



SHAWNEE PREPAREDNESS AND RESPONSE COALITION (SPARC)  
REGIONAL RESPONSE AND RECOVERY PLAN:

**HIGH CONSEQUENCE INFECTIOUS DISEASE (HCID)**

**ANNEX**

January 2025

Version 3.0

## Signature Page

This High Consequence Infectious Disease (HCID) Annex 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); it 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 March 11, 2025.

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## Record of Revision and Distribution

This document reflects the ongoing work and mission of the Shawnee Preparedness and Response Coalition (SPARC) regional strategies for emergency preparedness and disaster response. This document will be revised annually or as needed after exercises and real-world events to identify and address gaps with a collaborative whole community approach.

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Person/Title/Agency	Method of Delivery	Date
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## Table of Contents

<b>SIGNATURE PAGE.....</b>	<b>II</b>
<b>RECORD OF REVISION AND DISTRIBUTION .....</b>	<b>III</b>
<b>1. INTRODUCTION.....</b>	<b>6</b>
1.1 PURPOSE.....	6
1.2 SCOPE.....	6
1.3 OVERVIEW/BACKGROUND OF HCC AND SITUATION .....	6
1.3.1 <i>SPARC Risks and Vulnerabilities</i> .....	7
1.4 PLANNING ASSUMPTIONS .....	7
<b>2. CONCEPT OF OPERATIONS (CONOPS).....</b>	<b>8</b>
2.1 ACTIVATION.....	8
2.1.1 <i>Triggers/Indicators</i> .....	8
2.2 NOTIFICATIONS .....	8
2.3 ROLES AND RESPONSIBILITIES.....	9
2.4 OPERATIONAL MISSION AREAS .....	11
2.4.1 <i>Surveillance</i> .....	11
2.4.2 <i>Safety and Infection Control and Prevention</i> .....	11
2.4.3 <i>Non-Pharmaceutical Interventions</i> .....	12
2.4.4 <i>Surge Staffing</i> .....	12
2.4.5 <i>Supply Chain, Supplies, Personal Protective Equipment (PPE)</i> .....	12
2.4.6 <i>Support Services</i> .....	13
2.4.6.2 <i>Waste Management, Decontamination</i> .....	13
2.4.7 <i>Patient Care/Management</i> .....	13
2.4.8 <i>Medical Countermeasures</i> .....	14
2.4.9 <i>Community-Based Testing</i> .....	14
2.4.10 <i>Patient Transport</i> .....	14
2.4.11 <i>Mass Fatality</i> .....	15
2.5 SPECIAL CONSIDERATIONS.....	15
2.5.1 <i>Behavioral Health</i> .....	15
2.5.2 <i>Special Populations</i> .....	15
2.5.3 <i>Situational Awareness</i> .....	16
2.5.4 <i>Communications</i> .....	17
2.5.4.1 <i>Communications with the Public During an Emergency</i> .....	17
2.6 PREPAREDNESS, TRAINING, AND EXERCISE .....	18
2.7 TRACKING AND REUNIFICATION .....	18
2.8 DEACTIVATION AND RECOVERY .....	18
2.9 PLAN MAINTENANCE.....	19
<b>3. APPENDICES.....</b>	<b>19</b>

SPARC Regional High Consequence Infectious Disease (HCID) Annex

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3.1 LEGAL AUTHORITIES ..... 19

3.2 ADDITIONAL RESOURCES/REFERENCES ..... 19

3.3 ACRONYMS AND DEFINITIONS ..... 19

3.4 ATTACHMENTS ..... 20

*Attachment A: SPARC Regional High Consequence Infectious Disease Quick Reference Guide ..... 21*

*Attachment B: SNS PPE List..... 22*

# 1. INTRODUCTION

According to the Center for Disease Control (CDC), a High Consequence Infectious Disease (HCID) refers to a contagious illness that poses significant risks to public health due to its potential to cause widespread illness, death, social disruption, and economic impact (CDC, 2024).

## 1.1 Purpose

This annex provides a framework to guide the SPARC coalition in preparation for, response to, and recovery from an event involving known or emerging and HCID surge incident, supporting ESF-8 functions within the coalition's boundaries to work together to reduce morbidity, mortality and social disruption that would result from such an event. The intent of this annex is to identify resources to support regional partners in preparedness and response activities.

## 1.2 Scope

This annex serves as a hazard-specific annex to the SPARC Regional Response and Recovery Plan and is designed to work in close coordination with SPARC member agencies planning for infectious disease response. This annex outlines the concept of coordination and operations for incidents wherein the complexity or duration requires coordination of information, resources and/or response activities. Confirmed or suspected HClDs present special requirements for disease surveillance, public communications, allocation of medical resources and expansion of public health/healthcare services.

This HCID annex involves all participating organizations, agencies, and jurisdictions contained within the SPARC geographical boundaries. Many of the SPARC participants have their own protocols for responding to cases of patients with HCID. This annex is designed to work with those protocols and does not define or supplant any emergency operating procedures or responsibilities for any member agency or organization of SPARC. Rather, it is a framework for coordination and provides decision-making parameters to use within an all-hazards planning and response environment. A systemic planning approach to an HCID is needed to coordinate staff and resources within the SPARC region.

This annex is compatible with local, state, and federal emergency response plans, promotes the coordination of an efficient and effective response by utilizing the concepts outlined in the National Incident Management System (NIMS) and it establishes common goals, strategies and terminology with other regional and local plans. SPARC will conduct its operations under the structure of the Incident Command System (ICS) at the facility or organizational level.

This annex applies to:

- A high consequence infectious disease response to any new, emerging, or severe infectious disease situation that goes above and beyond routine infectious disease investigation, coordination, and response; and likely requires significant multi-agency response.

## 1.3 Overview/Background of HCC and Situation

The SPARC region is subject to the risk of encountering highly communicable pathogens as any place in the world. The impact of an HCID event in the SPARC region will present a significant challenge from which to respond to and recover from, and requires enhanced understanding and improved coordination with hospitals, emergency medical services (EMS), local health departments (LHD) and emergency management agency (EMA) partners – for the anticipated response required during an HCID

event is essential to managing scarce resources, protecting human health and mitigating the spread of disease. Planning continues for improved HCID preparedness and response.

### 1.3.1 SPARC Risks and Vulnerabilities

SPARC's Hazard Vulnerability Assessment (HVA) identified Infectious Disease as a potential risk for the region. Refer to the *SPARC Regional Response and Recovery Plan* for summary of the top hazards and vulnerabilities.

## 1.4 Planning Assumptions

These general assumptions are designed to guide the planning and response for any of the potential responses, though each planning assumption may not be fully applicable to every planning scenario. Individual facility preparedness for HCID emergencies is essential.

### General Assumptions

- Understanding of the pathogen, infection control, risk factors, clinical care, and patient outcomes may be in rapid evolution.
- The response will be longer than, and require the most integration of, any incident that coalition partners may face and may require virtual coordination mechanisms.
- Required essential elements of information for healthcare facility admission (e.g., bed availability, ICU availability, ventilator availability, current capacity, etc.) relevant to infectious disease – this may refer to EMResource.
- Planning for integration of or increase use of telemedicine/ telehealth consultations will be up to each individual healthcare provider.
- Planning for potential limitations with EMS and transportation.
- It may be necessary to transport some patients to higher levels of clinical care – potentially using specialized transport – or to establish and use alternate care sites, depending on the infectious agent and scale of the outbreak.
- Public Health Departments have the overall responsibility for epidemiologic investigations, contact tracing, and may require the issue of any social distancing, isolation, and county quarantine orders.
- Staffing at SPARC member facilities may be challenged by illness, fear of illness, or family obligations (e.g. child/family care if schools are out). Healthcare workers are a high-risk population during most infectious disease incidents; the implementation of effective infection prevention measures and associated training are necessary for workforce protection across the Coalition.
- Families of patients will place a strain on the healthcare system through information-seeking about loved ones or concerns about exposure/illness. Family members may have also been exposed and may pose a risk to healthcare workers and others in the community.
- An infectious disease outbreak will require significant communication and information sharing across jurisdictions and between the SPARC membership.
- Healthcare facilities and vendors may become overwhelmed with the disposal of biohazard material; waste management guidance may be modified, as necessary, to support the health and medical system while maintaining safe handling and transport.
- Supply chain and delivery issues will occur and may have effect on clinical care.
- The Coalition should plan to request, receive, and distribute Strategic National Stockpile (SNS) assets.

- Roles and responsibilities of agencies and organizations will change depending on the severity and spread of the infectious disease incident and the respective level of activation by impacted jurisdictions.
- Large-scale infectious disease outbreaks may require the recruitment of volunteers, retirees, and trainees to support and relieve healthcare workers, new dual roles expanded based on state guidance.
- During some infectious disease incidents, individual healthcare facilities may face fatality management challenges that require support from other coalition members.
- Health concerns, difficult work environments, poverty, unhoused, and stresses of community mitigation measures may present behavioral health challenges among staff of coalition members and the general public.
- Messaging and public education will be impacted by the political climate and malicious actors.
- Individuals with access and functional needs (including, but not limited to, people who are unhoused, homebound, economically or transportation disadvantaged, hearing or visually impaired, who have limited English proficiency) are often disproportionately affected by emergencies and may require additional assistance in an emergency.

## 2. CONCEPT OF OPERATIONS (CONOPS)

When an incident occurs resulting in HCID, the initial response should follow local surge plans. However, local efforts may quickly become exhausted and require external resources, care and coordination assistance. This may occur concurrently with the activation of other plans. SPARC members may refer to *Attachment A* for the Regional High Consequence Infectious Disease Quick Reference Guide during response operations.

### 2.1 Activation

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

#### 2.1.1 Triggers/Indicators

The discovery of infections or agents that trigger this plan may not necessarily occur within the geographic boundaries of SPARC but could occur anywhere in the State or nationally and still result in activation/readiness at the regional level.

- Confirmed or suspected case(s) of a HCID.
- Rapid spread within a state, multi-state or global
- Depletion of local resources requiring external support

### 2.2 Notifications

Local Health Departments (LHDs) are the first line of contact for healthcare organizations in the event of a HCID response. Upon receipt of notification of a HCID incident, the RHCC will:

- Provide initial notification of an actual or potential incident, and/or activation of this annex to the IDPH Duty Officer, IEMA-OHS Duty Officer, SPARC Executive Board, and the SPARC membership.



- Depending on the disaster and time of day, individual hospital notification of an incident will come through the Sheriff's dispatcher, local EMS, local EMA, other hospitals or IDPH via telephone, E-mail, or the Health Alert Network (HAN)/SIREN.

## 2.3 Roles and Responsibilities

The roles of the Coalition, healthcare organizations and partners are fully described in the Regional Response and Recovery Plan. This plan describes roles and responsibilities that are specific to HCID emergencies. This is not an exhaustive list of organizations who may be involved in the overall response to an HCID incident. Each of the partnering agency capabilities are affected by available resources and the size and scope of an incident. As such, response support is "as able."

Primary Agencies	Roles and Responsibilities
Illinois Department of Public Health (IDPH)	<ul style="list-style-type: none"> <li>IDPH is the lead coordinating agency for ESF-8 Public Health and Medical Response Operations.</li> <li>Coordinate public health, medical emergency and risk communication messages.</li> <li>Provide information on communicable disease outbreaks and illnesses through epidemiology and surveillance.</li> <li>Provide laboratory support for testing.</li> <li>Provide assistance with contact tracing of confirmed cases.</li> <li>Distribute medical countermeasures, where necessary.</li> </ul>
Local Health Departments (LHDs)	<ul style="list-style-type: none"> <li>ESF-8 lead coordinating agency in its local jurisdiction.</li> <li>Coordinate disease surveillance and investigation in its local jurisdiction.</li> <li>Coordinate and recommend local measures to control the spread of disease including: quarantine, isolation, social distancing, and other non-pharmaceutical interventions.</li> <li>Coordinate contact tracing efforts.</li> <li>Assist hospitals in acquiring supplies from the SNS as requested, following processes identified and incorporated into their existing plans.</li> <li>Support role of ESF-6 providing emergency shelter within the affected area(s).</li> <li>Coordinate local medical countermeasure efforts including mass</li> </ul>

SPARC Regional High Consequence Infectious Disease Annex

	<p>vaccination and operation of point of dispensing (POD) sites.</p> <ul style="list-style-type: none"> <li>• Collaborate with local EMA and RHCC on TMTS selection, establishment, and operation in their jurisdiction.</li> <li>• Host a Medical Reserve Corp (MRC) unit within the jurisdiction or affiliation with an alternative volunteer unit.</li> </ul>
Regional Hospital Coordinating Center (RHCC)	<ul style="list-style-type: none"> <li>• Coordinate regional messaging and resource allocation.</li> <li>• Collects and distributes situational awareness information to and from healthcare organizations.</li> <li>• Process member facility ICS 213RR requests for medical resources (RFMR).</li> </ul>
<b>Support Agencies/Facilities/Organizations</b>	<b>Roles and Responsibilities</b>
Emergency Medical Services (EMS)	<ul style="list-style-type: none"> <li>• Transportation of suspected or confirmed HCID patients.</li> <li>• Identify, assess, treat, and safely transport persons suspected of having a HCID.</li> <li>• Provide ongoing situational awareness of medical disaster or emergency response to RHCC/designee and to the receiving health care facility.</li> </ul>
Local Emergency Management Agency (EMA)	<ul style="list-style-type: none"> <li>• Coordinate with IEMA to deploy state resources.</li> <li>• Support fatality management surge.</li> <li>• Support quarantine and isolation housing.</li> <li>• Receive and coordinate the use of medical care teams (IMERT).</li> <li>• Forward requests for medical assistance; SPARC Agency Representatives will notify the RHCC.</li> <li>• Coordinate non-medical request for resources (RFR).</li> </ul>
Hospitals/Healthcare Facilities (including: LTC facilities, Rural Health Clinics, FQHCs)	<ul style="list-style-type: none"> <li>• Maintain a level of preparedness to appropriately screen, isolate, provide stabilization care, and/or transfer patients with HCID.</li> <li>• Establish Hospital Incident Command System (HICS).</li> <li>• Plan for the expansion of clinical operations (surge capacity).</li> </ul>

	<ul style="list-style-type: none"> <li>• Provide timely situational awareness information to the RHCC (i.e., update EMResource bed availability).</li> <li>• Communicate all medical and non-medical resource needs.</li> <li>• Provide surveillance to collect and analyze disease trends and bioterrorism threats.</li> <li>• Maintain and distribute upon request a medical supply bag(s).</li> </ul>
<b>Liaison to SPARC (but not limited to:)</b>	<b>Roles and Responsibilities</b>
SIU Health Services, Marion VA Medical Center, Schools, Universities, Correctional Facilities	<ul style="list-style-type: none"> <li>• Support role, if needed</li> </ul>

**Note:** Some role and responsibilities change or are only applicable during certain events such as a bioterrorism event, VHF, pandemic, or other outbreak.

## 2.4 Operational Mission Areas

### 2.4.1 Surveillance

Surveillance encompasses the tasks of identification, tracking, and monitoring of persons at-risk of infectious diseases. LHDs will lead and coordinate disease surveillance and investigation in its local jurisdiction. Healthcare organizations will collect necessary data points (i.e., information on legally reportable diseases, positive cases, PPE supply levels, staffing issues, etc.). Suspected or confirmed cases of high consequence infectious diseases will be monitored and reported through Illinois' Disease Surveillance System (IDSS) (formerly I-NEDSS)).

SPARC member organizations who are experiencing outbreaks will be encouraged to report situational awareness to their local health department.

- The RHCC will gather and disseminate information from local and state sources. RHCC staff will analyze the information and publish, at minimum, an ongoing weekly summary of regional metrics (SITREP) including, case counts, exposure and outbreak locations, deaths, mitigation efforts, bed availability status, testing and vaccine/medication availability information. Efforts will help determine impacted populations and communities in the region. SPARC will follow the guidance of IDPH and CDC.

### 2.4.2 Safety and Infection Control and Prevention

During a HCID incident, specific control measures, such as vaccine may not be available, antiviral agents may be in short supply, and there may be shortages of patient rooms and PPE needed to reduce the risk of exposure. Suspected or confirmed patients with HCID may access the healthcare system through various points of entry and some may self-transport to a healthcare facility. Infection control practices should confirm to established hospital protocol to include, but may not be limited to:

- restricted visitor access to healthcare facilities/emergency departments
- use and reuse of PPE
- donning and doffing of PPE training/procedures

The implementation of effective infection prevention measures and associated training are necessary for workforce protection across the Coalition. Infection control guidance (e.g., isolation, precautions, PPE) will be provided by LHDs, IDPH or the CDC in order to limit the spread of an infectious disease.

- The RHCC will support and distribute this guidance to SPARC membership. Information and guidance on infection control for healthcare providers can be found at [CDC Infection Prevention and Control Guidelines](#)

### 2.4.3 Non-Pharmaceutical Interventions

Non-Pharmaceutical Interventions, or NPIs, will center primarily around coordinated communication with all SPARC partners. To control the spread and limit the effects of disease in the region, recommended personal protective actions (i.e. proper handwashing, cover coughing, or avoidance of crowds) and community protective actions (i.e. churches, special events/mass gatherings, and other congregate settings, travel advisories) will be taken as necessary.

The RHCC will support and distribute this guidance across the region with other healthcare members. Coalition members should refer to [www.sparccoalition.com](http://www.sparccoalition.com) for any regional updates, IDPH or [CDC Nonpharmaceutical Interventions](#) for guidance.

- LHDs have the authority to issue isolation and quarantine requests or orders, if necessary, to protect public health. IDPH is responsible for the coordination and other efforts normally prescribed to the LHD for counties without a certified LHD (in this region, Edwards and Richland counties). IDPH advises LHDs to review IDPH isolation and quarantine rules and their protocols for implementing isolation or quarantine orders.

### 2.4.4 Surge Staffing

As an HCID event progresses, staffing shortages will likely occur due to healthcare personnel exposures, illness, or need to care for family members at home. Healthcare facilities should be prepared for potential staffing shortages and have plans and procedures in place to mitigate measures. Upon request:

- Illinois Helps manages a list of medical volunteers that can be mobilized to meet the fulfillment of critical staffing needs throughout the course of an HCID event.
- LHDs may be able to help with contacting local MRC unit volunteers since many of the LHDs in the SPARC region have an MRC Coordinator who is able to contact local volunteers when they are needed.

### 2.4.5 Supply Chain, Supplies, Personal Protective Equipment (PPE)

Supply chain management should be handled at the individual-facility level. The RHCC is in constant contact with vendors and local EMAs in regard to PPE supply. Hospitals should continue to order their regular order quantity while on allocation to avoid supply chain disruption.

In the event of an HCID outbreak, the RHCC will support hospital partners and other response organizations to improve inventory management and allocation through the following efforts:

- Dissemination of PPE guidance following IDPH and CDC guidelines.
- Regional trainings and strategies for consistent training and practice of PPE storing and usage.
- SNS requests distributed to local hospitals and other entities as needed. When the local and regional resources and processes are exhausted, hospitals will contact the LHD within its jurisdiction to assist in acquiring supplies from the SNS as requested. Hospitals should follow processes identified and incorporated into their existing plans. If there is not a LHD within its jurisdiction, the affected hospital will contact their local EMA Coordinator. (SPARC members may refer to *Attachment B* for a list of SNS PPE.)
- Request for regional hospital quarterly peak burn rate data. Refer to the [PPE Burn Rate Calculator](#) (CDC, Personal Protective Equipment Burn Rate Calculator, 2024) tool to assist with PPE inventory needs during an infectious disease response.

## 2.4.6 Support Services

### 2.4.6.1 Laboratory

The timely diagnosis of an HCID patient is critical to a coordinated and efficient response.

LHDs should coordinate with appropriate laboratories to test specimens and communicate results of laboratory testing. IDPH is the lead agency for directing and managing public health laboratory operations in the SPARC region.

- IDPH will maintain situational awareness and share information regarding laboratory testing, confirmation, and reporting of HCID outbreak cases within the region.

For information related to infectious disease laboratories including instruction on how to submit specimens can be found at [IDPH Lab Testing & Services](#) or [CCD Infectious Disease Laboratories](#).

### 2.4.6.2 Waste Management, Decontamination

Healthcare organizations will work through their normal vendors and channels to ensure all waste produced in the screening and care of an HCID patient will be handled and disposed of appropriately. If facility/agency capabilities become overwhelmed, contingency plans for waste management and environmental inspections may be activated. If necessary, healthcare organizations may coordinate or contract with specific waste management contractors for the safe handling and removal of waste, as well as coordinating with the appropriate utilities as needed. Waste management agencies will maintain protocols for the handling of waste for an HCID patient.

- The RHCC will assist with disseminating disinfection and decontamination guidance and services to hospital partners and transport organizations in compliance with IDPH and CDC guidelines.

## 2.4.7 Patient Care/Management

All local hospitals, LHDs and EMS are expected to maintain baseline preparedness levels for early-encounter screening to identify and isolate (when necessary), individuals suspected of having an acute infectious disease.

Healthcare facilities may be providing patient care to a greater volume during a HCID incident. Telehealth may be utilized by Providers as a tool for HCID patient consultation to reduce facility burden and staff exposure.

The following strategies may be considered to maintain safe patient care when the system is overwhelmed or expansion or changes in care delivery:

- Follow PPE appropriate precautions for suspected cases of HCID.
- Facilities should manage inventory of PPE caches; request for medical resources (RFMR).
- Disseminate protocol on decontamination and disinfection procedures (e.g., patient rooms, ED, acute care, clinics, skilled nursing, etc.).
- Memorandum of Understanding (MOU) for patient load balancing and resource sharing.
- Refer to the [SPARC Regional Crisis Standards of Care Annex](#)

#### 2.4.8 Medical Countermeasures

LHDs and IDPH will lead the coordination and execution of the distribution of mass vaccine and/or pharmaceutical distribution and dispensing/vaccination. Healthcare systems may assist in the distribution and dispensing/vaccination. Resource allocations will be established based on criteria developed at the time of the incident, and consistent with the needs of the incident. The RHCC will coordinate with the LHDs, IDPH, and healthcare organizations as appropriate to support medical countermeasure operations.

#### 2.4.9 Community-Based Testing

The RHCC will support community-based testing procedures within the region and will assist in identifying community-based testing sites.

The Wellness on Wheels (WOW) van may be deployed for mobile testing in underserved areas within the SPARC Region. Visit [www.sparccoalition.com](http://www.sparccoalition.com) and click on “Wellness of Wheels” to access the calendar for availability.

#### 2.4.10 Patient Transport

Every hospital/EMS system in the region should have a highly infectious disease plan which can be referenced. Local EMS systems should have internal guidelines and protocols for assessing, treating and transporting a suspected or confirmed highly infectious disease patient. EMS will follow recommended PPE guidance set forth by CDC when responding to possible HCID patients within the community. This includes protocols for patients who have been identified as possibly exposed (person under investigation (PUI)) and are being monitored by LHDs as well as patients who have not been previously identified.

As information is made available, EMS should incorporate the guidance of Occupational Health and Safety Administration (OSHA) and CDC on PPE and infection control associated with the response. Close coordination and frequent communication between the EMS personnel and the 911 call centers, EMS system, receiving health care facilities, and public health partners will assist with safe transportation of the patient, as well as the safety of first responders. EMS personnel should notify the receiving health care facility while en route transporting a suspected HCID patient with estimate time of arrival (ETA) and status of patient’s condition so that appropriate infection control precautions may be prepared prior to patient arrival, according to the protocols and procedures of the local EMS system.

#### 2.4.10.1 Recommendations for 9-1-1 Public Safety Answering Points (PSAPs)

State and local EMS authorities may authorize PSAPs and other emergency call centers to use modified caller queries about an HCID when they consider the risk of an HCID to be elevated in their community (e.g., in the event that patients with confirmed HCID are identified in the area). This will be decided from information provided by local, state, and federal public health authorities, including the city or county health department(s), state health department(s), and CDC.

Transportation of suspected or confirmed HCID cases will be managed through EMS. EMS systems should have plans in place to coordinate the identification, management, and cleaning of an appropriate transport vehicle for patient transport. EMS will work through existing MOUs and mutual aid if cross-jurisdictional support is required to address their needs. The primary authority within each EMS region for coordinating EMS System licensed providers in response to an emergency medical incident(s) as a result of a disaster or other large-scale events rests with the EMS System(s) medical director(s) or their designee(s).

#### 2.4.11 Mass Fatality

Hospitals should refer to individual facility plans and county coroner plans. The RHCC will support mass facility efforts, body bags and storage support may be available upon request.

### 2.5 Special Considerations

#### 2.5.1 Behavioral Health

In coordination with direct medical care, behavioral health care may be necessary to support patients with HCID. Due to impact of being infected, exposed, or treating individuals with HCID, plans may be required to support a surge in behavioral health needs of patients, family members, community members, healthcare staff and employees during an HCID incident. LHDs, health care organizations, and the RHCC will work together to facilitate information coordination and standardizations of resources provided to address behavioral health concerns based on the incident. Behavioral health response may need to continue long after a HCID response is demobilized.

Refer to the *SPARC Regional Response and Recovery Plan* for a list of Mental Health and Behavioral Services Resources.

#### 2.5.2 Special Populations

Special populations are groups of people that are impacted by infectious disease events in a way that could potentially cause a surge on health care facilities. These special populations include but are not limited to: persons with medical comorbidities, pediatric and geriatric populations, persons living in congregate care settings (e.g., long-term care or group home residents, unhoused persons, and inmates), and persons with disabilities that may impact their ability to communicate, understand, or practice infection prevention measures. Mitigation of medical surges within these populations can be conducted through effective public health messages and awareness and implementation of infection prevention measures.

The [SPARC Regional Pediatric Surge Annex](#) provides guidance for providing appropriate pediatric medical care during a disaster.



**HHS emPOWER:** Provides data on numbers of individuals (by zip code) who rely on electricity-dependent durable medical and assistive equipment and devices and essential health care services. This information is updated monthly and can be accessed through state public health department preparedness representatives. In the event of a disaster, a statutorily authorized state public health authority may request an emPOWER Emergency Response Outreach Dataset. This dataset includes individual-level and healthcare providers/suppliers contact information for reaching those using life-saving equipment or services, to provide disaster-related assistance.

According to the CDC, HCIDs such as Ebola, SARS, and COVID-19 have highlighted and often exacerbated existing inequities in healthcare access and outcome<sup>1</sup>. SPARC members are encouraged to implement the following strategies to mitigate such disparities (this is not an exhaustive list of strategies):

- Strengthen community engagement to include outreach programs that educate communities about HCIDs, prevention measures, and available healthcare resources.
- Enhance data collection and surveillance through collaboration with public health agencies to share surveillance data to facilitate early detection and response efforts tailored to at-risk communities.
- Increase the availability of healthcare services in underserved areas.
- Utilize telemedicine to reach those who cannot easily access traditional healthcare settings.
- Enhance public health education through outreach programs, culturally competent messaging (in multiple languages) and school-based health education.
- Address social determinants of health (e.g., unhoused, gender discrimination, education, etc.)
- Provide comprehensive care that includes both physical and mental health services.

2.5.3 Situational Awareness

The RHCC takes a time-tiered and targeted approach to gathering data to provide a regional picture of the impacts to healthcare and local jurisdictions. Information is distributed on regular schedule with appropriate partners and stakeholders to guide response decision making.

- Situational awareness that may include reporting essential elements of information (EEI) (e.g., patient tracking, bed availability, ventilator availability, etc.), ability to maintain essential services, surge capacity status, staff absenteeism, etc.) or disease surveillance – this may refer to EMTrack and EMResource.

**Table 1.** Essential Elements of Information (EEIs) for HCID incident

EEI	Source
Bed Data	EMResource
Patient Tracking	EMTrack
Public Health Guidance	IDPH
Public Health Guidance	CDC
Situational Awareness	CDC Health Alert Network (HAN)
Situational Awareness	Center for Global Health (CGH)
Situational Awareness/Alerts	SIREN

<sup>1</sup> Centers for Disease Control and Prevention. (2020, July). “CDC COVID-19 Response Health Equity Strategy: Accelerating Progress Towards Reducing COVID-19 Disparities and Achieving Health Equity.” Retrieved from [https://www.cdc.gov/covid/media/pdfs/2024/07/CDC\\_COVID-19HealthEquityStrategy\\_English.pdf](https://www.cdc.gov/covid/media/pdfs/2024/07/CDC_COVID-19HealthEquityStrategy_English.pdf)



Situational Awareness	WebEOC, SEOC
Situational Awareness	RHCC/Region V Situation Report (SITREP)
Situational Awareness	Social media
Situational Awareness	SPARC
Situational Awareness	HSIN Adobe Connect
Plan and Procedures	CEMP

\*Information and data sharing among the Coalition and other entities will be managed in accordance with agency/organization policies on protected health information.

## 2.5.4 Communications

The Coalition members have a role in information collection and sharing. The RHCC will provide a comprehensive operational picture to healthcare facilities and local jurisdictions in a HCID incident via SITREPS.

The RHCC has a portable tablet for interpretation services available when there is a potential for miscommunication due to language barriers or when clear understanding is critical for patient safety and quality of care. Agencies and individuals are encouraged to download one of the translation service apps (some are available free) if the people they serve do not speak/understand English.

SPARC partners are encouraged to implement the following to enhance situational awareness and coordination:

- Have mechanisms in place to maintain awareness of current conditions in the region and adjust resources as needed.
- Assure provision of information to coalition members with timing and content adjusted to operational tempo of the response.
- Monitor multiple sources of information and adopt to changing circumstances.
- Establish mechanisms to enable consistent media access policies and coordinated messaging.
- Provide real-time information through coordinated SPARC and jurisdictional public health information sharing systems.
- Interface with other coalitions and the state for coordinated communications.
- Monitor and counter rumors and misinformation.
- Have a process for internal and external communications.
- Ensure tested and operational redundant and alternative communication systems are in place.
- Consider designating media-trained clinicians to speak on behalf SPARC.

### 2.5.4.1 Communications with the Public During an Emergency

It is anticipated that the need for the Joint Information Center (JIC) between the many involved agencies will be necessary to support public messaging and provide incident specific information that is timely, consistent, and accurate to the public and involved stakeholders.

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

- Follow trusted sources of information.
- “Stay in your lane,” do not 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.

## 2.6 Preparedness, Training, and Exercise

The SPARC region recognizes the following challenges associated with the care of patients who have been identified or potentially exposed to HCIDs (e.g., appropriate personal protection equipment, reunification processes). SPARC builds HCID capacity and capabilities within the healthcare system by identifying or sponsoring training and exercise opportunities. In addition, hospitals and EMS should have plans and conduct inter-facility trainings for the management of HCID incidents. Drills, tabletop exercises, and full-scale exercises will periodically include exercising a component of this annex in compliance with the National Incident Management System (NIMS) and Incident Command System (ICS) to enhance facilities readiness in various scenarios involving HCIDs, help identify areas of improvement and ensure that resources are utilized effectively.

Training sessions will incorporate lessons learned from previous AARs, focusing on areas such as waste management and decontamination protocols to enhance preparedness and responsiveness to future emergencies. SPARC member facilities are encouraged to implement just-in-time training as a tool in the form of modules and simulations during HCID incidents. Examples of recommended trainings include:

- Infection Prevention and Control training
- Personal Protective Equipment and Waste Management training
- Decontamination training
- Telehealth training
- EMTrack training

## 2.7 Tracking and Reunification

Tracking and reunification efforts will be conducted by EMS, hospitals, and local officials. The use of tracking platforms – such as EMTrack – may still be used.

Hospitals and EMS agencies have a mass casualty plan that includes a mechanism for patient tracking. The EMTrack platform is recommended for use, however, agencies may use any alternative means of tracking that includes real time situational awareness in order to assist other partners who are involved in reunification efforts.

Reunification efforts can be conducted at a hospital or established family assistance center. Hospitals will follow their own procedures for properly sharing patient information with loved ones.

## 2.8 Deactivation and Recovery

SPARC will employ the deactivation and recovery procedures detailed in the SPARC Response and Recovery Plan during a HCID incident.

- Upon deactivation, the incident may still continue at what is considered a normal operational level. This includes ongoing medical care and mental health and family support services.
- Following deactivation, a review of the incident is conducted to inform future planning and training needs.

## 2.9 Plan Maintenance

This annex will be maintained in accordance with the procedures detailed in the SPARC Regional Response and Recovery Plan. This annex will be tested during exercises and real responses, problem areas identified, and improvements incorporated into plan revisions.

Minor corrections, edits, updates, or adjustments to this document might occur on occasion without a formal review. All changes are tracked in the Record of Change log.

## 3. Appendices

### 3.1 Legal Authorities

- 3.1.1 Illinois Compiled Statutes, 20 ILCS 2305/2, Isolation and Quarantine
- 3.1.2 Illinois Compiled Statutes 210 ILCS 50, Emergency Medical Services (EMS) Systems Act, as amended
- 3.1.3 Illinois Administrative Code, 77 Ill. Admin. Code 690, Control of Communicable Diseases Code, as amended
- 3.1.4 The primary authority within each EMS region for coordinating EMS System licensed providers in response to an emergency medical incident(s) as a result of a disaster or other large scale event rests with the EMS system(s) medical director(s).
- 3.1.5 The SPARC coalition has provided the RHCC the authority to coordinate supply/equipment caches and services (other than EMS licensed providers) as outlined in the approved Regional Response and Recovery Plan and IDPH ESF-8 Plan and within the scope of the IDPH Hospital Preparedness Program (HPP).
- 3.1.6 Responsibility for the investigation of cases, outbreaks, or other events lies initially with the local health departments (LHDs) in statute.
- 3.1.7 IDPH is mandated by statute to protect the public health.

### 3.2 Additional Resources/References

- 3.2.1 SPARC Regional Response and Recovery Plan
- 3.2.2 SPARC Regional Emergency Communications Plan
- 3.2.3 SPARC Regional Crisis Standards of Care Annex
- 3.2.4 SPARC Regional Pediatric Surge Annex
- 3.2.5 HHS emPOWER
- 3.2.6 ASPR Tracie
- 3.2.7 Centers for Disease Control and Prevention

### 3.3 Acronyms and Definitions

- SITREP Situation Report
- CAPR Continuous Air-Purifying Respirator

**Contact tracing** the identification and follow-up of persons who may have come into contact with a person infected with a certain pathogen. Contacts can be offered advice, testing and treatment or immunization depending on their type of exposure. If no treatment or vaccine are available, they can be monitored for a period equal to the maximum incubation period for signs of illness. They may also have to be isolated for the same period of time to prevent ongoing transmission.

**Isolation** is the physical separation and confinement of an individual or groups of individuals who are infected, or reasonably believed to be infected, with a contagious or possibly contagious disease from non-isolated individuals, to prevent or limit the transmission of the disease to non-isolated individuals.

**Person under Investigation (PUI)** a term mainly used in the case of Ebola virus disease and refers to a person meeting the clinical and the epidemiological criteria OR a person with history of high-risk exposure and any of the listed symptoms of EVD, including fever of any grade.

**Quarantine** is the physical separation and confinement of an individual or groups of individuals who are, or may have been exposed to, a contagious disease or possible contagious disease and who do not show signs or symptoms.

**Surveillance** is the systematic ongoing collection, collation and analysis of data for public health purposes, combined with the timely dissemination of public health information for assessment and public health response.

### 3.4 Attachments

- A. SPARC Regional High Consequence Infectious Disease Quick Reference Guide
- B. SNS PPE List

## Attachment A: SPARC Regional High Consequence Infectious Disease Quick Reference Guide

<b>Purpose:</b> The High Consequence Infectious Disease (HCID) Annex provides a framework for SPARC coalition members to prepare for, respond to, and recover from HCID events. It supports ESF-8 functions to reduce morbidity, mortality, and social disruption.					
Activation Process	Roles and Responsibilities	Operational Areas	Communication Protocols	Preparedness and Training	Special Considerations
<b>Trigger Indicators:</b> <ul style="list-style-type: none"> <li>Confirmed or suspected HCID cases (e.g., Ebola, SARS, Zika).</li> <li>Rapid disease spread within the region, state or global.</li> <li>Depletion of local resources requiring external support.</li> </ul> <b>Activation Steps:</b> <ul style="list-style-type: none"> <li>Contact RHCC Representative</li> <li>Notify the Illinois Department of Public Health (IDPH), SPARC Executive Board, and coalition members.</li> <li>Initiate communication protocols through Member Planet, Health Alert Network (HAN), or SIREN.</li> </ul>	<b>Primary Agencies:</b> <b>RHCC</b> <ul style="list-style-type: none"> <li>Coordinate regional messaging and resource allocation.</li> <li>Gather situational awareness and distribute regular update.</li> </ul> <b>Local Health Departments (LHDs)</b> <ul style="list-style-type: none"> <li>Lead local disease surveillance and epidemiologic investigations.</li> <li>Issue isolation and quarantine orders.</li> </ul> <b>IDPH</b> <ul style="list-style-type: none"> <li>Provide laboratory support, public health guidance, and distribute medical countermeasures.</li> </ul> <b>Support Agencies:</b> <b>EMS</b> <ul style="list-style-type: none"> <li>Transport suspected HCID patients using appropriate PPE.</li> <li>Notify healthcare facilities of incoming patients.</li> </ul> <b>Hospitals</b> <ul style="list-style-type: none"> <li>Screen, isolate, and manage HCID patients.</li> <li>Report bed availability and other critical data via EMResource.</li> </ul>	<ol style="list-style-type: none"> <li><b>Surveillance</b> <ul style="list-style-type: none"> <li>Monitor and report HCID cases through IDSS (formerly I-NEDSS) and regional tools like EMResource (as required).</li> <li>Publish regular Situation Reports (SITREPs) to coalition members.</li> </ul> </li> <li><b>Safety and Infection Control</b> <ul style="list-style-type: none"> <li>Ensure proper use and training for PPE donning/doffing.</li> <li>Restrict visitor access to healthcare facilities.</li> <li>Follow CDC and IDPH infection control guidelines.</li> </ul> </li> <li><b>Supply Chain Management</b> <ul style="list-style-type: none"> <li>Maintain regular PPE inventory and use the <a href="#">PPE Burn Rate Calculator</a></li> <li>Request Strategic National Stockpile (SNS) resources through LHDs when local supplies are depleted.</li> </ul> </li> <li><b>Patient Care Management</b> <ul style="list-style-type: none"> <li>Utilize telehealth to reduce facility burden.</li> <li>Follow <a href="#">SPARC Regional Crisis Standards of Care Annex</a></li> </ul> </li> <li><b>Behavioral Health Support</b> <ul style="list-style-type: none"> <li>Address mental health needs of patients, families, and staff during and after an HCID event.</li> <li>Refer to regional behavior health resources for additional support.</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li><b>Internal Communication</b> <ul style="list-style-type: none"> <li>Share updates using EMResource, EMTrack, and SITREPs.</li> <li>Ensure redundant communication systems (e.g., WebEOC, SIREN) are operational.</li> </ul> </li> <li><b>Public Messaging</b> <ul style="list-style-type: none"> <li>Use Joint Information Center (JIC) to coordinate consistent, accurate messaging.</li> <li>Monitor social media to counter rumors and misinformation.</li> <li>Provide culturally competent information in multiple languages.</li> </ul> </li> </ol>	<ul style="list-style-type: none"> <li>Conduct regular drills and tabletop exercises based on HCID scenarios.</li> <li><b>Focus on:</b> <ul style="list-style-type: none"> <li>Infection control and prevention</li> <li>PPE usage and waste management</li> <li>Use of tracking platforms like EMTrack</li> </ul> </li> <li>Incorporate After Action Reports (AARs) to improve future responses.</li> </ul>	<ol style="list-style-type: none"> <li><b>At-Risk Populations</b> <ul style="list-style-type: none"> <li>Strengthen outreach to underserved communities.</li> <li>Use <a href="#">HHS emPOWER</a> data to identify individuals reliant on life-saving medical devices.</li> <li>May refer to <a href="#">SPARC Regional Pediatric Surge Annex</a></li> </ul> </li> <li><b>Mass Fatality Management</b> <ul style="list-style-type: none"> <li>Coordinate with coroners and mortuary services to manage fatalities.</li> <li>Provide body bags and storage support as needed.</li> </ul> </li> <li><b>Plan Maintenance</b> <ul style="list-style-type: none"> <li>Review and update annually or after significant incidents; log all changes.</li> </ul> </li> </ol>

## Attachment B: SNS PPE List

Product
XXL Gown
XL Gown
L Gown
Face Shields
Ear Loop Mask
N95
N95 Flat
XL Gloves
L Gloves
M Gloves
S Gloves
L Tyvek Suits
XL Tyvek Suits
3XL Tyvek Suits
4XL Tyvek Suits
Rubbing Alcohol
Goggles
Shoe Covers
Nares Swab
Nasopharyngeal Swab
Transport Medium
Body Bags
CAPR
Sentinal Filters