mechanism for separating contaminated patients from uncontaminated patients and visitors who arrive for care? What is your agency/organization's plan? _____
☐	☐	Do staff understand safety/exposure protocols for chemical decontamination?
☐	☐	Do staff members participate in agency-wide chemical emergency exercises/drills?
☐	☐	Has patient decontamination training been conducted for all staff with designated roles in the hospital decontamination zone (area where contamination may be found and decontamination performed)?
☐	☐	Has patient decontamination been tested in exercise/drill?
☐	☐	Does your facility maintain a portable decontamination shower system?
☐	☐	Does your facility have supplies to perform dry decontamination (e.g., brushes, baking powder, Fuller's earth, diatomaceous earth, baby wipes, etc.)
☐	☐	Does your facility have supplies to perform wet decontamination (mild soap, long handled brushes with soft bristles, etc.)?
☐	☐	Does your agency/organization have proper PPE available for HAZMAT incidents?
☐	☐	Have staff been trained on the appropriate use of personal protective equipment?
☐	☐	At least 1 individual involved in the response is trained in basic HazMat awareness?
☐	☐	Does your jurisdiction have specialized HazMat and/or decontamination resources?
☐	☐	Does your facility/agency have anyone who can provide just-in-time training for "skilled support personnel" staff in any of the following: appropriate use of PPE, nature of the contaminant, other health and safety precautions?
☐	☐	Does your facility have adequate supplies to be self-sufficient/shelter-in-place for 96 hours (per the Joint Commission Emergency Management 96 Hour Plan)? `
☐	☐	Do staff need a course in decontamination training/refresher?
☐	☐	Do staff need a course in Hospital Emergency Response Training for Mass Casualty Incidents (HERT)?
☐	☐	Do staff need a course in Hazardous Materials (HazMat) Awareness?
☐	☐	Do you know who your local, regional, and/or national facility chemical/HAZMAT experts are and how to contact them?
☐	☐	Does your jurisdiction have specialized HAZMAT and/or decontamination resources?

- ☐ ☐ Do you know how to request these specialized resources?
- ☐ ☐ Does your facility have a plan or protocol for managing contaminated decedents?
- ☐ ☐ Are there readily available chemical release/sheltering-in-place/evacuation scripts available for patients, staff, public messaging?
- ☐ ☐ Is there a procedure in place for providing patient tracking (from initial triage to hospital admission or discharge)?
- ☐ ☐ Does the tracking mechanism support family reunification efforts?
- ☐ ☐ Has your facility established Memorandums of Understanding (MOUs)/Memorandums of Agreement (MOAs) with an agency to provide assistance with transportation resources, if needed?
- ☐ ☐ Aside from the RHCC, are there other agencies/organizations that you could coordinate with for assistance (staff, space, resources)?
- ☐ ☐ Does your facility maintain its own cache of medications (such as antibiotics and chemical antidotes) for use for 3 days during a chemical emergency event?
- ☐ ☐ Does your facility have a means for participating in timely, region-wide, interagency communication in the event of a mass-casualty chemical incident.
- ☐ ☐ If there is not an adequate local supply of specific countermeasures and antidotes, do you know how to request the CHEMPACK? stockpile

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Attachment 2 – Levels of PPE

Level A Protection should be worn when the highest level of respiratory, skin, eye and mucous membrane protection is needed.	**A typical Level A ensemble includes**: ▪ Positive-pressure (pressure-demand), self-contained breathing apparatus (SCBA) (NIOSH approved), or positive-pressure supplied air respirator with escape SCBA. ▪ Fully encapsulating chemical protective suit ▪ Gloves, outer, chemical resistant ▪ Boots, chemical resistant, steel toe and shank; (depending on suit boot construction, worn over or under suit boot
Level B Protection should be selected when the highest level of respiratory protection is needed but a lesser level of skin and eye protection is needed. Level B protection is the minimum level recommended on initial site entries until the hazards have been further identified and defined by monitoring, sampling, and other reliable methods of analysis, and equipment corresponding with those findings utilized.	**A typical Level B ensemble includes:** ▪ Positive-pressure (pressure-demand), self-contained breathing apparatus (NIOSH approved), or positive-pressure supplied air respirator with escape SCBA. ▪ Chemical resistant clothing (overalls and long-sleeved jacket, overalls, hooded two-piece chemical splash suit, disposable chemical resistant coveralls.) ▪ Gloves, outer, chemical resistant ▪ Gloves, inner, chemical resistant ▪ Boots, inner, chemical resistant ▪ Boots, outer, chemical resistant, steel toe and shank
Level C Protection should be selected when the type of airborne substance is known, concentration measured, criteria for using air-purifying respirators met, and skin and eye exposure is unlikely. Periodic monitoring of the air must be performed.	**A typical Level C ensemble includes:** ▪ Full-face or half-mask, air-purifying respirator (NIOSH approved) ▪ Chemical resistant clothing (one piece coverall, hooded two piece chemical splash suit, chemical resistant hood and apron, disposable chemical resistant coveralls.) ▪ Gloves, outer, chemical resistant ▪ Gloves, inner, chemical resistant ▪ Boots, steel toe and shank, chemical resistant
Level D Protection is primarily a work uniform and is used for nuisance contamination only.	**It requires only coveralls and safety shoes/boots.** Other PPE is based upon the situation (types of gloves, etc.). It should not be worn on any site where respiratory or skin hazards exist.

Source: https://chemm.hhs.gov/ppe.htm

Agency Roles and Responsibilities

SUPPORT LOCAL AGENCIES	ROLES
Regional Hospital Coordinating Center (RHCC)	☐ Support the regional healthcare response to disasters when the local response is overwhelmed. ☐ The RHCC Manager collects and distributes situational awareness information to and from healthcare organizations during a disaster. ☐ Coordination of limited supply/equipment caches and services. ☐ Process member facility 213RR requests for medical resources (RFMR). Per the Public Health and Emergency Medical Plan.
Hospitals	☐ Establish Hospital Incident Command System (HICS). ☐ Maintain a level of preparedness to appropriately screen, provide stabilization care, and, if necessary, transfer patients with chemical exposure to another hospital. ☐ Perform or request assistance for decontamination of patients. ☐ Provide timely situational awareness information to the RHCC (i.e., update EMResource bed availability). ☐ Maintain and distribute upon request a medical supply bag(s).
Other Healthcare Facilities (including: Long Term Care Facilities, Rural Health Clinics, Federally Qualified Health Centers)	☐ Establish organization Incident Command System (ICS) per organization Disaster Plan. ☐ Follow facility plans for evacuation/relocation of residents, if warranted. ☐ Provide medical care for affected patients. ☐ Provide timely situational awareness information to the RHCC.
Emergency Medical Services (EMS)	☐ Verify decontamination of patients. ☐ Provide pre-hospital medical care. ☐ Provide interfacility transport of patients.

Local Health Departments (LHDs)	☐ ESF-8 lead in its jurisdiction. ☐ Coordinate public health surveillance and investigations in local jurisdiction. ☐ Coordinate risk communication and public information. ☐ If warranted, activate the Mass Dispensing and SNS Plans. ☐ Behavioral health services may be available in some jurisdictions following a chemical incident. ☐ Support role for ESF-6 providing emergency sheltering within the affected area. ☐ Validate and coordinate hospital resource request for medical supplies and forward validated requests to local jurisdictional EMA.
Local Emergency Management Agency (EMA)	☐ Coordinate response efforts in its jurisdiction; activate EOC to maintain a common operating pictures and to provide support. ☐ Coordinate shelter and care of evacuees. ☐ Coordinate with IEMA-OHS to deploy state resources. ☐ Support fatality management surge. ☐ Receive and process requests for medical resources from the local jurisdictional Public Health Department. ☐ Validate and process direct requests for hospital non-medical resources and all resource requests for non-hospital entities.
Local Fire Departments	☐ Assume Incident Command and establish a Command Post if the incident occurs in their jurisdiction. ☐ Establish initial chemical detection monitoring. ☐ Set up decontamination line to start the initial response. ☐ Request MABAS decontamination team. ☐ Order evacuations, in consultation with the Incident Commander. ☐ Perform firefighting duties, as necessary. ☐ Assist in rescue and recovery efforts.

Local Law Enforcement	☐ Early assessment, hazard recognition and communication of accurate incident conditions. ☐ Site security and traffic control in coordination with ISP. ☐ Establish evacuation routes. ☐ Assistance with crime scene processing and local coroners for body identification. ☐ If the cause or suspected cause of the chemical incident is a criminal or terrorist act, local law enforcement agencies will assist the Illinois State Police and Federal Bureau of Investigation in their criminal investigation. ☐ If the cause or suspected cause of the chemical incident is a transportation accident, local law enforcement agencies will assist state and Federal agencies conducting the accident investigation.
American Red Cross	☐ Provide basic health support services. ☐ Provide emotional counseling and psychological first aid services to the affected population and disaster workers. ☐ Provide mass care services for evacuees and emergency workers including: sheltering, mobile feeding or feeding at a fixed location, and bulk distribution of relief supplies.
Mutual Aid Box Alarm System (MABAS)	☐ Mobilization of HAZMAT teams, upon request. ☐ Provide emergency response support for chemical detection monitoring and decontamination for the general public and/or emergency workers. ☐ Provide EMS resources and other forward deployed assets during a chemical emergency.
SUPPORT STATE AGENCIES	**ROLES**
Illinois Emergency Management Agency- (IEMA)/OHS	☐ Coordinate state resources/collects information to request disaster declarations (state and federal) as indicated.

Illinois Department of Public Health (IDPH)	☐ Lead State agency for ESF-8 public health and medical response operations. ☐ Provide technical assistance and coordination for planning and implementing the evacuation of health care facilities, obtaining emergency medical services where needed, assuring safe healthy living conditions at evacuation sites, and providing additional consultation and technical assistance as needed. ☐ Coordinate public health, medical emergency and risk communication messages. ☐ Coordinate with RHCC for intelligence gathering, information dissemination, additional resource requests, and coordination of efforts. ☐ Coordinate with the Federal Centers for Disease Control and Prevention (CDC). ☐ Order medical supplies and equipment from the Strategic National Stockpile (SNS).
Illinois Law Enforcement Alarm System (ILEAS)	☐ Provide participating agencies with law enforcement manpower and equipment support during a chemical emergency event. ☐ Weapons of Mass Destruction Special Response Team (SRT), upon request. ☐ When a crisis strikes an agency, the Incident Commander can call the ILEAS dispatch center and describe what type of assistance is needed.
Illinois Poison Center (IPC)	☐ Information and treatment advice on potentially harmful substances, including chemical exposure and treatment. ☐ Identify type of chemical based on toxidrome.
SUPPORT FEDERAL AGENCIES	**ROLES**
National Weather Service (NWS)	☐ Provide weather, water and climate data. Advice on wind speed and direction forecasts to inform on evacuations, shelter-in-place orders during a chemical emergency. ☐ Responsible for issuing advisories, warnings, statements, and short-term forecasts.
Centers for Disease Control and Prevention (CDC)	☐ Provides guidance to State authorities regarding planning and response strategies during a chemical disaster.

Federal Bureau of Investigation (FBI)	☐ Lead agency for responding to threats from weapons of mass destruction (WMD). ☐ Investigate and collect intelligence on WMD related threats and events to prevent attacks and respond to events when they occur.