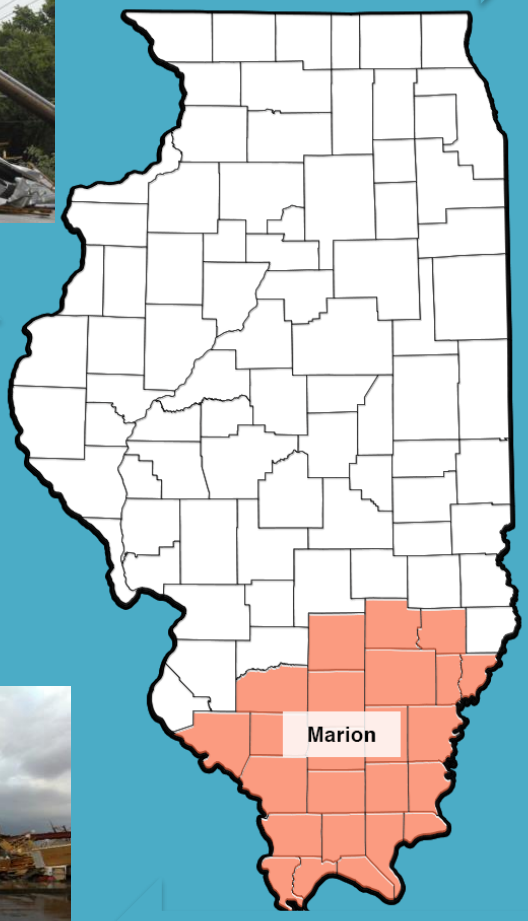
SHAWNEE PREPAREDNESS AND RESPONSE COALITION

Regional Response and Recovery Plan

SPARC
SHAWNEE PREPAREDNESS AND RESPONSE COALITION

PLANNING



RECOVERY

PREPAREDNESS

RESPONSE

February 2025, Version 4.0

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Signature Page

The Regional Response and Recovery Plan has been reviewed and accepted by the SPARC Executive Board and the coalition member organizations with authority to approve. This plan addresses the domains set forth by the Hospital Preparedness Program (HPP) and is compliant with the principles outlined in the National Incident Management System (NIMS); this plan relies on strong working relationships, and effective networking efforts between all coalition member organizations and partners to manage incidents.

Version 3.0 Approved by the SPARC Executive Board on February 11, 2025.

Signed by:
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Record of Changes 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 response and recovery efforts. A revised copy of the document will be distributed electronically to each SPARC Executive Board Member.

A copy of the planning document will be posted for the general membership on the Coalition's website http://www.sparccoalition.com.

Table 1. Record of Change

Revision Number	Section No.	Date of Changes	Individual Making Change	Brief Description of Changes
V01_01		5/25/2021	Tamara Caffey-Bey	*Per State Review* - Added process for Multi-Agency Coordination if location is virtual
	2.3.3.5.5.1.2	5/25/2021	Tamara Caffey-Bey	*Per State Review* - Added processes for joint decision making and engagement among SPARC
	2.3.2.5.6	5/25/2021	Tamara Caffey-Bey	*Per State Review* - Added strategies for patient tracking
	2.3.2.5.6.1	5/25/2021	Tamara Caffey-Bey	*Per State Review* - Added strategies for medical surge
	2.4.7	5/25/2021	Tamara Caffey-Bey	*Per State Review* - Added evacuation and relocation processes
	Appendices, Section 4.1	5/27/2021	Tamara Caffey-Bey	*Per State Review* - Added Mental Health & Behavioral Services Resources
	Appendices, Section 4.2, Attachment E	5/27/2021	Tamara Caffey-Bey	*Per State Review* - Added SPARC Membership Roster

V02_01		8/8/2023	Tamara Caffey-Bey	*Plan Approval page* removed.
		8/8/2023	Tamara Caffey-Bey	*Signature page updated.*
		8/8/2023	Tamara Caffey-Bey	*Table of Contents: Section subheadings re-numbered.*
	1.0	8/8/2023	Tamara Caffey-Bey	*Second paragraph added to Introduction section.*
	1.1	8/8/2023	Tamara Caffey-Bey	*Footnote added.*
		8/8/2023	Tamara Caffey-Bey	*Section 1.3 Overview and Background of SPARC added.*
		8/8/2023	Tamara Caffey-Bey	*Tables 1.1 and 1.2 inserted in Section 1.3.*
		8/8/2023	Tamara Caffey-Bey	Coalition mission, boundaries, membership, and census data removed. Refer to Regional Preparedness Plan.
		8/8/2023	Tamara Caffey-Bey	*Administrative Support was moved to Section 1.5.*
	2.1	8/8/2023	Tamara Caffey-Bey	*Section 2.1 revised. NIMS principles moved from Section 1.2.*
	2.2.1	8/8/2023	Tamara Caffey-Bey	*Member Roles and Responsibilities moved to Appendix A.*
	Entire Document	8/8/2023	Tamara Caffey -Bey	*SPARC Duty Officer replaced with "RHCC or designee."*
		8/8/2023	Tamara Caffey-Bey	*Activation process updated.*
		8/8/2023	Tamara Caffey-Bey	*Notification process updated to include incident notification.*
		8/8/2023	Tamara Caffey-Bey	*Alternate RHCC location added to Mobilization process.*
	2.3.2.5.3.1	8/8/2023	Tamara Caffey-Bey	*Information sharing procedures revised.*

	2.3.1.5.3	8/8/2023	Tamara Caffey-Bey	*Cybersecurity threat added.*
		8/8/2023	Tamara Caffey-Bey	*Communication Systems and Platforms descriptions removed.*
		8/8/2023	Tamara Caffey-Bey	Scarce Resource Management and Crisis Standards of Care *process added to Section 2.2.1.5.4.*
		8/8/2023	Tamara Caffey-Bey	*Patient Tracking process updated.*
		8/8/2023	Tamara Caffey-Bey	*Patient Movement process revised.*
	2.4	9/6/2023	Tamara Caffey-Bey	*Section 2.4 Continuity of Operations revised.*
		10/16/2023	Tamara Caffey-Bey	*Evacuation and Relocation process revised.*
	3.1	9/6/2023	Tamara Caffey-Bey	*Authorities added for IEMA-OHS, EMA, and LHDs. Revised for the RHCC.*
	Attachments	9/6/2023	Tamara Caffey-Bey	*IDPH Public Health Regional Offices and Boundaries map removed, EMS Region 5 RHCC profile contact information updated, HPP Resource List renamed RHCC Resource List, ARC map updated.*
		10/12/2023	Tamara Caffey-Bey	*Acronyms and Definitions moved to Attachment 11.*
	2.2.1	10/13/2023	Tamara Caffey-Bey	*ARC role and responsibilities revised.*
		10/25/2023	Tamara Caffey-Bey	*SPARC Membership Organization and Contact Information moved to Appendix B.*
		10/25/2023	Tamara Caffey-Bey	*SPARC Bylaws moved to Appendix C.*
V03_01	Signature Page	3/29/2024	Tamara Caffey-Bey	*Update Executive Board positions*
	Appendix B	3/29/2024	Tamara Caffey-Bey	*Update HVA*

V04_01		9/9/2024	Tamara Caffey-Bey	*Update Section 2.4.3.*
	SPARC Membership Organization and Contact Information	9/5/2024	Tamara Caffey-Bey	*Moved SPARC Membership Roster to Regional Preparedness Plan, Section 5.2.*
	SPARC Bylaws	9/5/2024	Tamara Caffey-Bey	*Moved SPARC Bylaws to Regional Preparedness Plan, Section 5.3*
	Appendix C	2/10/2025	Tamara Caffey-Bey	*Update Mental Health Resources*
	Attachment 10	2/18/2025	Tamara Caffey-Bey	*Update American Red Cross Contacts*

Table 2. Record of Distribution

Person/Title/Agency	Method of Delivery	Date
Arien Herrmann, RHCC Manager	Emailed	6/16/2021
SPARC Planning Action Team Committee	Emailed	11/2/2023
SPARC Executive Board	Emailed	11/15/2024

INTRODUCTION

The Shawnee Preparedness and Response Coalition (SPARC) is a "whole community coalition" dedicated to planning, responding, and recovering together as a community of organizations and individuals that recognize the necessity of working together to help each other during times of disaster and preparing for those times. SPARC assists its member organizations and the whole community to jointly prepare for, respond to, and recover from public health emergencies and hazardous events. The Coalition promotes collaborative planning, situational awareness, information sharing, and resource management among its members and partner organizations in order to enhance healthcare system resiliency and adequate surge capacity and capability across the affected community(ies). Visit www.sparccoalition.com

The SPARC Regional Response and Recovery Plan has been created in order to outline how members will support each other as a Coalition, in a disaster or public health emergency response. This Plan is an all-hazards plan. It sets the framework for the Coalition and its members to respond to a variety of disasters, whether natural or man-made.

1.1 Purpose

The purpose of this plan is to provide general guidance for an effective coordinated response to emergencies, natural or manmade disasters in the twenty-four county[1] region that is supported by the Shawnee Preparedness and Response Coalition (SPARC). Such hazards have the potential to overwhelm local public health or medical services capabilities. This plan provides the organizational response structure, protocol, request for resources (RFR) process, and the procedures of SPARC's cooperative partnerships in order to integrate regional medical, health and community resources during the response and recovery phase of an event.

1.1.1 Organization of the Plan

The Plan consist of the following parts:

1. The Base Plan provides an overview of SPARC's approach to managing disasters and public health emergencies. It cites the legal authority for emergency operations, explains the concept of operations, roles and responsibilities, coordination, resource management, and communication protocols.

[1] SPARC serves communities within twenty-four Southern Illinois counties. Twenty-three counties are in the Marion Public Health and Medical Services Response Region (MPHMSRR). Randolph County is in the Edwardsville Public Health and Medical Services Response Region. The twenty-four counties served by SPARC are within IEMA affected Regions 8, 9 and 11. Randolph County is in IEMA's region 11, but the Local Health Departments (LHDs), hospitals and Emergency Medical Services (EMS) belong to the Hope Coalition. In the event of a disaster or emergency, SPARC will coordinate response activities with Hope to support Randolph County ensuring resources and assistance are available if needed (Attachment 1).

2. Annexes provide specific information for effective preparation and response for emergencies and disasters. Each Annex emphasizes SPARC member roles and responsibilities, tasks and operational actions that pertain to the function being covered. Annexes will capture response plans for individuals that may have increased vulnerability during a disaster or public health emergency (e.g., pediatrics and access and functional needs).
3. Chapters to an annex, if they exist, provide an additional scope of policies and procedures that support the work of an annex.

1.2 Scope

The SPARC Regional Response and Recovery Plan applies to incidents that require local and/or regional emergency response coordination among all partners within jurisdictions bordered by the Coalition. SPARC serves as a coordinating entity during incident response. Coalition response activities do not circumvent or supersede any organizational or local plans currently in place but is intended to support disaster plans and activities across agencies and disciplines. SPARC supports the response by promoting the integration of coalition member organizations into the broader community response. An effort has been made to be realistic in terms of available resources and capabilities that are subject to change. Flexibility is therefore built into this plan. The SPARC Regional Response and Recovery Plan is intended to support the Illinois Department of Public Health ESF-8 Plan and is compatible with other local, state, and federal emergency response plans. In addition to the base SPARC Regional Response and Recovery Plan, there are annexes that address considerations for specific populations and/or incidents. Visit www.sparccoalition.com for planning specific documents.

The information in this plan applies to the roles and responsibilities of all SPARC member organizations when an event occurs that is beyond the individual health care organization's ability to manage the response and is limited to those compacts and other documents signed by the members. Each member organization plays an important role in the response to manmade and naturally occurring disaster and public health emergencies. Refer to Appendix A for Member Roles and Responsibilities.

SPARC does not have command and control authority. The Jurisdictional Agency or "agency having jurisdiction" has direct authority for emergency response and recovery. SPARC only provides support to its member organizations during emergency response through the sharing of information and resources, coordinating response strategies, and supporting effective interface between member organizations and the relevant Jurisdictional Agency.

1.3 Overview and Background of SPARC

The region consists of a full range of healthcare assets that provide "point of service" medical care and other medically related services during a disaster or mass casualty. The EMS Region V partners with other regional trauma centers outside the service area, or with border states that are prepared to provide patient care during a disaster or medical emergency.

In the EMS Region V there are 22 hospitals. There are 11 with EDs recognized by Illinois Emergency Medical Services for Children (EMSC) in the region as having added capabilities for pediatric care: 5 Stand-by Emergency Departments (SEDP) and 6 Emergency Departments Approved for Pediatrics (EDAP). Refer to Attachment 2 for EMS Region V- Resource and System Hospitals Listing.

EMS Region V	Number of Facilities
Critical Access Hospitals – small rural hospitals with 25 or fewer acute care in-patient beds and provide 24/7 emergency care services.	16
Acute Care Hospitals – larger hospitals with over 25 in-patient beds, more specialty services and provide 24/7 emergency care services.	5
Level II Trauma Centers – definitive care for all injured patients and provide 24/7 immediate coverage.	1

Illinois Designated Trauma Centers or Tertiary Care Hospitals that will receive patients from the region if an emergency overwhelms regional capacity, are listed below.

Illinois Designated Trauma Centers or Tertiary Care Hospitals	Pediatric Capabilities
Level I Trauma Centers	
Barnes-Jewish Hospital, St. Louis, MO	
St. Louis University Hospital, St. Louis, MO	
SSM Health Cardinal Glennon Children's Hospital, St. Louis, MO	X
St. Louis Children's Hospital, St. Louis, MO	X
Level II Trauma Centers	
Deaconess, Evansville, IN	X
St. Vincent, Evansville, IN	X
Level I Trauma Centers (with Burn Capabilities)	
St. John's Hospital, Springfield, IL	X
St. Louis Children's Hospital, St. Louis, MO	X
Barnes-Jewish Hospital, St. Louis, MO	

1.4 Situation and Assumptions

SPARC serves as the regional Healthcare Coalition (HCC) designated by the Illinois Department of Public Health (IDPH). The SPARC geographical area includes the twenty-three Illinois counties: Alexander, Clay, Edwards, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jefferson, Johnson, Marion, Massac, Perry, Pope, Pulaski, Randolph[1], Richland, Saline, Union, Wabash, Washington, Wayne, White, and Williamson. Refer to *Attachment A* for IDPH Public Health and Medical Services Response Regional Map.

SPARC is a collaborative network of organizations and their respective public and private sector partner organizations that serve as a Multi-Agency Coordination (MAC) Group during incidents. SPARC is the primary organization for the coordination of Emergency Support Function 8 (ESF-8) – Public Health and Medical Services in the MPHMSRR. SPARC is the supporting organization for Emergency Support Function 6 (ESF-6) – Mass Care. Refer to the SPARC Regional Preparedness Plan for SPARC Membership roster.

Coalition Background/Governance

The SPARC By-Laws summarize important procedures related to membership, officers, meetings, voting and decision-making. Refer to the SPARC Regional Preparedness Plan.

Hazard Vulnerability Analysis

SPARC conducts the Hazard Vulnerability Analysis (HVA) on an annual basis. Refer to Appendix B for a detailed summary of the hazards or risks that are most likely to have an impact on the healthcare facility and surrounding community. The most common reported threats and hazards for FY2024 include:

1. Severe Weather (including tornado, ice storm)
2. Cyber Attack
3. Infectious Disease
4. Communications Failure/IT Failure
5. Power Failure
6. Supply Chain w/MCI
7. Transportation/EMS w/MCI
8. Active Shooter
9. Hazardous Materials
10. Water Failure

Assumptions

This Plan outlines the functions necessary to efficiently and effectively manage events requiring the coordination of resources among member organizations. For the purposes of this Plan, the following planning assumptions include:

1. A member organization or the community as a whole can be affected by an internal or external emergency that has affected operations up to and including the need for a facility to evacuate.

2. Facilities impacted by disaster have activated their emergency operations plan (EOP) and staffing of their facility operations centers.

3. The increased number of area residents and staff needing medical help may burden and/or overcome the health and medical infrastructure. This increase in demand may require a regional response and/or subsequent city, county, state, and/or federal level of assistance.

4. Healthcare Organizations will report status on situational awareness but will assume to be able to handle the incident on their own as much as possible before asking for assistance.

5. Healthcare Organizations will take internal steps to increase patient capacity and implement surge plans before requesting outside assistance.

6. Facilities will communicate their medical needs to the HCC and non-medical needs to the jurisdictional EOC.

7. Local resources will be used first. Regional, State and federal resources will not be available for a period of time after incident onset, in some cases as much as 96 hours.

8. The use of the National Incident Management System (NIMS) consistent processes and procedures by the HCC will promote integration with public sector response efforts.

9. Processes and procedures outlined in the response plan are designed to support and not supersede or replace individual healthcare organization emergency response efforts.

10. This plan is based on certain assumptions about the existence of specific resources and capabilities that are subject to change. Flexibility is therefore built into this plan. Some variations in the implementation of the concepts identified in this plan may be necessary to protect the health and safety of patients, healthcare facilities, and staff.

1.5 Administrative Support

Plan Development and Maintenance

The SPARC Regional Response and Recovery Plan will be accepted following the Coalition's process for plan approval. Once voted out of Subcommittee, the Plan will be submitted to the SPARC Executive Board for approval. The Plan will then be submitted to the appropriate SPARC member organizations with authority to approve. At the direction of the SPARC Executive Board, the Plan will be presented to the EMS Advisory Committee and EMS Medical Directors for approval.

The SPARC Executive Board or designee will update the plan annually or as necessary after exercises and real-world events. The review will be reflective of any new processes or regional lessons learned to identify gaps in the response plan and working with coalition members to define strategies to address the gaps. Following review, revisions will be tracked electronically with approval dates confirmed by email and will be listed in the "Record of Revision and Distribution." Refer to the www.sparccoalition.com for all planning documents.

Training and Exercise

Training and exercise requirements for the Coalition are outlined by the Office of the Administration for Strategic Preparedness and Response (ASPR). The Coalition identifies training and exercise to ensure membership is appropriately trained in their roles and responsibilities. This includes, but is not limited to:

- Incident Command System (ICS) and the National Incident Management System (NIMS), based on NIMS guidelines, which can be found on the website of the Federal Emergency Management Agency (FEMA) www.fema.gov.
- Health Care and First Responder Training (e.g., BLS, ALS, PALS)
- State Specific Courses (e.g., HazMat Awareness, IEMA-OHS Radio Operator Training)

The Region has an exercise, evaluation, and corrective action program to continuously improve the region's healthcare preparedness, response, and recovery. For further details on regional training and exercise, refer to the annual Region V Shawnee Preparedness and Response Coalition (SPARC) Integrated Preparedness Plan (IPP).

2. CONCEPT OF OPERATIONS

2.1 Introduction

SPARC functions as a Multi-Agency Coordination (MAC) Group during disasters and public health emergencies to support its members and jurisdictions. The primary role of the Coalition during response and recovery is the sharing of information among the membership and the coordination of resources to achieve a combined effort.

SPARC follows the National Incident Management System (NIMS) during its operations. NIMS principles that are relevant to the functions of the Coalition during emergency response and recovery include:

- Command and Management
- Preparedness
- Resource Management
- Communications and Information Management
- Supporting technologies
- Ongoing management and maintenance

The process outlined below describes the basic flow of a response to disaster and emergency situations with the steps and the activities that may need to be accomplished. Not all steps and activities will apply to all hazards.

- Incidents are typically managed at the lowest possible geographic, organizational and jurisdictional level.
- SPARC member organizations maintain their respective decision-making sovereignty. Member organizations determine individually how they will respond to and recover from an incident and whether they will activate any emergency response/recovery measures. SPARC does not supplant this responsibility.
- Decisions made by the Coalition during incident response/recovery are made on a consensus basis or are recommendations only. Transparent decision making will be provided to support this functional relationship.
- Member/Partner organizations will work together for a common good despite day-to-day competitions.

2.1.1 Coalition Goals and Objectives

Promote collaboration of SPARC member organizations to create a more combined community response through the following objectives:

- Facilitate the sharing of information among participating healthcare organizations with jurisdictional EOCs and IDPH to promote common situational awareness.
- Facilitate the sharing of resources through MOUs and/or mutual aid agreements among coalition members, and support the request, receipt and distribution of local, state, and federal assistance.
- Facilitate the coordination of incident response activities for participating healthcare organizations so that strategies and actions support the healthcare response.
- Facilitate the interface between SPARC and relevant jurisdictional authorities to effectively support healthcare system resiliency and medical surge.

2.2 Role of the Coalition in Events

Through collaboration with local partners, SPARC will address the following activities when responding to an event:

- Promote a regional level common operating picture (COP) through shared information.
- Provide notification to member organizations that an actual or potential incident is developing. Allowing for a very rapid response on a 24/7 basis.
- Provide a mechanism to rapidly disseminate information form Incident Command and other authorities to Coalition member organizations so that they can effectively and safely participate in emergency response.
- Disseminate resource needs to member organizations and help match organizations that request mutual aid or other assistance with organizations that can provide the needed assistance.
- Support Evacuation Activities
- Support Patient Tracking.
- Support Shelter-in-Place activities.
- Identify time-sensitive performance metrics for the Coalition response (e.g., notification of incident to Coalition members; Bed Availability Reporting; Setting up Field Triage; Appropriately distribute casualties; Stage Transportation Resources to Transport Casualties; Update Patient Tracking Information at Intervals; and Staff a Family Assistance Center).

2.2.1 Member Roles and Responsibilities

SPARC member organizations maintain their respective decision-making sovereignty. Member organizations determine individually how they will respond to and recover from an incident and whether they will activate any emergency response/recovery measures. SPARC does not supplant this responsibility.

Each SPARC member organizations' capabilities may be affected by available resources and the size and scope of an incident. As such, response efforts in the event of a disaster or public health emergency may be "as able." Implementation of the structures and procedures outlined in *Appendix A* allow for a scaled response, delivery of specific resources and capabilities, and a level of coordination appropriate to each incident.

2.2.2 Coalition Response Organizational Structure

During an incident, the Coalition's response organization structure helps enhance the overall surge capacity and capability of its members by facilitating information sharing, resource support, and response coordination in support of Public Health and Medical Services (ESF-8) and Mass Care (ESF-6) activities. The response organizational structure of SPARC consists of:

1. RHCC, or designee
2. Multi-Agency Coordination (MAC) Group
3. Support Teams, and Agency Representatives that function to support its members and jurisdictions during incident response.

2.3 Response Operations

SPARC will operate in a decentralized state during normal day-to-day activities. In order to be immediately available to conduct no-notice response actions, two actions will remain continuously operational during times of non-response:

1. Will have the ability to rapidly receive information and notify members within the Coalition of an emergency.
2. Will have a decision-making process to determine whether additional actions of the Coalition deem necessary.

2.3.1 Stages of Incident Response and Recovery

The subsequent stages of incident response and early recovery taken by SPARC are:

1. Incident recognition
2. Activation and Notifications
3. Mobilization
4. Incident Operations
5. Demobilization
6. Recovery/Return to Pre-Disaster State

2.3.1.1 Incident Recognition

The RHCC, or designee, in coordination with the SPARC Executive Board, is responsible for maintaining awareness of situations that may indicate a coalition response. Indications of a need for a coalition response and activation of the Plan may include:

- A request to activate or monitor by a coalition member or partner (local Emergency Management, EMS, Long Term Care, Hospitals, Local Public Health).
- Multi-jurisdictional incident or outbreak.
- Shortage or distribution of medical supplies.
- Awareness through open-source media, notification by a partner, notification by a local, state, or Federal entity.
- An incident in an area with few resources, such as a low population county or a county without a hospital.
- An incident large enough to require resources sharing including Strategic National Stockpile (SNS) deployment, Epidemiologic Investigation, Facility Evacuation.
- Any substantive alert message requiring action from public health and/or healthcare; possible examples: A natural disaster, biological attack, chemical attack or spill, biological disease outbreak, radiological threat or incident, credible terrorist threat or actual terrorist incident.
- If an incident occurs and the RHCC is impacted, IDPH may step in and call upon a non-impacted RHCC to carry out the response.

2.3.1.2 Activation

The Plan, in part or in its entirety, will be activated during any incident that warrants coordination between one or more SPARC member organizations and other emergency response partners or at the request of local, state, federal agencies. This activation may occur to coincide with the activation of other plans within and/or outside the SPARC region. Refer to Attachment 3 for further details on the Activation Pathway.

- Upon recognitions of an incident emerging, the identifying organization should notify the RHCC. The RHCC Manager can be reached at **618-549-0721 Ext: 68630.** When activated, the RHCC coordinates regional healthcare response to disasters and public health emergencies when the local response is overwhelmed, in coordination with the IEMA-OHS Duty Officer, IDPH Regional EMS Coordinator, IDPH Regional ERC Coordinator and Executive Board.
- An initial request for activation may be made verbally to start the support processes – these may include, but are not limited to:
    - Region-wide alerting
    - Issuing regional bed availability reports via EMResource
    - Mass Casualty Incident (MCI) generating a surge
- In addition to a member request, a request for activation can be made by another Regional Healthcare Coalition for assistance.
- All formal activation requests must be provided in writing within the first operational period and should originate from the leadership of the requesting organization. The requesting organization may refer to the State ESF-8 Plan for a standardized message form utilized for incident reporting (Attachment 4).
- All activation requests should be concurrently provided to supporting jurisdictional partners.

Activation Methodology

SPARC has a scalable methodology that allows for partial activation of the Plan and appropriate levels of coordination. RHCC, or designee, in coordination with the SPARC Executive Board, will determine the appropriate response structure of the Coalition based upon an assessment of needs. This structure may require the notification and mobilization of the MAC Group, Support Teams, and/or Agency Representatives immediately following the activation of this Plan.

Pre-established Activation Levels

1. Normal/Operations/Steady State – Activities are normal; no specific risk or hazard is identified.

2. Enhanced Steady State/Partial Activation – RHCC is aware of a credible threat, risk or hazard and monitors a potentially emergent incident for further development and ensures availability for immediate activation, if necessary. The coalition response may be operated by a single person, can be virtual and not require a physical location.

3. Full Activation – Provides notice to all coalition members and response partners that the RHCC has been activated. Request staffing resources for the RHCC. Additional member organizations may be needed to support the response to a major incident or credible threat and may require a physical location.

Pre-established Urgency Categories

1. Update: Provides non-urgent incident information and suggests no urgent actions. This category is used in both emergency and non-emergency times. Transmitted to all coalition members via established modes of communication.

2. Advisory: Provides urgent information about an unusual occurrence or threat of an occurrence, but no action by the message recipient is expected. The incident is monitored for further developments and ensures availability for immediate activation, if indicated. Transmitted to all coalition members via established modes of communication.

3. Activation: Provides notice to all coalition members and partners that the RHCC has been activated. Convey the pre-established activation levels and to request staffing personnel. Transmitted to all coalition members via established modes of communication.

2.3.1.3 Notifications

The RHCC, or designee will make initial notification to:

- IEMA-OHS Duty Officer
- IDPH Regional EMS Coordinator
- IDPH Regional Emergency Response Coordinator
- SPARC Executive Board
- SPARC membership

Depending on the disaster and time of day, individual hospital notification of an external incident will come from EMS, RHCC, or IDPH via telephone, E-mail, STARCOM 21 or the Health Alert Network (HAN)/SIREN. Refer to the PACE chart of the *SPARC Emergency Communications Plan* for further details.

Incident Notification: When relaying an incident notification, the following information should be included (if known):

- Location of the disaster or event
- Type and extent of the situation
- Hazardous materials involvement
- Approximate number of victims involved
- Contact Information
- Resources needed

2.3.1.4 Mobilization

Each member organization of the Coalition will mobilize its own response (based on its EOP) independent of the coalition response organization activation. Agency Representatives will coordinate information between the RHCC, or designee and the Liaison of the assigned agency or jurisdiction.

2.3.1.5 Incident Operations

SPARC does not operate as an independent body. Each member of the coalition has a primary organization to which they are required to respond to disasters and emergencies according to their organization's role and responsibilities in the response operations outlined in Appendix A. The response and recovery efforts of SPARC are that of a Multi-Agency Coordination (MAC) Group operating as the primary organization for ESF-8 Public Health and Medical Services coordination and support of ESF-6 Mass Care. Upon activation of this plan, SPARC supports healthcare response coordination ESF-8 and ESF-6 when circumstances dictate through the following activities:

- Information Sharing
- Resource Coordination and Support

- Response Coordination
- Support of regional patient and/or bed tracking

SPARC conducts the following initial and ongoing actions to support its member organizations and coordinate a regional healthcare response. Refer to actions listed below.

2.3.1.5.1 Initial HCC Actions

SPARC will gain situational awareness and determine a strategy to execute the incident objectives through the following initial actions:

- Establishing points of contact with jurisdictional authorities and other entities involved in the response for the particular incident.
- Gathering initial information and sharing it with responding SPARC partners.
- Establishing the operational period and initial goals to include incident action planning.
- Establish the necessary incident management structure.

SPARC will conduct Incident Action Planning when:

- A significant number of coalition member organizations are involved or impacted by an incident.
- The duration of an incident is projected to be extensive in time.
- After large scale and incidents where incident response appears exceptionally complex.

2.3.1.5.2 Ongoing HCC Actions

The following actions will be taken to maintain a response:

- The RHCC, or designee is responsible for managing all ongoing operational actions during a response.
- The RHCC will support healthcare organizations, coordinate regional healthcare response, and maintain healthcare situational awareness.
- The RHCC will respond to all RFMRs.
- Agency Representatives will provide situational awareness and coordinate response and recovery efforts with SPARC.
- The RHCC will coordinate resource requests, share situational awareness and provide guidance to prioritize scarce resources within the region for response and recovery efforts.
- SPARC individual members will support response activities.

2.3.1.5.3 Information Sharing

The RHCC, or designee is responsible for the flow and processing of information to establish a common operation picture (COP). The RHCC, or designee will coordinate information and situational awareness with the IDPH and share with the Coalition membership.

Information Sharing Procedures

All SPARC affected entities, including those that are called upon to assist during the incident, should share information to maintain situational awareness, and to support decision-making during an emergency response (Attachment 5). Successful communication relies on systems that are reliable, interoperable, portable, scalable, redundant and resilient during incidents. However, depending on the type of incident, normal modes of communication (i.e., alert and messaging systems) may not be available and alternate modes will be utilized to communicate pertinent information internally and externally from a facility. Possible modes of communication will include those established in the *SPARC Emergency Communications Plan.*

- Voice over Internet Protocol (VOIP)
- Telephone (cellular)
- Telephone (landline)
- Electronic mail (e-mail)
- WPS-GETS
- Radio (Direct and/or Relay, Starcom21, Ham/Amateur)
- Satellite Radio and Communications
- Human Runners

Information Access and Data Protection

The Coalition does not typically deal with HIPAA protected health information. Solicitations for such information will be handled in accordance with HIPPA Privacy Rules. Any HIPAA protected health information that may be obtained by the Coalition will be handled in accordance HIPAA Privacy Rules.

In the event of a cybersecurity threat, facilities should refer to their individual ransomware policies and procedures. Facilities should have Cybersecurity Plans providing further direction for consultation with ransomware insurance providers, if necessary.

Communications with the Public During an Emergency

SPARC members should undertake the following actions to control the spread of rumors:

- Follow trusted sources of information.
- “Stay in your lane,” don’t put out information that is better distributed by another agency.
- Do not share or like posts that have not been distributed by official sources.
- Actively monitor social media to combat rumors, misinformation and disinformation.
- Privately share such posts with the PIO and JIC.
- Have procedures in place for handling such occurrences.

2.3.1.5.4 Resource Coordination

The RHCC will coordinate health and medical emergency response for hospitals in the region when the local response is overwhelmed. The RHCC maintains a small supply cache available for deployment upon request. The RHCC Resource List (Attachment 6) is maintained providing SPARC member organizations with current information on regional supply and equipment caches that may be available in an emergency or disaster. SPARC member organizations shall follow the IDPH ESF-8 Plan for requesting medical resources.

- Member organizations currently have existing memoranda of understanding (MOU) from member to member or member to another agency. These MOUs may be of assistance to the region upon need, provided all involved parties agree. Member organizations are expected to utilize their traditional and pre-established agreements for resources prior to making requests for resources. Members must follow established request processes as identified in local or state plans. Please see below:
    - Resource Hospitals are the first line of supplies to hospitals in their EMS system.
    - If external resources are needed, hospitals may request resources from any of the following: health and medical vendors, the RHCC, local emergency management or EOC, local health departments, and other partner organizations.

- If a request for medical resources (RFMRs) is made through the RHCC, hospitals are to follow the process outlined in the ESF-8 Plan. Refer to the Hospital Disaster Resource Request Flowchart (Attachment 7).
- Local Health Departments impacted by disaster or public health emergency will notify the following response organizations of incidents in their jurisdictions and follow the resource request process outlined in the ESF-8 Plan. Refer to the Local Health Department Resource Request Flowchart (Attachment 8).
- If a request is made through the RHCC, the RHCC becomes the primary Point of Contact for any offers of assistance. A standardized resource request form – ICS 213 RR is utilized for requesting medical resources through the RHCC (Attachment 9).
- Non-Hospitals will make the request through their local jurisdiction Emergency Manager.
- All State requests for health and medical assistance will be routed through IEMA-OHS and the SEOC by the local jurisdiction EMA during emergency event. Upon receiving a request for resources, IDPH will communicate with the RHCC for local intelligence gathering, information dissemination and coordination of efforts.

Scarce Resource Management and Crisis Standards of Care

When care needs exceed available resources, patient care moves into crisis conditions. In the event of a scarce resource situation in the SPARC Region (i.e., supply of resources cannot meet the need), the RHCC may coordinate the movement of resources with IDPH and IEMA-OHS upon request to do the 'greatest good for the greatest number.' Refer to the *SPARC Crisis Standards of Care Annex* (which is modeled after the IDPH ESF-8 Plan: Catastrophic Incident Response Annex).

- During times of crisis care, decisions and strategies involving patient care will be made at the individual healthcare facility or agency level.
- Supply chain management will be handled at the individual-facility level. Hospitals and healthcare facilities should continue to order their regular order quantity while on allocation to avoid a chain disruption.

2.3.1.5.5 Patient Tracking

Member hospitals will follow protocol for patient tracking across the region. Refer to the State ESF-8 Plan for strategies to consider assisting in identifying, tracking, and reunification of patients during disasters.

- Upon request, American Red Cross (ARC) will work with hospitals to coordinate their reunification services. Refer to the ARC regional maps for Illinois, Indiana, Missouri and Arkansas, and Kentucky. Contact information is listed for each chapter. (Attachment 10).

Medical Surge and Patient Movement

Medical surge will be coordinated at the individual facility level using internal protocols and tools (i.e., medical surge response strategies). 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)].

In a large-scale patient movement, patients may need to be moved outside of the region to accommodate their care needs (i.e., trauma, burn, and pediatrics). Refer to Section 1.3 for a list of Illinois Designated Trauma Centers or Tertiary Care Hospitals that receive patients from the region.

- Hospitals in the region currently maintain Inter-Facility Transfer Agreements with designated tertiary facilities that will accept or receive patients as appropriate and possible during a surge event.

- SPARC will support the coordinated movement of patients due to a MCI, hospital evacuation, or long-term care facility evacuation.

In the event member hospitals become overwhelmed and will need to create emergency treatment capacity outside of the facility, the hospital IC will collaborate with the RHCC, local EMA and LHD on temporary medical treatment stations (TMTS) selection, establishment and operation within their region. Refer to the *State Catastrophic Incident Response Annex* (a.k.a. crisis standards of care) for guidance. Members can also refer to the IMERT TMTS Guide and to ASPR TRACIE for help with planning.

Volunteer Management

Healthcare institutions should have a policy describing volunteer management and healthcare personnel credentialing and are responsible to their own institutional policies.

2.3.1.6 Demobilization

When it is determined that the situation is contained, through the IDPH, local EM or the on-scene IC / UC, the RHCC, or designee will communicate to the membership that the disaster or situation has been contained. This may occur on a county-by-county basis.

Steps for SPARC demobilization include:

- Inform coalition members at-large of the return to normal operations.
- Close radio and other methods of communication systems after ensuring normal communication methods are operational.
- Continue to track resources until their disposition is known.
- Conduct follow-up with coalition members for post incident planning.
- Participate in After Action reports as requested by coalition members, IDPH and the AHJ.

2.3.1.7 Recovery/Return to Pre-Disaster State

Each SPARC member organization should have a completed internal recovery plan utilizing guidance in the National Disaster Recovery Framework. Recovery components should address mental health and behavioral services support. As with response, SPARC continues to play a role in information sharing and resource coordination through the recovery period by sharing recovery related local, state, and federal resource information, planning, and activities with coalition members. Refer to Appendix C for Mental Health and Behavioral Services Resources.

2.4 Continuity of Operations

SPARC member facilities will refer to their own established Continuity of Operations (COOP) Plans to ensure that essential functions are continued in the event of a manmade, natural, or technological emergencies disrupt or threaten to disrupt normal operations.

The RHCC has a stand-alone COOP. The COOP outlines how the RHCC will continue to provide services until full operations are restored. Recovery strategies are identified and the resources and actions needed are defined below. Please refer to the RHCC COOP for further details.

2.4.1 Essential Functions

Critical activities performed by the RHCC and continued throughout, or resumed rapidly after a disruption of normal activities:

- Information Sharing
- Coordination of Resources
- Policy Guidance

2.4.2 Succession and Delegations of Authority

Rotating lead. If the RHCC Manager, or designee should become incapacitated or unavailable, the next in line will become the lead. Delegations of authority will follow the orders of succession.

2.4.3 Continuity Facilities

Depending on the scope of the incident, the RHCC staff will assemble and be briefed of incident either virtually, co-located at a member operations center, or at another physical location.

An alternative site has been identified so that operational functions can be maintained if the primary site is impacted or if other responsibilities during a disaster prevent it from performing coalition activities.

Alternate RHCC Site
Williamson County EMA 407 N. Monroe, Suite 370 Marion, IL 62959

2.4.3.1 Virtual Multi-Agency Coordination

If location is virtual the RHCC will continue to offer the ability for RHCC staff and the MAC Group to come together via a virtual, common platform to share and receive information, make decisions, and coordinate the response to emergencies and disasters throughout the region.

- The RHCC, or designee will send out notification (*as per section 2.3.1.3*) to assemble and be briefed virtually. Notification can be in the form of a secure message via email, phone, text, or other messaging format. The RHCC can receive and push out SIREN messages, if applicable.

- The meeting platform will be pre-established: conference calls/webinar, video conference, email, whichever is easiest for all to access and the least technologically demanding. The RHCC will establish the virtual platform for collaboration and establish open sharing of data for situational awareness.
- The RHCC will pull in real-time data from local, state, and federal agencies in order to facilitate more informed decisions, collaborate in real time to coordinate response, and distribute a unified message to share with coalition membership, thus improving resiliency within the region.
- Real-time on-line communication is essential for a remote environment. The RHCC ensures that coalitions members are added to the right calendar invites, pre-scheduled messages, email groups and messaging apps (if applicable). A SPARC membership roster including contact information is maintained and updated accordingly.

2.4.4 Continuity Communications

Communication systems and platforms that provide the capability to perform the essential functions, in conjunction with SPARC member organizations, local, regional, and state response partners:

1. Voice over Internet Protocol (VOIP)
2. Telephone (cellular)
3. Telephone (landline)
4. Electronic mail (e-mail)
5. WPS-GETS
6. Radio (Direct and/or Relay, STARCOM21, Ham/Amateur)
7. Satellite Radio and Communications
8. Human Runners

2.4.5 Administration and Extended Operational Needs

Personnel responding on behalf of SPARC shall track activities and expenses and submit them to the RHCC or designee at the end of the operational period or deployment.

- SPARC will provide copies of those activities and expenses to the appropriate Coalition member's and local jurisdictions when requested.

In accordance with the NIMS structure, both administrative and extended operational needs are designed with secondary or alternate systems to maintain operations. Therefore, extended operational needs of personnel responding on behalf of SPARC shall be met by the hosting agency or the responding members own agency. The Executive Board may allocate funds if available. **SPARC will not be financially responsible in the event should any part of the plan be activated.**

2.4.7 Evacuation and Relocation

The decision to evacuate is the responsibility of each facility or local emergency management officials. The total evacuation of a hospital will likely require regional assistance and, depending on census, may require state assistance.

- Should a SPARC member organization become so impacted that evacuation of their operation is deemed necessary and the coalition's assistance is requested, SPARC will work to assess the availability of "like organizations" and provide information to the affected organization. SPARC will support coordination of resources as requested (i.e. – transport needs, staff, and medical supplies/equipment).
- Pediatric patients require some special considerations during evacuation. Refer to SPARC Regional Pediatric Surge Annex and/or the IDPH Pediatric and Neonatal Surge Annex for guidance.
- Long-term Care Facilities (LTCFs) will follow their established facility evacuation plans. SPARC will promote collaboration with LTCFs (e.g., nursing homes, dialysis centers, assisted living facilities) to facilitate the sharing of resources for patient transportation, food, drink, rest, or access to electricity. LTCFs can refer to CMS EP Rule | ASPR TRACIE (hhs.gov) for guidance on emergency preparedness requirements for Medicare and Medicaid participating providers and suppliers.

2.4.8 Devolution

Any action taken by SPARC is on behalf of the coalition members and local jurisdictions. SPARC has no jurisdictional authority. Coalition members and local jurisdictions may delegate certain authorities to SPARC during a response. If SPARC is unable to operate, or a coalition member or local jurisdiction revokes any delegated authority, then the conduct of SPARC activities will return to the coalition member or jurisdiction having authority.

3. AUTHORITIES and REFERENCES

3.1 Authorities

1. SPARC has provided the RHCC the authority to coordinate supply/equipment caches and services (other than EMS licensed providers) as outlined in the IDPH approved regional disaster preparedness plan and within the scope of the HPP program.
2. Illinois Compiled Statues 210 ILCS 50, Emergency Medical Services (EMS) Systems Act, as amended.
3. IEMA-OHS is Authority Having Jurisdiction (AHJ) for the state of Illinois and is responsible for coordinating the State's response and recovery programs and activities and supporting local EMAs when response efforts far exceed local capabilities.
4. EMA is the lead agency for response coordination in their jurisdiction.
5. IDPH is the lead agency for public health and medical response operations. IDPH is responsible for coordinating regional, state, and federal health and medical disaster response resources and assets to support local operations such as the Illinois Medical Emergency Response Team (IMERT), the Strategic National Stockpile (SNS), temporary medical treatment stations (TMTS), etc. Additional resources may be available on the local and regional levels to assist (e.g. Regional Medical Emergency Response Team [RMERT]).
5. The LHD serves as the lead local agency for public health and medical response operations in its local jurisdiction.

3.2 References

1. Illinois Department of Public Health ESF-8 Plan
2. National Incident Management System (NIMS)
3. National Response Framework

Attachments

Attachment 1: Regional Maps

Attachment 2: EMS Region V Profile

Attachment 3: Activation Pathway

Attachment 4: Medical Incident Report Form

Attachment 5: Communication Pathway

Attachment 6: RHCC Resource List

Attachment 7: Hospital Disaster Resource Request Flowchart

Attachment 8: Local Health Department Resource Request Flowchart

Attachment 9: ICS 213 RR

Attachment 10: ARC Regional Maps

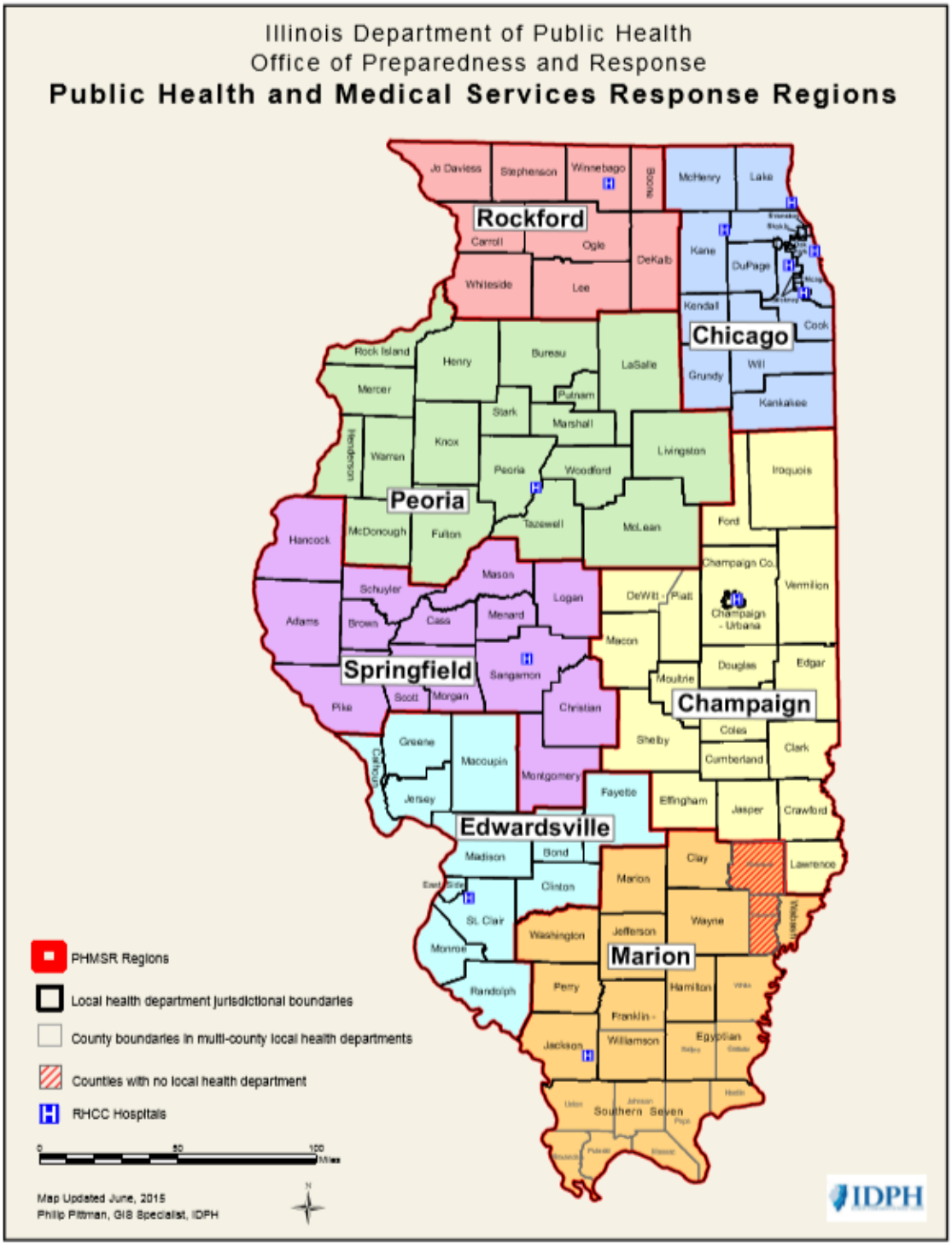
Attachment 11: Hospital Medical Supply Bags Inventory

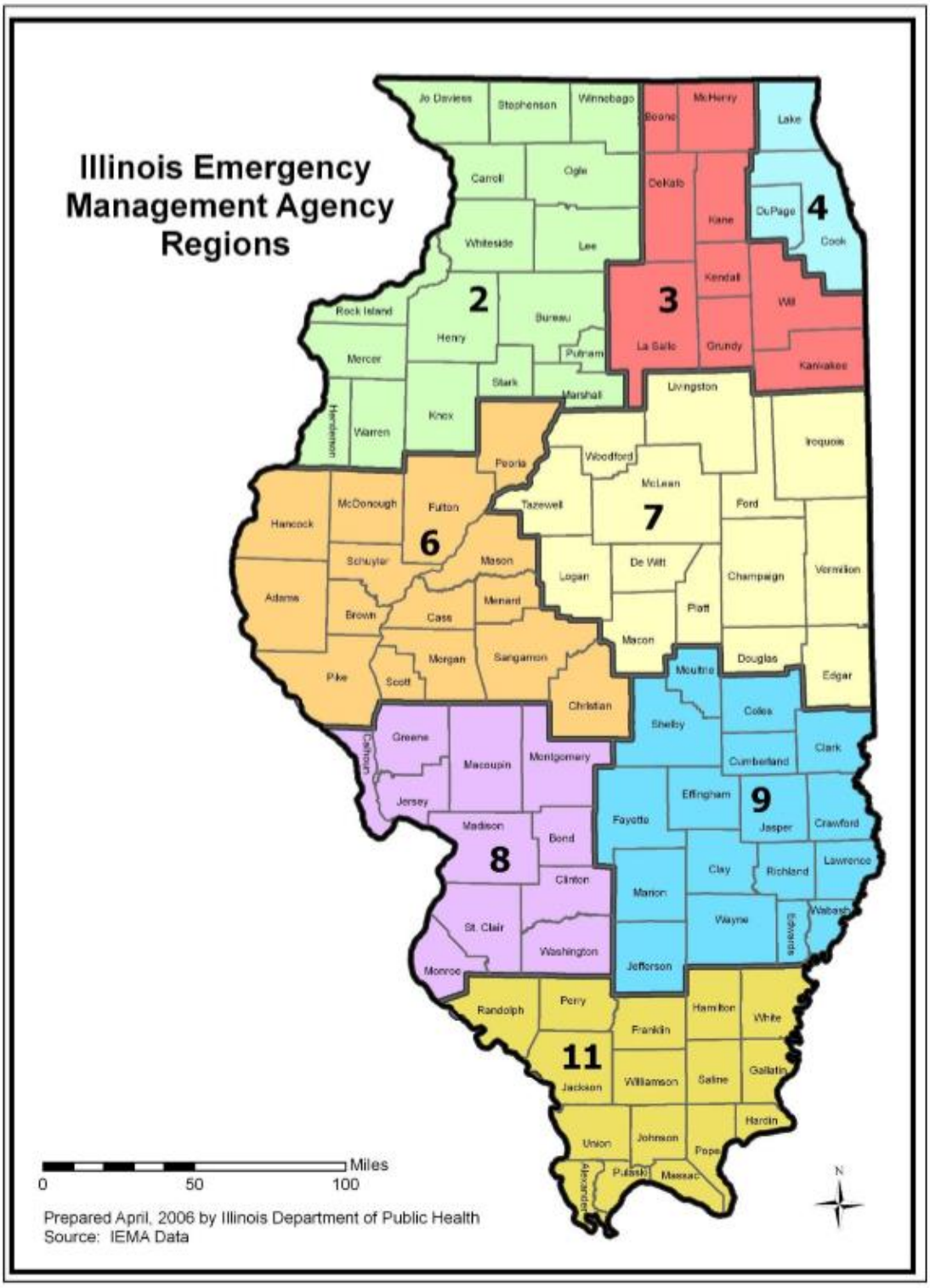
Attachment 12: Illinois State Police Division of Patrol Troop Map

Attachment 13: Acronyms and Definitions

Attachment 1

Regional Maps





Attachment 2

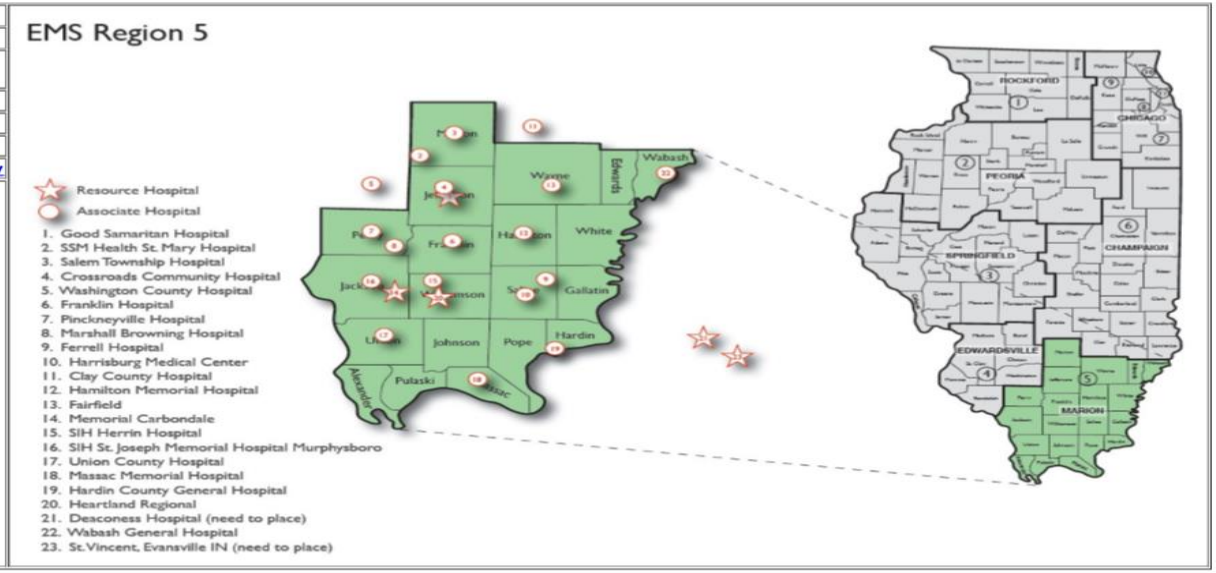
10.1.5 EMS Region 05 Profile

Published 3/19/2020 13:04 by Linda Angarola

EMS Region 5 - Profile

Section 1: EMS Region Profile

Region:	**Region 5 - Marion**
REMSC:	**Linda Angarola, RN, BSN**
Address:	**2309 W. Main, Suite 106, Marion, IL 62959**
Office:	**618-993-7043**
Cell:	**618-694-2317**
Fax:	**618-993-7052**
E-Mail:	**linda.angarola@illinois.gov**
Overview	Link



Regional Hospital Coordinating Center (RHCC)			
RHCC Organization	**RHCC Coordinator**	**RHCC E-Mail**	**RHCC 24/7 Number**
Memorial Hospital of Carbondale	Arien Herrmann	arien.herrmann@sih.net	Office – 618-549-0721 x 68630

EMS Region 5 - Resource and System Hospitals Listing							
No.	Hospital	EMS System ID	EMS Designation	EMS-C Designation	Trauma Designation	STEMI	Stroke
01	**Deaconess Hospital, Evansville IN**	1275	**Resource Hospital**	EDAP	Level II & Level II Pediatric		
1.1	• Wabash General Hospital		Associate Hospital				
02	**Good Samaritan Hospital**	0526	**Resource Hospital**	EDAP			
2.1	• Clay County Hospital		Participating Hospital				
2.2	• Crossroads Community Hospital		Participating Hospital	SEDP			
2.3	• Fairfield		Participating Hospital	SEDP			
2.4	• Ferrell Hospital		Participating Hospital				
2.5	• Franklin Hospital		Participating Hospital	SEDP			
2.6	• Hamilton Memorial Hospital		Participating Hospital				
2.7	• Harrisburg Medical Center		Participating Hospital				

2.8	• Marshall Browning Hospital		Participating Hospital				
2.9	• Pinckneyville Hospital		Participating Hospital				
2.10	• Salem Township Hospital		Participating Hospital				
2.11	• SSM Health St Mary's Hospital		Participating Hospital	EDAP			
2.12	• Washington County Hospital		Participating Hospital				
03	**Heartland Regional**	0562	**Resource Hospital**	SEDP			ASRH
04	**Memorial Carbondale**	0530	**Resource Hospital**	EDAP			PSC
4.1	• Hardin County General Hospital		Participating Hospital				
4.2	• Massac Memorial Hospital		Associate Hospital	SEDP			
4.3	• SIH Herrin Hospital		Associate Hospital	SEDP			
4.4	• SIH St Joseph Memorial Hospital		Participating Hospital	SEDP			
4.5	• Union County Hospital		Participating Hospital	SEDP			
05	St. Vincent, Evansville IN		-----	EDAP	Level II & Level II Pediatric		

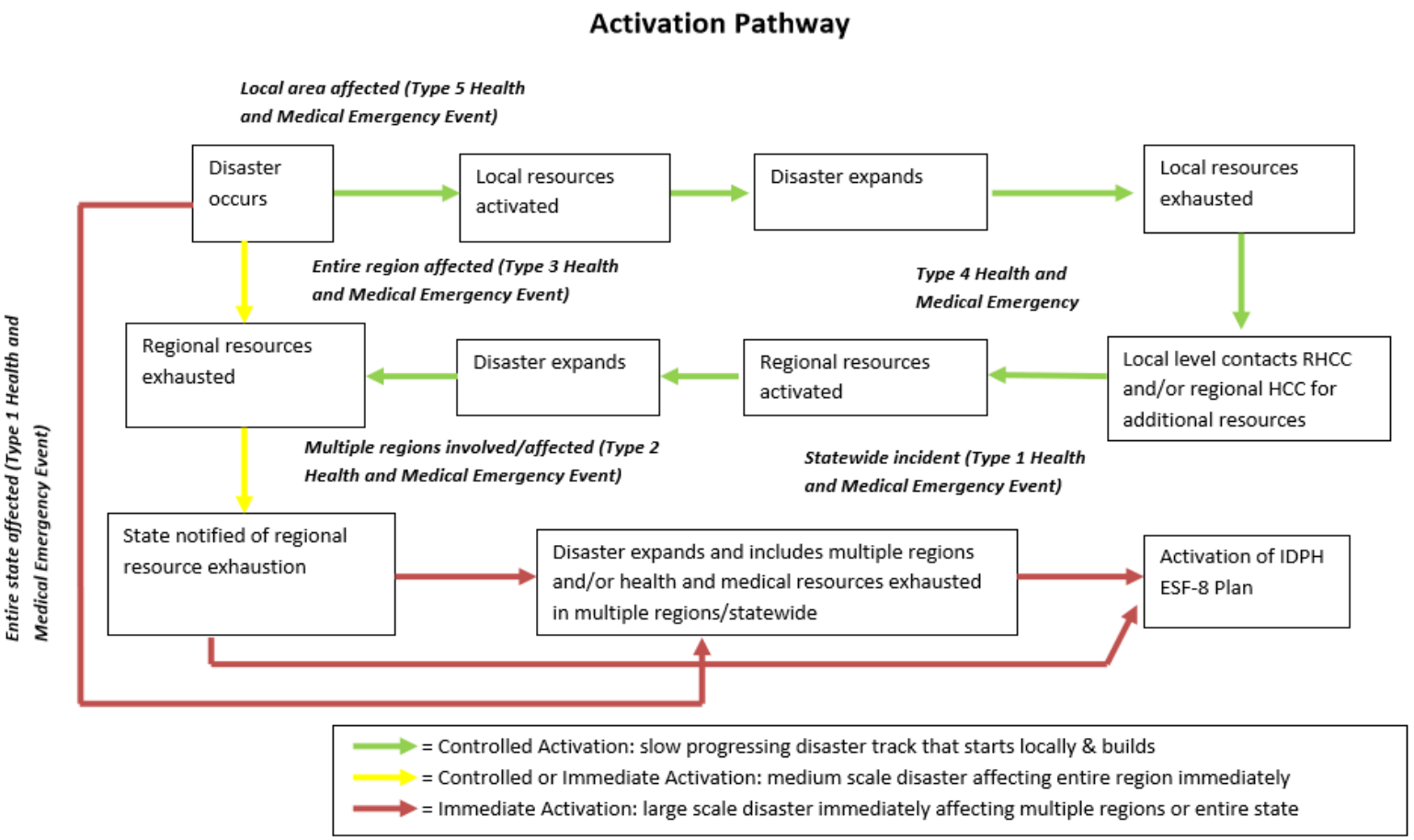
Reference:

- **PCCC:** Pediatric Critical Care Center
- **EDAP**: Emergency Department Approved for Pediatrics
- **SEDP:** Standby Emergency Department for Pediatrics
- **Illinois Perinatal Levels:**
  - Level 0: Non-Birthing Center
  - Level 1: General Nursery
  - Level 2: Intermediate Care Nursery
  - Level 2-E: Special Care Nursery with Extended Capabilities
  - Level 3: Neonatal Intensive Care
- Stroke Designations
  - ASRH - Acute Stroke Ready Hospital
  - PSC - Primary Stroke Center
  - CSC - Comprehensive Stroke Center

Note: This section will be shared from the IDPH platform and could consider sharing to:

- All EMS Region 5 Hospital Systems

Attachment 3

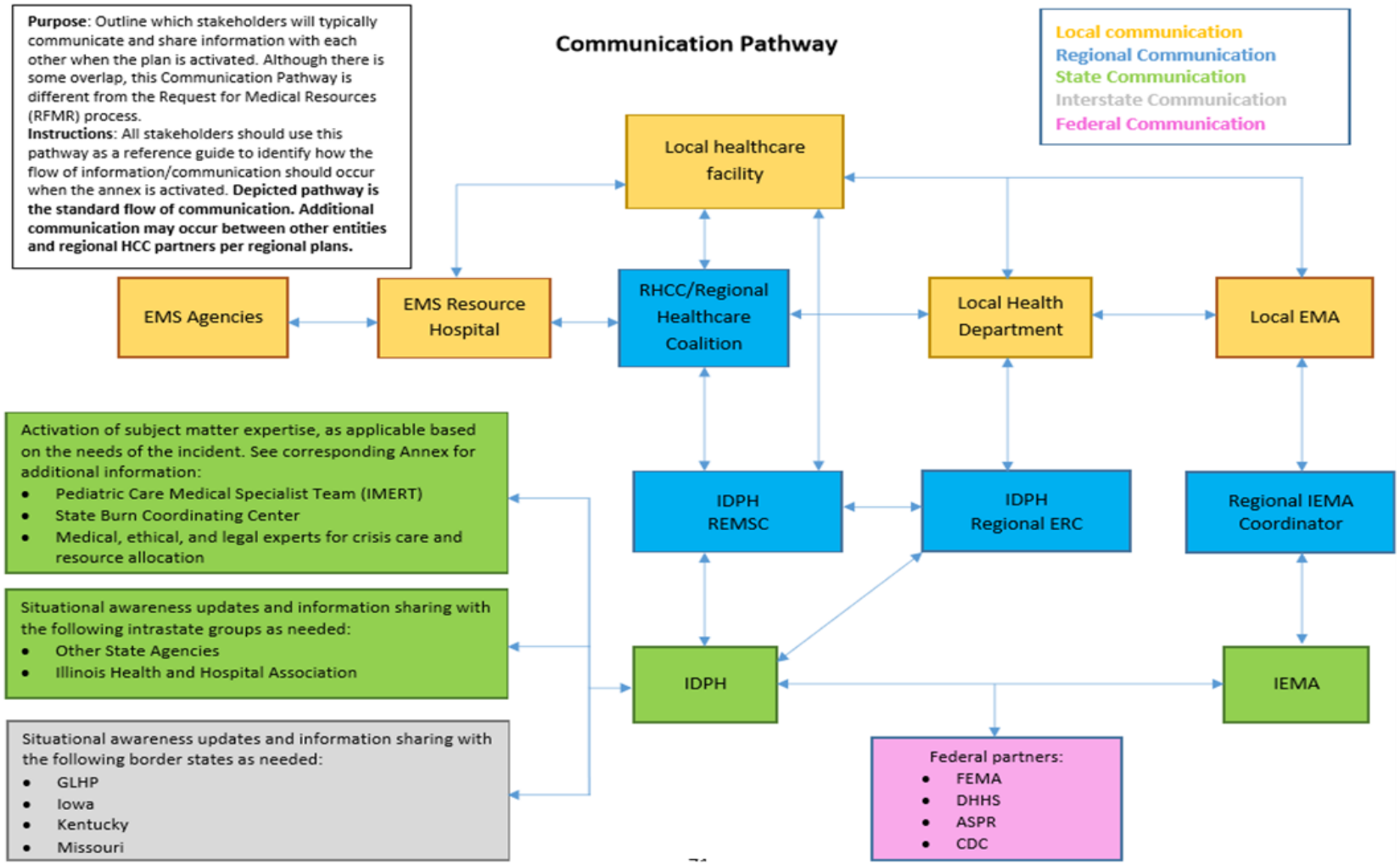


Attachment 4

Medical Incident Report Form

IDPH Duty Officer:	**Date/Time:**
From (Sender) **Name:**	**To (Received)** **Name:**
Title:	**Title:**
Contact Information:	**Contact Information:**
Address of Incident:	**Type/Nature of Incident:**
Report received via: ___Phone ____Radio ____Fax ____Other	
Priority: ____Urgent/High ____Non-urgent/Medium ____Informational/Low	
Date/Time PHEOC activated:	**Reason for Activation:**
Activation Level: ____Immediate ____Controlled	
CURRENT INCIDENT INFORMATION:	
STATUS OF LOCAL MEDICAL RESPONSE OPERATIONS:	
REQUIRED/REQUESTED ACTIONS AT THIS TIME: ***(section must be completed; if none, enter N/A)***	
FACILITY NAME/LOCATION:	
COMMENTS:	

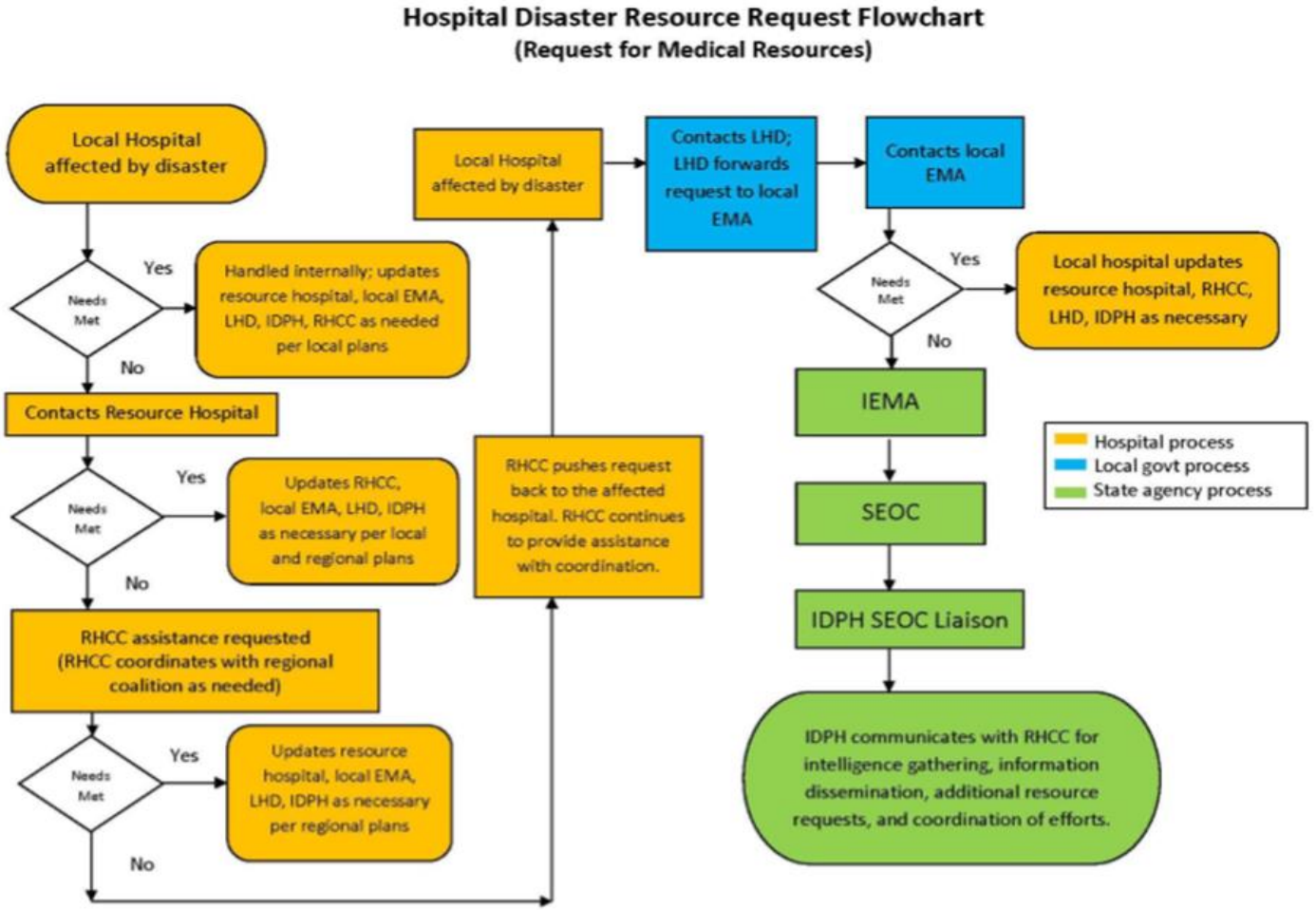
Attachment 5



Attachment 6

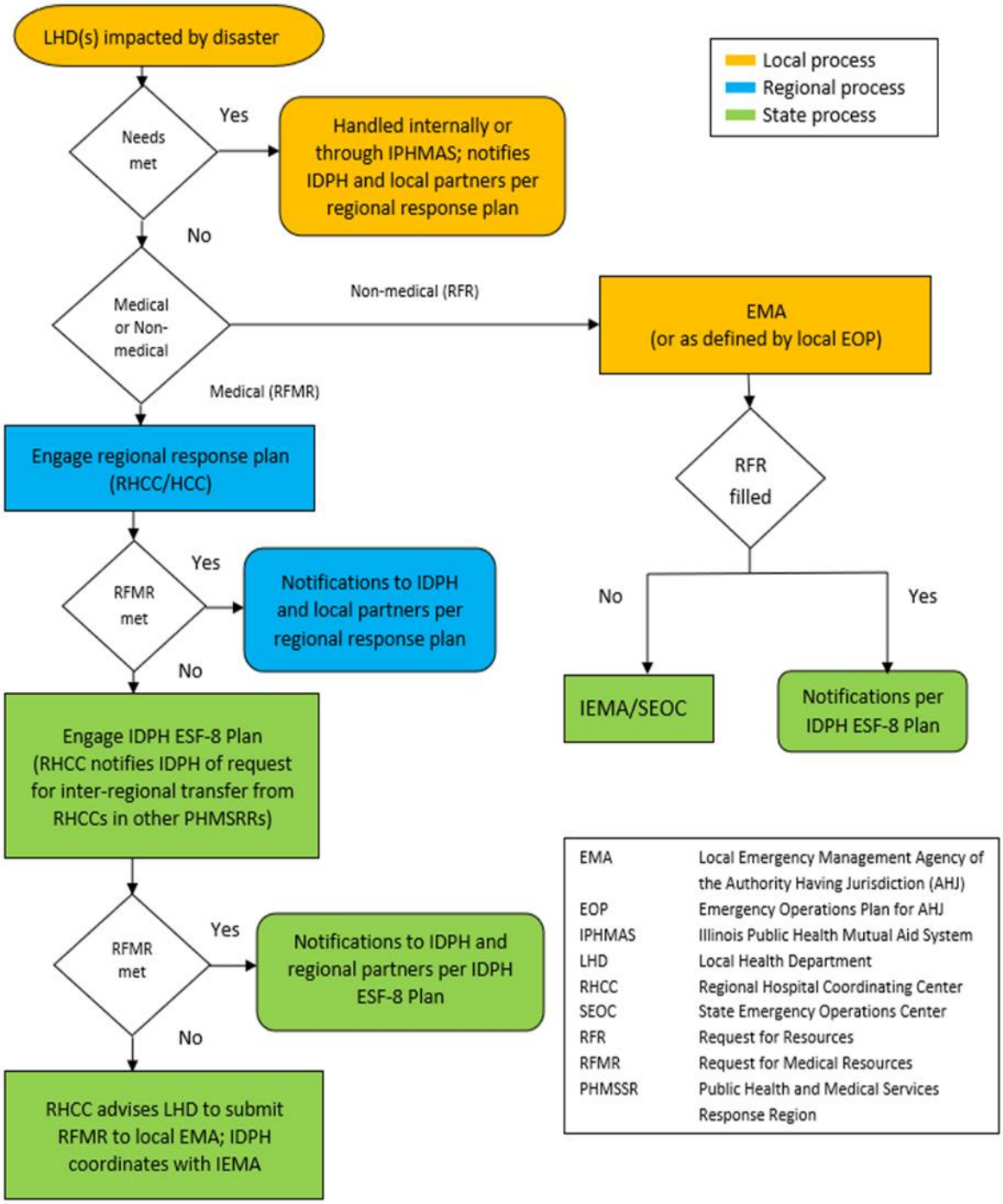
RHCC Resource List (In Review)

Attachment 7



Attachment 8

Local Health Department Resource Request Flowchart

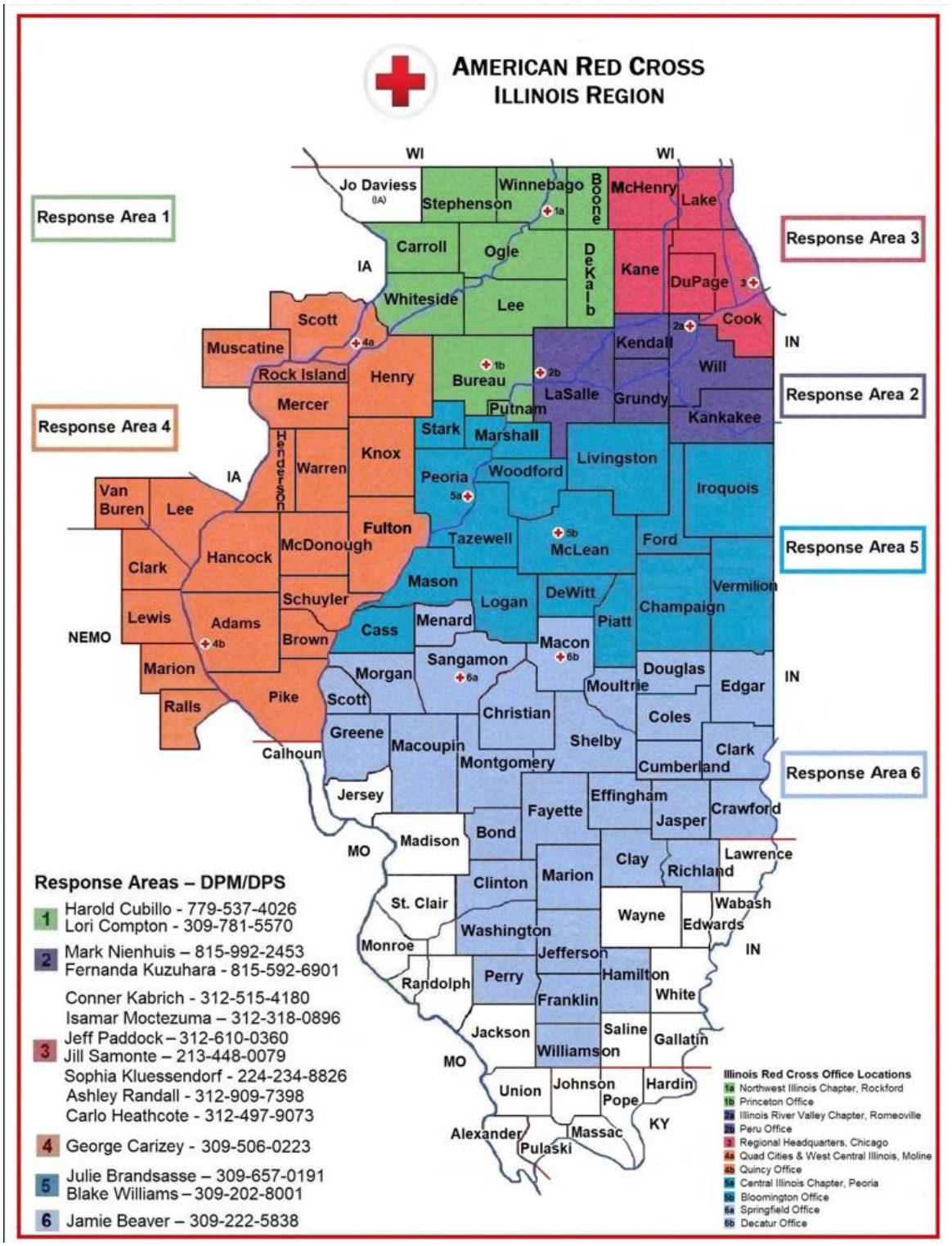


Attachment 9

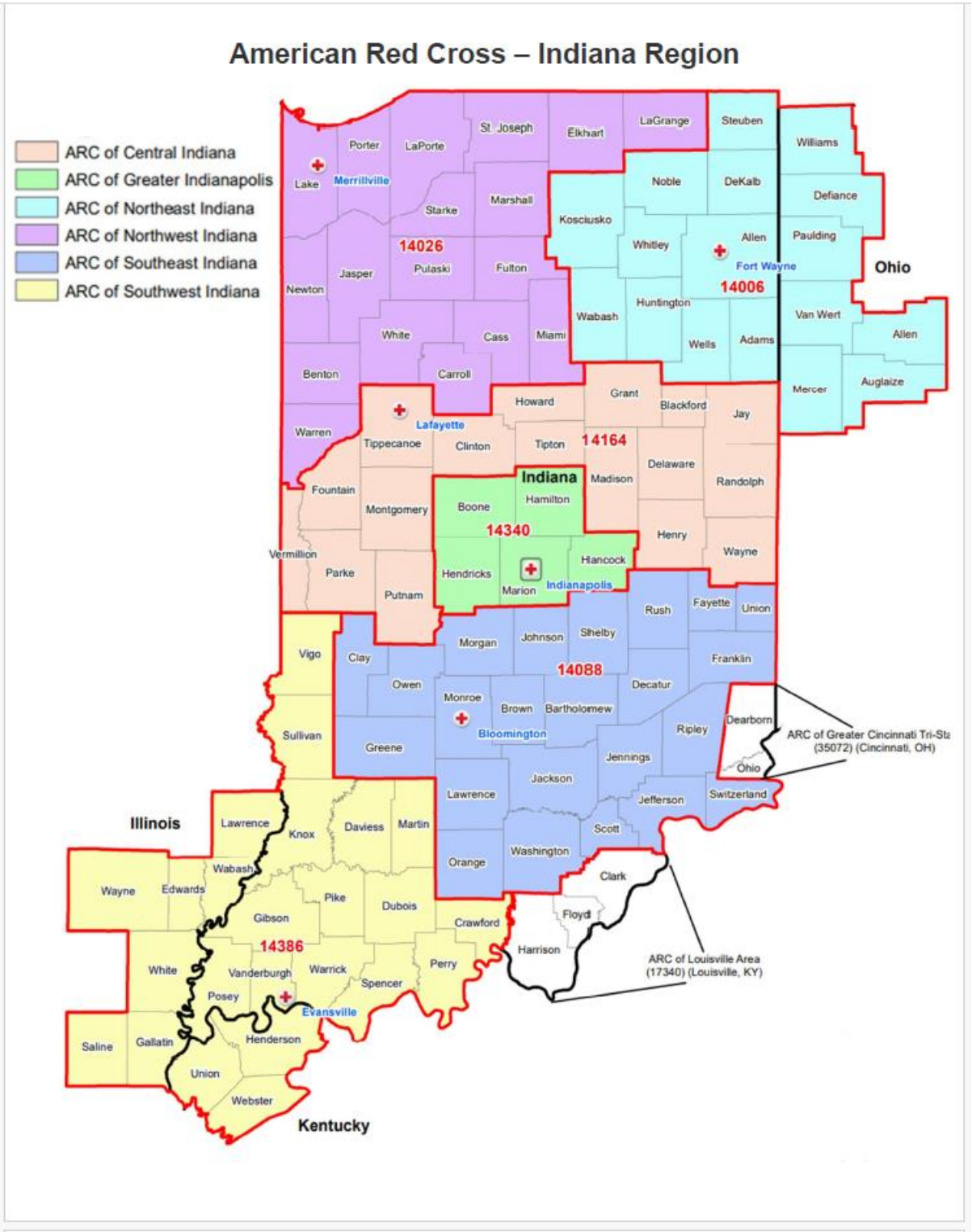
RESOURCE REQUEST REGION V RHCC (ICS 213RR)

1. Hospital Name:				**2. Date/Time**		**3. Resource Request Number:**		
Requestor	**4. Order** (Use additional forms when requesting different resource sources of supply.):							
	Qty.	Kind	Type	Detailed Item Description: (Vital characteristics, brand, specs, experience, size, etc.)	Arrival Date and Time		Cost	
					Requested	Estimated		
	5. Requested Delivery/Reporting Location:							
	6. Suitable Substitutes and/or Suggested Sources:							
	7. Requested by Name/Position:			**8. Priority:** ☐ Urgent ☐ Routine ☐ Low		**9. Section Chief Approval:**		
RHCC Logistics	**10. Logistics Order Number:**					**11. Supplier Phone/Fax/Email:**		
	12. Name of Supplier/POC:							
	13. Notes:							
	14. Approval Signature of RHCC Logistics Rep:					**15. Date/Time:**		
	16. Order placed by (check box): ☐ SPUL ☐ PROC							
RHCC Approval	**17. Reply/Comments from RHCC Manager:**							
	18. RHCC Manager Signature:					**19. Date/Time:**		
ICS 213 RR								

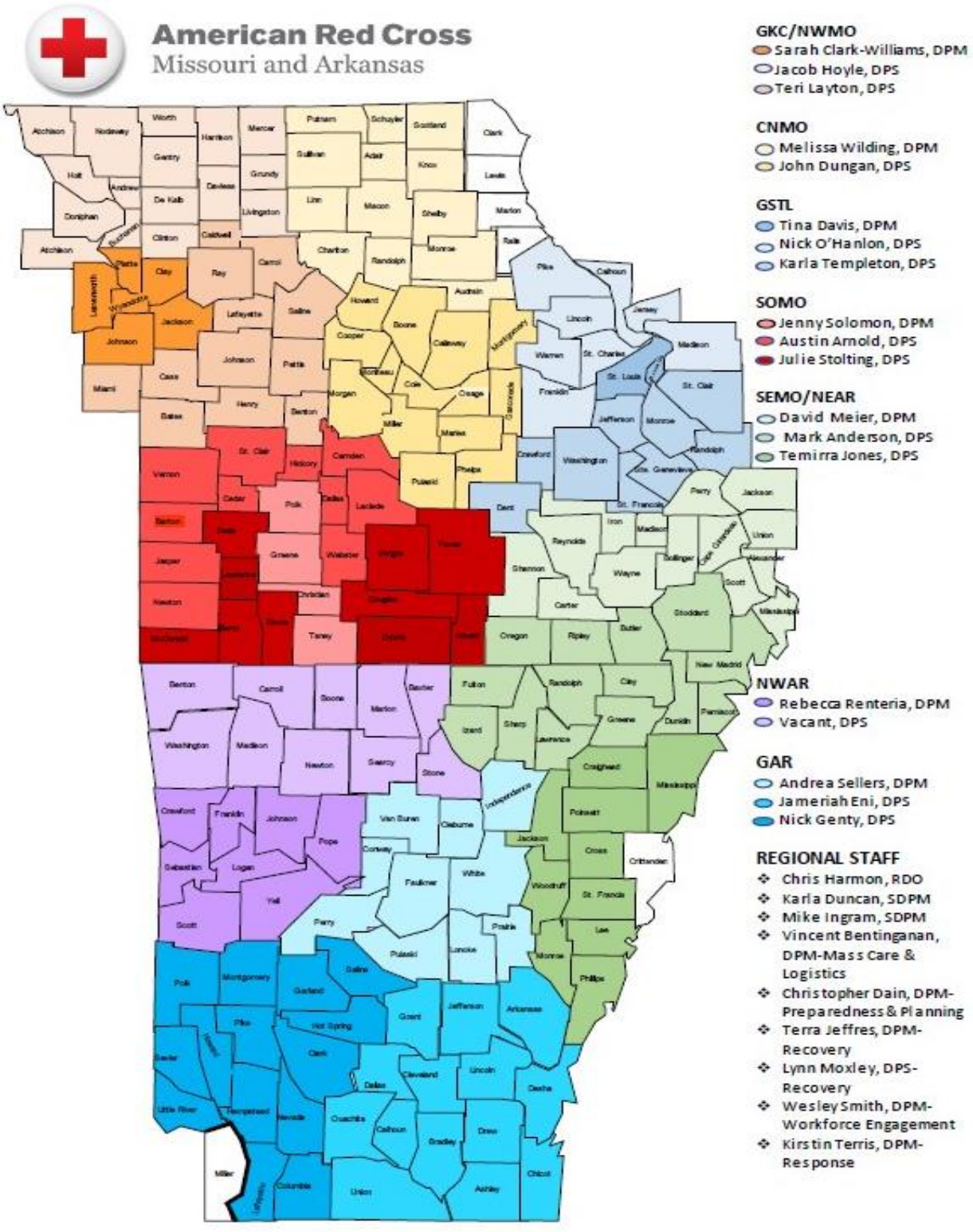
Attachment 10
ARC Regional Maps



Illinois Region Response Area 6 serves Williamson, Franklin, Hamilton, Perry, Jefferson, Washington, Marion, Clay, and Richland counties.

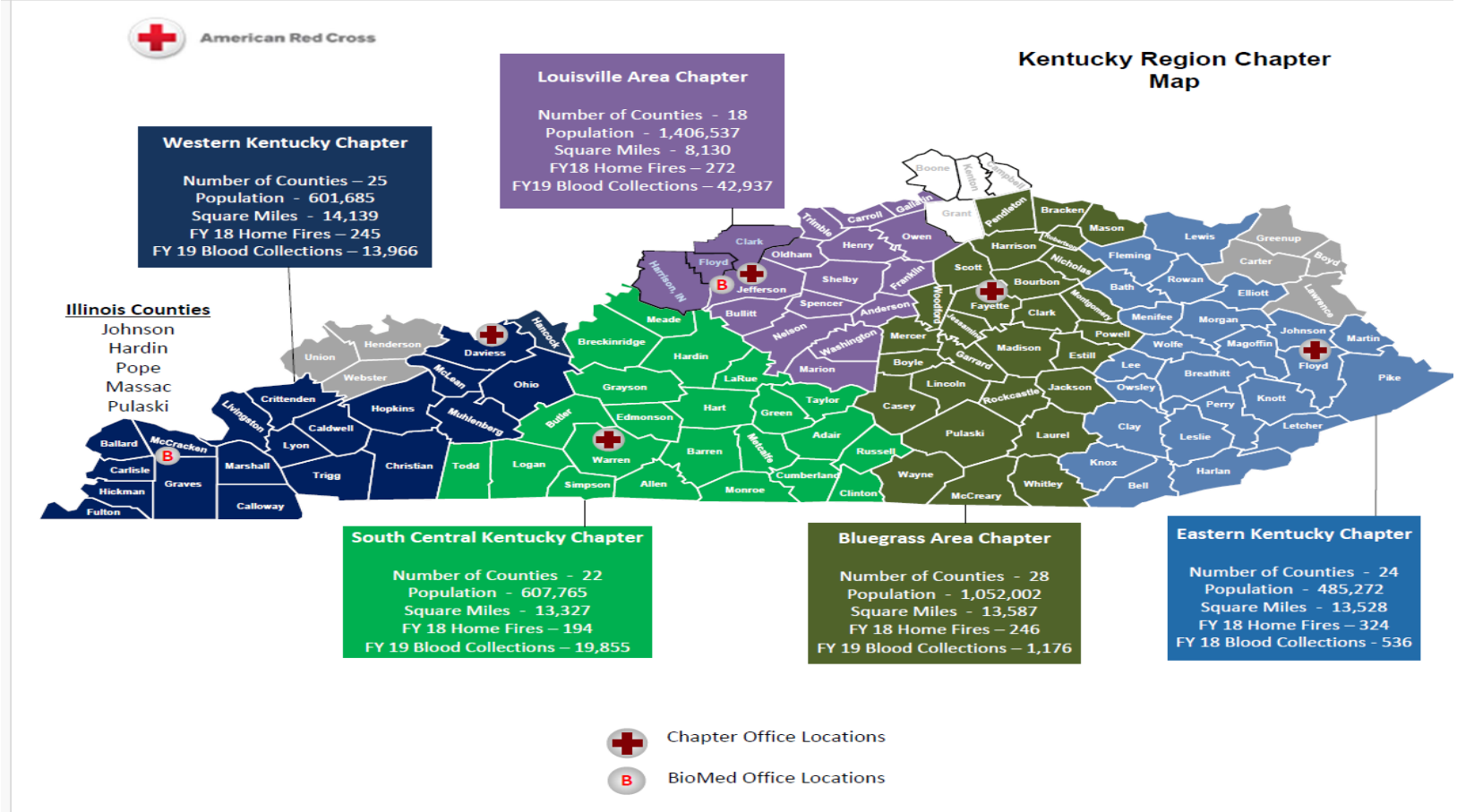


Southwest Indiana Chapter serves Saline, Gallatin, White, Wayne, Edwards, and Wabash counties in Illinois.



Southeast Missouri (SEMO) Chapter serves Jackson, Union, and Alexander counties in Illinois.

Greater St. Louis Chapter serves Randolph County in Illinois.



Western Kentucky Chapter serves Johnson, Pope, Hardin, Pulaski, and Massac counties in Illinois.

American Red Cross Contact List				
Unit/Chapter	**Name**	**Position**	**Cell**	**Email**
Illinois Response Area 6	Jamie Beaver	DPM	309-222-5838	jamie.beaver@redcross.org
SE Indiana Region	Patricia Colon	DPM	812-322-7869	patricia.colon@redcross.org
Missouri - SEMO	David Meier	DPM	314-296-7624	david.meier@redcross.org
GSTL	Mark Anderson	DPS	314-440-0279	mark.anderson@redcross.org
Western Kentucky	Linda Porter	DPM	270-570-0395	linda.porter@redcross.org

Attachment 11

Hospital Medical Supply Bag Inventory

MINIMUM EQUIPMENT/SUPPLIES FOR DISASTER RESPONSE
November 2015

- This equipment is intended to be used to support EMS efforts in the field, a healthcare casualty collection site, and/or an alternate care site (ACS).
- This equipment can be rapidly transported by EMS, Fire, Law Enforcement or other mode of transportation and can be the first line of supply to a disaster area.
- The regional medical surge plan should include the request, transportation and oversight of this equipment.
- All hospitals must be able to have the following supplies available for transport in portable containers within 30 minutes of the time requested.
    - Due to the amount and weight of supplies, hospitals should consider pre-designating at least 2 supply bags/rolling carts/portable containers for these items and attach a copy of this list to those portable containers to expedite this process. This will facilitate the gathering, handling and transportation of the supplies.
- **NOTE**: Hospitals may be asked to fulfill a second request of these supply items. Upon request, hospitals will need to make available an additional container(s) that contains all of the below inventory.

Hospital Medical Supply Bags Inventory

Intravenous Supplies/Drugs

10	IV Bags 0.9% Normal Saline 1000 mL with IV tubing
6 ea	IV start catheters (#24, 20, 18, 16)
2	Disposable pressure infusers
15	IV start kits and tourniquets
6	Saline Locks (useful for pediatric patients)
6	Pre-filled 0.9% Normal Saline Flush syringes
5 ea	Dial flow regulators (or equivalent) **or** Buretrol devices

Airway Equipment

4	Bulb syringe (may be used for suction)
2 ea	Oropharyngeal airways, adult (large, medium and small) and pediatric (child and infant)
6 ea	Nasal cannulas
2	Adult bag/valve/mask system
2	Pediatric bag/valve/mask system, with child and infant masks
3	Adult non-rebreather masks
3	Pediatric non-rebreather masks
4	Blind airway insertion devices (i.e. King, Combitube, LMA) pediatric and adult as appropriate
2	Hand operated suction unit (Res-Q-Vac or V-Vac) capable of utilizing multi-sized suction catheters for adult and pediatric patients

Hospital Medical Supply Bags Inventory (cont'd)

Dressings

10	Large Trauma dressings
5	4" Ace bandages
5	6" Ace bandages
12	Kerlex rolls
4	Rolls wet-proof tape
200	Individual wrapped sterile 4x4 gauze pads
4 bx	4 x 4's
10	ABD pads
1 bx.	Medium size –Occlusive dressings
6	Burn sheets

Immobilization Equipment

2 ea.	Semi-rigid Cervical collars (small, medium, large and pediatric or equivalent) (8 total)
2 ea.	Arm boards (pediatric and adult)
12	Malleable splints
20	Triangular bandages

Personal Protection Equipment

10	Paper isolation gowns
10	Protective face masks or protective eye wear
2 ea.	Box of Non-sterile gloves (medium and large)

Miscellaneous Supplies

1 ea.	Sphygmomanometer and cuff (Bariatric, adult and child)
1	Stethoscope
1 bx.	Alcohol preps
5	Large trauma scissors
25	SMART Tags or equivalent
5	START and JumpSTART Mass Casualty Triage algorithm card
2	Flashlight with batteries (or headlamp)
10	Blankets (space blankets)
2	Irrigating fluid (water) 100 mL
1	Sharps disposal system
2	Large red plastic hazardous waste bags
2	Hand sanitizer (8 or 12 oz)
1	Length or weight based system for dosing and sizing pediatric emergency equipment (e.g. Broselow tape or PediWheel)
1	Roll duct tape
3	Trauma tourniquets
5ea	Pens and writing tablets

Attachment 12: ISP Division of Patrol Troop Map

Attachment 13
Acronyms

AHJ	Authority Having Jurisdiction
ALS	Advanced Life Support
ARC	American Red Cross
ASPR	Administration for Strategic Preparedness and Response
BLS	Basic Life Support
DPM	Disaster Program Manager
DPS	Disaster Program Specialist
EMA	Emergency Management Agency
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ERC	Emergency Response Coordinator
ESF	Emergency Support Function
FEMA	Federal Emergency Management Agency
GSTL	Greater St. Louis
HAM	Amateur radio
HAN	Health Alert Network
HazMat	Hazardous Materials
HCC	Health Care Coalition
HIPPA	Health Insurance Portability and Accountability Act
HPP	Hospital Preparedness Program
HVA	Hazard Vulnerability Analysis
IAP	Incident Action Planning
IDPH	Illinois Department of Public Health
IEMA-OHS	Illinois Emergency Management Agency and Office of Homeland Security
IL	Illinois
ILEAS	Illinois Law Enforcement Alarm System
ILS	Intermediate Life Support
IMERT	Illinois Medical Emergency Response Team
ISP	Illinois State Police
JIC	Joint Information Center
LE	Law Enforcement
LHD	Local Health Department
LTC	Long Term Care
MABAS	Mutual Aid Box Alarm System
MAC	Multi-Agency Coordination
MCI	Mass Casualty Incident
MOU	Memorandum of Understanding
MPHMSRR	Marion Public Health and Medical Services Response Regions

MRC	Medical Reserve Corps
NIMS	National Incident Management System
NRF	National Response Framework
OPR	Office of Preparedness and Response
PACE	Primary, Alternate, Contingency, and Emergency
PALS	Pediatric Advanced Life Support
PED	Pediatric Emergency Department
PHEP	Public Health Emergency Preparedness
PHMSRR	Public Health and Medical Services Response Regions
PIO	Public Information Officer
POC	Point of Contact
POD	Point of Dispensing
REMSC	Regional Emergency Medical Service Coordinator
RERC	Regional Emergency Response Coordinator
RFMR	Request for Medical Resources
RFR	Request for Resources
RHCC	Regional Hospital Coordinating Center
RMERT	Regional Medical Emergency Response Team
RN	Registered Nurse
SE	Southeast
SEMO	Southeast Missouri
SEOC	State Emergency Operations Center
SIREN	State of Illinois Rapid Electronic Notification
SNS	Strategic National Stockpile
TMTS	Temporary Medical Treatment Stations
VOIP	Voice over Internet Protocol

Definitions

Agency Representatives – Individuals that are assigned to member agencies or jurisdictional EOC's to assist with the sharing of information, upon request. Agency Representatives will coordinate information between the RHCC, or designee and the Liaison of the assigned agency or jurisdiction.

Common Operating Picture – An overview of an incident by all relevant parties that provides incident information enabling the Incident Commander/Unified Command and any supporting agencies and organizations to make effective, consistent, and timely decisions. (NIMS)

Emergency Support Function (ESF) – As defined in the National Response Framework, an ESF refers to a group of capabilities of Federal departments and agencies to provide the support, resources, program implementation, and services that are most likely to be needed to save lives, protect property, restore essential services and critical infrastructure, and help victims return to normal following a national incident. An ESF represents the primary operational level mechanism to orchestrate activities to provide assistance to State, Tribal, or local governments, or to Federal departments or agencies conducting missions of primary Federal responsibility.

Emergency Support Function (ESF) #8 – Public Health and Medical Services
Provides the mechanism for coordinated Federal assistance to supplement State, tribal, and local resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated Federal response, and/or during a developing potential health and medical emergency.

Hazard Vulnerability Analysis (HVA) - A systematic approach to identifying all hazards that may affect an organization, assessing the risk (probability of hazard occurrence and the consequence for the organization) associated with each hazard and analyzing findings to create a prioritized comparison of hazard vulnerabilities. The consequence, or vulnerability, is related to both the impact on organizational function and the likely service demands created by hazard impact.

Healthcare Coalition - As used in this plan, a group of individual healthcare organizations in a specified geographic area that agree to work together to enhance their response to emergencies or disasters. The Healthcare Coalition, being composed of relatively independent organizations that voluntarily coordinate their response, does not conduct command or control. Instead, the Coalition operates consistent with Multiagency Coordination System (MAC System) principles to support and facilitate the response of its participating organizations.

Medical Surge - Describes the ability to provide adequate medical evaluation and care in events that severely challenge or exceed the normal medical infrastructure of an affected community (through numbers or types of patients).

Multi-Agency Coordination (MAC) Group – According to NIMS, a group of administrators or executives or their appointed representatives who are typically authorized to commit agency resources and funds. A MAC Group can provide coordinated decision-making and resource allocation among cooperating agencies and ma establish the priorities among incidents, harmonize agency policies, and provide strategic guidance and direction to support incident management activities.

Mutual Aid Agreement - Written instrument between agencies and/or jurisdictions in which they agree to assist one another upon request, by furnishing personnel, equipment, supplies, and/or expertise in a specified manner. An “agreement” is generally more legally binding than an “understanding.”

National Incident Management System (NIMS) – A system mandated by HSPD-5 that provides a consistent nationwide approach for Federal, State, Tribal, and local governments, the private sector, and nongovernmental organizations to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. To provide for interoperability and compatibility among Federal, State, and local capabilities, NIMS includes a core set of concepts, principles, and terminology. HSPD-5 identifies these as the Incident Command System; multiagency coordination systems; unified command; training; identification and management of resources (including systems for classifying types of resources); qualifications and certifications; and the collection, tracking, and reporting of incident information and incident resources. (adapted from NIMS)

Response Organization - A response organization provides a structure and functions to manage emergency decision-making, decision implementation, and overarching coordination of resources and actions in the emergency context. Response organizations can include entities that conduct response management for a larger organization (private and for-profit or not-for profit), an agency or

department, a government jurisdiction, or a collection of like organizations such as a Healthcare Coalition or a regional response center. Most response organizations are organized under NIMS as an Incident Management Team or as a Multiagency Coordination System. (ICDRM/GWU Emergency Management Glossary of Terms, Available at: www.gwu.edu/~icdrm/)

Regional Hospital Coordinating Center - Memorial Hospital of Carbondale is the designated RHCC for EMS Region V and provides administrative support and is the fiduciary agency for SPARC. The RHCC functions as the lead health care organization that assists in the coordination of coalition partners, acts as a liaison between IDPH and local partners to provide situational awareness and sharing of information and resources to coordinate regional health and medical emergency response for hospitals in the region. During a disaster or mass casualty, the RHCC is activated to support healthcare operations. For further information on the RHCC role refer to 77 Illinois Administrative Code, 515.240.

Support Teams – Specific teams that may be established to support specific operations. Examples include: Volunteer Management Teams and Patient Tracking Support Teams. These teams will be assigned to a member organization, local jurisdiction, the RHCC medical operations center, or other regional command center, if needed.

4. Appendices/Annexes

Appendix A: Member Roles and Responsibilities

4.1 Primary Agency

4.1.1 Shawnee Preparedness and Response Coalition (SPARC)

- SPARC functions as a Multi-Agency Coordination (MAC) Group during incident response.
- Serves as a hub for communication and coordination of resources.
- Coordinates regional training and exercises with all healthcare partners in the region.

4.2 Support Agencies/Facilities/Organizations

4.2.1 Illinois Department of Public Health (IDPH)

- IDPH is the lead agency for ESF-8 Public Health and Medical Response operations. IDPH has a support role for ESF-6 The role of IDPH in the coalition response is to coordinate state and federal health and medical disaster resources to support local operations such as the Strategic National Stockpile (SNS), temporary medical treatment stations (TMTS), etc.
- IDPH communicates with the RHCC for intelligence gathering, information dissemination, additional resource requests, and coordination of efforts.

4.2.2 Illinois Emergency Management Agency/Office of Homeland Security (IEMA/OHS)

- Authority Having Jurisdiction (AHJ) for the State of Illinois.
- Coordinates the State's response and recovery programs and activities and supporting local EMAs when response efforts far exceed capabilities.
- Coordinate state resources/collects information to request disaster declarations (state and federal) as indicated.

4.2.3 Illinois Law Enforcement Alarm System (ILEAS)

- ILEAS is responsible for meeting the needs of local law enforcement in matters of coordinating mutual aid response, emergency response and the combining of resources for public safety and terrorism prevention and response throughout the state of Illinois. ILEAS equips and oversees several multi-jurisdictional regional special teams, statewide. IEMA-OHS relies on ILEAS to organize large mutual aid responses of local law enforcement.

4.2.4 Regional Hospital Coordinating Center (RHCC)

- Coordinate regional healthcare response to a disaster or public health emergency when the local response is overwhelmed.
- Coordination of supply/equipment caches and services.
- The RHCC, or designee collects and distributes situational awareness information to and from healthcare organizations during a disaster or public health emergency.
- Process member facility ICS 213RR requests for medical resources (RFMR).

4.2.5 Resource Hospitals

- Lead hospital for an EMS system and has the authority and responsibility for all EMS system program plans, including clinical aspects and operation.
- Functions as the liaison between the Associate and Participating Hospitals within their EMS system and the RHCC.
- Communicate with RHCC for request for medical resources (RFMR) of the PHMSRR where hospital is situated.
- Initiate and upon request, provide ongoing situational awareness of medical disasters, responses, and resources occurring in their delivery service area to the LHD, RHCC and IDPH.
- When RFMR cannot be filled within the region, the affected hospital will contact the LHD within its jurisdiction. The LHD will vet the request for medical supplies, equipment, and/or staff and forward it to the local jurisdictional emergency manager. If there is not a LHD within its jurisdiction, the affected hospital will notify the RHCC and will forward its request to the local jurisdictional emergency manager.
- Coordinate through local jurisdictional emergency management requests for non-medical resources.
- Must maintain a medical supply bag for disaster response (refer to Attachment 10).

4.2.6 Associate and Participating Hospitals

- Responsible for supporting the health and medical emergency response activities of their delivery service area and supporting needs within the EMS system.
- Communicate and submit the request for medical resources (RFMR) as indicated in the regional ESF-8 plan and this plan.
- Initiate and upon request, provide ongoing situational awareness of medical disasters, responses, and resources occurring in their delivery service area to the RHCC, LHD and IDPH.
- When RFMR cannot be filled within the region, the affected hospital will contact the LHD within its jurisdiction. The LHD will vet the request for medical supplies, equipment, and/or staff and forward it to the local jurisdictional emergency manager. If there is not a LHD within its jurisdiction, the affected hospital will notify its Resource Hospital and the RHCC and will forward its request to the local jurisdictional emergency manager.

- Coordinate through local jurisdictional emergency management requests for non-medical resources (RFR).
- Maintain a medical supply bag for disaster response (refer to Attachment 10).

4.2.7 Emergency Medical Service (EMS) Providers

In the MPHMSRR there are approximately 41 transport providers (17 private, 24 government), 91 ALS ambulances, 43 BLS ambulance, 5 ILS ambulances, and 80 non-transport providers (14 private, 66 government).

- Ambulance providers participating in the EMS system, sign a letter of commitment that outlines their responsibilities in providing emergency care and transportation of the sick and injured.
- Upon activation of this Plan, EMS Providers will consult with the EMS System Coordinator to inform the RHCC of patient movement.
- Providing ongoing situational awareness of medical disaster and response to RHCC/Designee.
- Provide on-scene medical care.
- Provide interfacility transport of patients.

4.2.8 Local Health Departments (LHD)

Serves as the lead local agency for public health and medical response operations in its local jurisdiction. In the MPHMSRR there are 12 Local Health Departments, including three that are multi-jurisdictional and cover more than one county. All counties in the region are covered by a certified LHD expect two counties, which have a county health office that is staff by a public health nurse.

- Coordinate disease surveillance and investigation in its local jurisdiction.
- Coordinate and recommend local measures to control the spread of disease including: quarantine, isolation, social distancing, and other non-pharmaceutical interventions.
- Support role for ESF-6 providing emergency shelter within the affected area(s).
- Maintain communication and provide updates for situational awareness to hospitals as necessary.
- Coordinate local risk communication and public information on public health issues.
- Notify IDPH of situational status of local health and medical emergencies and assistance, as needed; will maintain situational awareness and provide updates to IDPH and the SPARC Duty Officer as necessary.
- Communicate the requests for medical resources (RFMR) with RHCC where the LHD is situated.
- Assist hospitals in acquiring supplies from the SNS as requested, following processes identified and incorporated into their existing plans.
- Coordinate local medical countermeasure efforts including mass vaccination and operation of point of dispensing (POD) sites.
- Collaborate with local EMA and RHCC on TMTS selection, establishment, and operation in their jurisdiction.
- Host a Medical Reserve Corp (MRC) unit within the jurisdiction or affiliation with an alternative volunteer unit.

4.2.9 Emergency Management Agencies (EMA)

- Will lead response coordination and activate the Emergency Operations Center (EOC) in their jurisdiction.
- Coordinate shelter and care of evacuees.
- Coordinate with IEMA-OHS to deploy state resources.
- Support fatality management
- Identify emergency care centers for victims.
- Validate and process direct requests for hospital non-medical resources and all resource requests for non-hospital entities.

4.2.10 Mutual Aid Box Alarm System (MABAS)

- Mutual aid response system for fire, EMS, and specialized incident operational teams.
- MABAS assets include response fire engines, ladder trucks, heavy rescue squads, ambulances, emergency medical technicians (EMTs) and hazardous material teams.

4.2.11 Local Fire Departments

- Perform firefighting duties as necessary.
- Establish emergency decontamination.
- Provide security, traffic and crowd control, and rescue.
- Facilitate evacuations and door-to-door checks.

4.2.12 Local Law Enforcement

- Provide site security and traffic control in coordination with ISP. Refer to ISP Division of Patrol Troop Map for further detail (Attachment 11).
- Facilitate evacuations and door-to-door checks.

4.2.13 American Red Cross (ARC)

- When disaster occurs, ARC will work in direct coordination with county Emergency Managers and officials to determine the community needs.
- Support role for ESF-6 Mass Care (i.e., sheltering, feeding, distribution of emergency supplies and reunification services) establishing and running emergency shelters within the affected area(s).
- Provide Disaster Health Services in Red Cross managed facilities.
- Provide Individual Disaster Care (Disaster Health Services, Disaster Mental Health and Disaster Spiritual Care) for the affected population and disaster workers.
- Facilitate the dissemination of public information, messaging and education for the affected population.
- Provide blood and blood products through Red Cross regional blood centers as needed and requested.

- Coordinate the provision of blood and blood products through the American Association of Blood Banks Disaster Task Force as requested.
- Coordinate with hospitals for reunification with family members.
- Coordinate with the affected jurisdiction for potential Multi-Agency Resource Center (MARC) operations.

4.2.14 Non-Governmental Organizations (NGOs)

- Upon request, non-governmental organizations (NGOs), such as Salvation Army or faith-based organizations, may provide shelter, food, clothing and other basic needs of survival during an emergency or disaster.
- Serve as conduits of information to populations difficult to reach during emergencies (the elderly, refugees, etc.).

4.2.15 Other Coalition Members (including Private Business & Individual Members)

- Share goods and services to their capabilities.

Appendix B: Detailed HVA

FY2024 Hazard Vulnerability Assessment for The Shawnee Preparedness and Response Coalition (SPARC)

Executive Summary

This Hazard Vulnerability Assessment (HVA) for FY2024 is designed to identify and evaluate potential risks and vulnerabilities associated with top hazards in Southern Illinois. It updates the previous assessments by integrating new data, reflecting emerging trends, and aligning with recent developments in hazard management. This document aims to guide mitigation, preparedness, response, and recovery efforts to enhance the resilience of healthcare facilities and services in the region.

Top Fifteen Hazards and Vulnerabilities

1. **Severe Weather (Tornado, Ice Storm)**
    - **Probability**: High
    - **Human Impact**: High
    - **Property Impact**: High
    - **Business Impact**: High
    - **Preparedness**: Moderate
    - **Mitigation Strategies**: Strengthen infrastructure, improve early warning systems, conduct community drills, and enhance public awareness programs.
2. **Cyber Attack**
    - **Probability**: High
    - **Human Impact**: Moderate
    - **Property Impact**: High
    - **Business Impact**: High
    - **Preparedness**: Moderate
    - **Mitigation Strategies**: Enhance cybersecurity measures, conduct regular IT audits, implement robust backup systems, and increase cybersecurity training for all stakeholders.
3. **Infectious Disease (Pandemic Preparedness)**
    - **Probability**: Moderate
    - **Human Impact**: High
    - **Property Impact**: Low
    - **Business Impact**: Moderate
    - **Preparedness**: Moderate
    - **Mitigation Strategies**: Promote vaccination, enhance infection control practices, develop comprehensive pandemic response plans, and establish health surveillance systems.

4. **Communication/IT Failure**
    - **Probability**: Moderate
    - **Human Impact**: Moderate
    - **Property Impact**: Moderate
    - **Business Impact**: High
    - **Preparedness**: Moderate
    - **Mitigation Strategies**: Implement redundant communication systems, conduct regular maintenance, and establish emergency communication protocols.
5. **Power Failure**
    - **Probability**: Moderate
    - **Human Impact**: High
    - **Property Impact**: Moderate
    - **Business Impact**: High
    - **Preparedness**: Moderate
    - **Mitigation Strategies**: Enhance grid resilience, adopt energy conservation measures, and conduct regular equipment testing.
6. **Supply Chain Disruption**
    - **Probability**: Moderate
    - **Human Impact**: High
    - **Property Impact**: Moderate
    - **Business Impact**: High
    - **Preparedness**: Low
    - **Mitigation Strategies**: Diversify suppliers, stockpile essential supplies, and establish robust mutual aid agreements.
7. **Transportation/EMS Disruption**
    - **Probability**: Moderate
    - **Human Impact**: High
    - **Property Impact**: Low
    - **Business Impact**: Moderate
    - **Preparedness**: Low
    - **Mitigation Strategies**: Enhance EMS and transportation capacity, improve infrastructure, and develop comprehensive mass casualty response plans.
8. **Active Shooter**
    - **Probability**: Low
    - **Human Impact**: High
    - **Property Impact**: Moderate
    - **Business Impact**: Moderate
    - **Preparedness**: Low
    - **Mitigation Strategies**: Enhance security measures, provide specialized training, and establish robust emergency response protocols.

9. **Hazardous Materials Incident**
    - **Probability**: Low
    - **Human Impact**: High
    - **Property Impact**: High
    - **Business Impact**: Moderate
    - **Preparedness**: Low
    - **Mitigation Strategies**: Provide advanced hazmat training, develop spill and containment response plans, and coordinate with local emergency services.
10. **Water Supply Failure**
    - **Probability**: Low
    - **Human Impact**: Moderate
    - **Property Impact**: Low
    - **Business Impact**: Moderate
    - **Preparedness**: Low
    - **Mitigation Strategies**: Identify alternative water sources, implement water conservation measures, and develop emergency water supply plans.
11. **Domestic Extremism**
    - **Probability**: Moderate
    - **Human Impact**: High
    - **Property Impact**: Moderate
    - **Business Impact**: Moderate
    - **Preparedness**: Moderate
    - **Mitigation Strategies**: Increase intelligence sharing, community outreach, and enhance law enforcement training on domestic extremism.
12. **Agricultural Disasters** (Crop diseases, pest infestations)
    - **Probability**: Moderate
    - **Human Impact**: Low
    - **Property Impact**: High
    - **Business Impact**: High
    - **Preparedness**: Low
    - **Mitigation Strategies**: Develop resilient agricultural practices, promote crop rotation and diversity, implement early detection systems for diseases and pests, and establish support mechanisms for affected farmers.
13. **Economic Instability**
    - **Probability**: Moderate
    - **Human Impact**: Moderate
    - **Property Impact**: Moderate
    - **Business Impact**: High
    - **Preparedness**: Low
    - **Mitigation Strategies**: Develop economic resilience plans, support local businesses, and foster economic diversification.

14. **Climate Change Effects** (increased flooding, drought)
    - **Probability**: Moderate
    - **Human Impact**: High
    - **Property Impact**: High
    - **Business Impact**: High
    - **Preparedness**: Moderate
    - **Mitigation Strategies**: Implement robust flood mitigation measures, promote sustainable practices, and enhance agricultural resilience.
15. **Flooding and Riverine Hazards**
    - **Probability: High**
    - **Human Impact: High**
    - **Property Impact: High**
    - **Business Impact: Moderate**
    - **Preparedness: Moderate**
    - **Mitigation Strategies: Enhance flood barriers, improve watershed management, conduct community flood response training, and update flood zone mapping to reflect recent climate changes.**

Conclusion

By prioritizing mitigation and preparedness efforts based on this updated HVA, SPARC can enhance resilience and readiness to respond to potential hazards in Southern Illinois. The integration of emerging threats such as technological failures and the effects of climate change, alongside the continued vigilance against persistent risks like severe weather and cyber-attacks, ensures a comprehensive approach to regional safety and preparedness.

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Appendix C: Mental Health and Behavioral Services Resources

CRISIS / IMMEDIATE ASSISTANCE	ABOUT RESOURCE	CONTACT INFO	HOURS OF OPERATION
Suicide & Criss Lifeline	You or a loved one experiencing a mental health crisis		
Illinois Warm Line	Mental Health and/ or substance use challenges. Wellness Support Specialist ready to listen and support you.	866-359-7953	Monday – Saturday 8:00 a.m. – 8:00 p.m. expect holiday
National Suicide Prevention Hotline (24 hour)	You or a loved one experiencing a mental health crisis	Dial 988 National Suicide Prevention Lifeline	24-hour Hotline Caring staff will connect you with the closest possible crisis center in your area
National Human Trafficking Hotline (24 hour)	If you or someone you know is a victim of human trafficking	1-888-373-7888 National Human Trafficking	24/7
Crisis Text Line	Serves anyone, in any type of crisis, 24-hours a day	Text HELLO to: 741741 Crisis Text Line	24 hours a day Trained crisis counselors will respond and help you.
CARES Line (24 hour)	If your child is a risk to themselves or other, having a mental health crisis, or if you would like a referral to services for children, youth, and families.	1- (800) 345-9049 TTY: 1 (773) 523-4504	24-hour Crisis and Referral Entry Services (CARES)
	If you or someone you	1-833-2FINDHELP	

Illinois Helpline for Opioids & Other Substances	know is suffering from an opioid use disorder or other substance use disorders.	HelplineIL.org	
We Know the Feeling (Problem Gambling)	If you or someone you know is suffering from gambling disorder	1.800.GAMBLER, text ILGAMB TO 53342, or visit weknowthefeeling.org	
CRISIS / IMMEDIATE ASSISTANCE (continued)	**ABOUT RESOURCE**	**CONTACT INFO**	**HOURS OF OPERATION**
SAMHSA	National Hotline	800-662-HELP (4367) TTY: 800-487-4889 samhsa.gov/	24-hour
SAMHSA Disaster Distress Hotline	Providing immediate crisis counseling for people experiencing emotional distress related to natural or human-caused disaster. Multilingual and confidential.	Call or text 1-800-985-5990	24/7, 365-days-a-year
National Runaway Safeline	Free services for youth at risk of running away or already have and are looking for help.	1-800-Runaway (786-2929) or text: 66008	24-hour, 7 days a week
Veteran's Crisis Line	To reach, caring, qualified responders within the Department	Dial 988 then Press 1 or Text: 838255 Online Chat is Available	24/7

	of Veterans Affairs.		
COMMUNITY PARTNERS	ABOUT RESOURCE	CONTACT INFO	HOURS OF OPERATION
	Ensure access to appropriate, quality mental health services in southern Illinois	Healthy Southern Illinois Delta Network	

Annexes {Scenario Specific Plans}

The 2019-2023 Hospital Preparedness Program (HPP) Funding Opportunity requires Healthcare Coalitions (HCCs) to develop complementary coalition-level annexes to their base Response Plan to manage a larger number of causalities with specific needs. The annexes listed below have been developed to support the healthcare response. Visit www.sparccoalition.com for planning documents.

Annex A: Medical Surge Plan
Annex B: Pediatric Surge Annex
Annex C: Infectious Disease Annex
Annex D: Crisis Standards of Care Annex
Annex E: Medical Surge Plan
Annex F: RHCC COOP Plan
Annex G: Burn Surge Annex
Annex H: Emergency Communications Plan
Annex I: Radiological Emergency Surge Annex
Annex J: Chemical Surge Annex
Annex K: CHEMPACK Plan