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APPENDIX G1

Emergency Preparedness Report

Kimley»Horn

Expect More. Experience Better.

THE CHICAGO COMMUNITY TRUST

AND AFFILIATES

EMERGENCY PREPAREDNESS REPORT

October 2009

Photo Courtesy of the American Red Cross of Greater Chicago

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EXECUTIVE SUMMARY

INTRODUCTION

Home to more than eight million people, the Chicago metropolitan area is the capital of the American heartland. A predominantly urban region, it serves as a major hub for coast-to-coast travel, commerce, industry, and national security.

Paradoxically, the region's many strengths place it at great risk of experiencing a major emergency or catastrophic disaster such as a terrorist attack, pandemic flu, bioterrorism incident, hazardous materials shipping accident, or nuclear reactor mishap (with eleven reactors in the Chicago metropolitan area).

In addition to the region's vulnerabilities to man-made disasters, a major earthquake from the New Madrid fault, which lies several hundred miles to the south, would create severe local damage and require mass evacuation, mass care and sheltering for the displaced population as well as for those from neighboring states. Finally, the region's most common natural challenges -- floods, tornadoes, and blizzards -- seem to be occurring in increasing numbers due to climate change and the environment.

Because of these vulnerabilities, it is crucial that both the emergency response community and the region's 8.6 million residents be well prepared for disaster. But a 2006 report by the Council for Excellence in Government found that people in the Chicago metropolitan area are inadequately prepared for a catastrophic disaster; four out of ten people have done nothing to prepare. Some believe no preparation would be effective; others just lack a sense of urgency about it.

Furthermore, according to the study, many public and private institutions are not ready for a catastrophic disaster. Among the challenges:

Early warning communications systems vary widely between jurisdictions;

Multiple information sources make it challenging to provide the consistent, clear information people need to avoid confusion that may delay life-saving actions;

First responder communication systems are not fully interoperable;

Inadequate capacity is available for emergency response operations such as sheltering and feeding;

The region does not have a comprehensive recovery plan to restore normal operations following a catastrophic disaster event.

While progress is being made, more needs to be done to reduce the potential for loss of life, minimize the amount of damage, and enable the quickest recovery possible should disaster occur.

What's needed is for the Chicago metropolitan region to develop a culture of preparedness. It must build this culture in such a way that the population is prepared without being overwhelmed by fear. It must develop plans that address the entire population, especially those with special needs, and all potential hazardous scenarios. This can be accomplished best by using existing networks to coordinate activities, by creating experiences via simulation and live practices, by creating exercises for all hazard scenarios, and by educating the public on both disasters and responses.

Recent data shows that for every dollar spent on preparedness, six to nine dollars are saved during disaster response and recovery.

In imagining emergency preparedness for the Chicago metropolitan area in the year 2040, the human factor must be the over-arching focus. Future efforts should prepare people to take care of themselves and each other when a disaster cannot be prevented. In her book, "The Unthinkable: Who Survives When Disaster Strikes and Why," Amanda Ripley notes, "Only after everything goes wrong do we realize we're on our own. And the bigger the disaster, the longer we will be on our own."

With this in mind, the vision for 2040 emphasizes the role of the community in caring for itself in the event of an emergency or disaster. In this vision, individuals will expand their sense of community to include not only themselves and their loved ones but also their neighbors, especially those who may have special needs. This type of community will be resilient: better able to withstand an emergency or disaster situation through effective mitigation activities, better able to care for itself until outside resources can be mobilized, and better able to quickly recover from the devastating effects of a disaster.

Many times, people expect someone else, some other organization, or some level of government to address these issues. Often the Federal government unfairly absorbs much of the blame when things go wrong. The fact is that disaster preparedness is everyone's problem, and no single agency or government entity can do it alone. All residents can and must do better to improve the region's preparedness by transforming the way they think and act regarding disasters.

People must be mobilized to prepare for disaster through training and personal plans for evacuation, shelter, food and water. Preparedness should be more than a passing thought or buzzword. Each family's daily routine should include the provision of emergency supplies and specific plans for what their household will do in an emergency.

But people power is not enough. The community must optimize existing its resources. This includes the pre-positioning of food, water and supplies throughout the area and establishing cross-regional agreements that will create redundant coverage in any sector. Communities should fully utilize resources and use local businesses as an integral part of the disaster response. Local governments and relief agencies should have pre-arranged agreements with businesses to provide emergency goods, services, and volunteers and should inform businesses on the non-confidential aspects of response logistics.

Officials must also begin to view residents in disaster areas as resources rather than "victims." They must increase training and integrate it into existing activities (such as high school athletic and health programs or the state driver's education process) so that it becomes part of normal routine. Plans and processes between health care providers, human services, first responders, relief agencies and community groups need to be streamlined and coordinated to prevent duplication of efforts and wasted resources.

This report is the first step in creating a comprehensive plan to take bold and innovative approaches to make the metropolitan area a safer, more resilient environment for all citizens. Changes in attitude, action, and aggressive public policy will be needed to achieve this goal. The combined efforts of government, business, philanthropy, community-based groups and the faith community must be meshed into a singular purpose. Failure is not an option. The very lives and welfare of the region's citizens are at stake.

Therefore, the GO TO 2040 Emergency Preparedness Advisory Committee offers the following vision and recommendations for action.

VISION STATEMENT

By 2040, a culture of preparedness will exist within the region so that when a disaster strikes, people will be prepared to care for themselves and their communities. We will build this culture through education, training, public policy and a collaborative effort among response resources.

Each person in the community will prepare him or herself to take personal responsibility in the event of a disaster, thus building a culture of preparedness from within.

Organizations of first responders will work together seamlessly, with a common understanding of each others' roles and responsibilities. Activities will be coordinated in order to provide the most efficient and effective use of equipment, supplies, and personnel. There will be effective communication and collaboration across the network of organizations and consistent interaction with the community from a common trusted source.

Technology and resources, such as food and water, supplies, shelter, transportation and utilities, will be made available to all those within the community who have been directly or indirectly impacted by the disaster and will be allocated based on need, across all segments of the population, with particular consideration given to those with special needs.

RECOMMENDATIONS

This vision can be achieved if the following recommendations are implemented:

CITIZEN PREPAREDNESS

1. Provide training to a greater percentage of the population in basic CPR and First Aid.
2. Increase the number of participants in disaster education programs.
3. Increase the number of households with disaster kits/plans.

MUNICIPAL PLANS AND CAPACITIES

4. Ensure levels of preparedness funding are consistent with population and all-hazards assessments of risks.

MASS CARE / CAPACITY

5. Provide for adequate shelter, feeding, volunteer and logistical resources to address all-hazards catastrophic event needs sufficient to sustain the region's recovery for up to 72 hours without outside resources.

EMERGENCY RESPONDER COMMUNICATIONS

6. Ensure complete interoperable communications capabilities between all responder organizations within the region.

ALL-HAZARDS PLAN FOR SPECIAL NEEDS POPULATIONS

7. Develop comprehensive planning processes between public and private sectors to address the needs of special needs populations for maintaining independence, medical care supervision, transportation, and communication.

ANIMAL EVALUATION

8. Develop a regional all-hazards plan to address the needs of pets and livestock for evacuation, sheltering, and medical care during a catastrophic event.

ALL-HAZARDS EARLY WARNING

9. Provide standardization of early warning systems for municipalities and institutions across the region.

MEDICAL EVALUATION

10. Assure coordination of medical response capabilities and provide for uniformity of public health emergency plans across the region.

DISASTER SURVIVOR OUTCOMES

11. Assure adequate transitional plans for post-disaster survivor recovery including mental health services, housing, transitional care and long-term recovery.

BUSINESS COMMUNITY

12. Ensure business continuity plans are adequate and consistent and address interdependencies with public and private sector plans.

PUBLIC BUILDING / INSTITUTIONAL ALL-HAZARDS PLANS

13. Ensure building and institutional all-hazards plans exist to provide transparency with other regional catastrophic planning efforts.

Chapter One

ISSUES, CHALLENGES AND OPPORTUNITIES

The Chicago metropolitan area is a predominantly urban region of more than eight million people that serves as a major hub for coast-to-coast travel, commerce, industry and national security. This places the region at great risk of experiencing a major emergency or catastrophic disaster such as a terrorist attack, pandemic flu, bioterrorism incident, hazardous materials shipping accident or nuclear reactor mishap (there are eleven reactors in the Chicago metropolitan area).

In addition to our vulnerabilities to manmade disasters, a major earthquake from the New Madrid fault, which lies several hundred miles to the south, would create severe local damage and require mass evacuation, mass care and sheltering for our displaced population as well as for those from neighboring states. Our most common natural challenges are floods, tornadoes and blizzards which seem to occur in increasing numbers due to climate change and the environment.

Emergency preparedness is often overlooked as a critical element in regional planning because of the low probability that a disaster will happen, especially in the Chicago metropolitan area where history provides few examples of catastrophic disasters. However, to truly evaluate the risk to the Chicago metropolitan area, it is important to measure both the probability/frequency and the consequences of a disaster; it is the potential for catastrophic consequences that demands attention on this issue.

The Chicago metro region has experienced six of the 50 deadliest disasters in United States history, including shipping and air accidents, heat waves, and fires. The chart below lists the top 10 Chicago area disasters by number of fatalities.

U.S. Rank	Chicago Rank	Event	Category	Year	Fatalities
15	1	S.S. Eastland Disaster	Accident - Shipwreck	1915	845
16	2	Chicago Heat Wave	Heat Wave	1995	739
18	3	Iroquois Theater Fire	Fire (building)	1903	602
28	4	Lady Elgin (Steamship)	Accident - Shipwreck	1860	400
36	5	Great Chicago Fire	Fire (urban conflagration)	1871	300
40	6	American Airlines Flight 191	Accident - Aircraft	1979	273
	7	Our Lady of Angels School	Fire (building)	1958	93
	8	Midwest Heat Wave	Heat Wave	1972	77
	9	Braidwood-Grundy Diamond Mine Disaster	Accident - Mining	1883	74
	10	LaSalle Hotel Fire	Fire (building)	1946	61

We must quickly build the region's capacity to be self-sufficient to care for survivors until outside resources can be mobilized. But according to the 2006 report by the Council for Excellence in Government, individuals in the Chicago metropolitan area are not prepared for a catastrophic disaster. Neither are many private institutions. The study, known as the Public Readiness Index (PRI), interviewed 1,000 Americans and was developed in collaboration with the American Red Cross to measure people's preparedness for major emergencies.

In Chicago, several challenges exist to executing a plan that will reduce the potential for loss of life, result in the least amount of damage and allow the community to recover as quickly as possible.

- **Individuals are not prepared for an emergency situation. Experience tells us that citizens need to prepare to be self-sufficient during the initial 72 hours of a catastrophic incident.** According to the PRI study, almost half of individuals recognize the need to take responsibility for their own safety when preparing for the possibility of a catastrophic disaster. However, there is still some degree of dependence on local government and first responders to guide individuals to safety should a catastrophic disaster occur. The research suggests that individuals have the means to prepare for a catastrophic disaster but lack the will or the sense of urgency to actually compile the necessary items or get the information and training they would need.

- **Early warning communications systems vary widely between jurisdictions.** Chicago compares favorably to the national average on emergency alert systems. According to the PRI Study, 63% of Chicago residents report there is a siren or some other emergency alert in their community, ahead of the national average of 57% of Americans reporting this. In addition, only 23% of Chicago residents report no emergency warning system and 14% are not sure. These statistics are also favorable compared to national averages and bode well for the city of Chicago. In addition, the Chicago Sun-Times reported that Chicago conducted the first citywide test of its new $2.3 million emergency warning system in 2008, and all but 11 of the 110 sirens worked. The challenge is that signals and procedures vary widely among local jurisdictions throughout the metropolitan area. This is an opportunity for the region to improve communications and provide better information regarding alert systems by building on Chicago's strong existing system.

- **Multiple information sources must provide consistent, accurate information about emergency alerts and responses.** With the prevalence of the Internet, there are many more sources for information during an emergency event than ever before. According to the PRI study, almost half of Americans (45%) say that they trust the news media to provide the most accurate and reliable information during an emergency. One-third (33%) say their police/fire chief is the most trusted source for information. Only 5% say they would trust emergency management officials, the same percentage that would trust family and friends or no one. In contrast, in the event of an evacuation, nearly half of Americans (46%) say they would most likely follow the instructions of the police/fire chief. Slightly more than one-fifth of the

national sample (21%) says they would follow evacuation instructions "in the news." These statistics confirm that people use multiple sources to get information in an emergency, demanding consistent, clear information to avoid confusion that may delay life-saving actions.

- **First responder communication systems are not fully interoperable.** The statewide Mutual Aid Box Alarm System (MABAS) program was established in the late 1960s to help first responders coordinate their activities. In addition, the Illinois Law Enforcement Alarm System (ILEAS) and other organizations are also at the forefront of interoperability issues. Working together, these groups have established a common statewide communication standard for responders that are widely respected as a best practice.

  Organizations continue to work toward complete transparency of operations and systems but inconsistencies remain. For example, the city of Chicago uses both ultra high frequency and very high frequency systems (VHF). Cook County uses a VHF and 800 megahertz system. City of Chicago Office of Emergency Management and Communications (OEMC) and Cook County have worked to develop a governance system to improve interoperability and establish protocols between emergency agencies. Details of that system were not available as of this report, and may be obtained from OEMC. This is another opportunity for the region to build on the strong existing foundation to achieve complete interoperability throughout the network of first responders.

- **Inadequate capacity is available for emergency response operations such as sheltering and feeding.** The Federal Emergency Management Agency (FEMA) worked with regional government authorities to form the Regional Catastrophic Planning Team (RCPT) in 2008. The RCPT serves as the governing body for the Regional Catastrophic Preparedness Planning Grant, which provided funding to conduct planning for catastrophic incidents. RCPT is beginning to conduct capability assessments for the region, analyze existing emergency plans and develop a regional coordination plan. The Illinois Emergency Management Agency (IEMA) is also in the process of developing statewide capacity plans. While the RCTP model describes those participants required as part of the funding process, optional partners such as community based groups, nongovernmental organizations and faith-based groups can and should play a more significant role to fully address the region's emergency management needs.

- **Lack of a comprehensive regional recovery plan.** The region does not have a comprehensive recovery plan to restore normal operations following a catastrophic disaster event. Planning for post-disaster recovery issues such as long-term mental health care for disaster survivors must be closely studied and coordinated between emergency management organizations, human services, the medical community, and nongovernmental organizations. Each of these entities plays a vital role in addressing the post-disaster issues that confront the community. This represents a

key component of the continuation of care as response organizations "hand off" responsibilities to local communities.

Opportunities

While acknowledging that progress is being made, the current state described above demands increased attention on creating a culture of preparedness, integrating planning and response operations, efficiently and effectively managing resources, establishing safety and security throughout the area and communicating effectively during a disaster. Although budgets and financial considerations can make it difficult for governments to prioritize these issues, it is critical that we take steps to minimize the impact of a disaster because when one occurs, survival of our citizens must be the highest priority.

First, we know from experience that it is likely to take at least 72 hours before outside responders can provide assistance during a major disaster. Individuals should be prepared to be self-sufficient and help care for others in the initial aftermath of a disaster situation. **This creates an imperative for a culture of preparedness where individuals and businesses prepare themselves and their community to respond effectively.**

Second, a key component of the regional activity is identification of organizations with capabilities for feeding and sheltering that meet the criteria for the Volunteer Organizations Active in Disaster (VOAD) or those that could provide reserve and spontaneous volunteers to support the response. These organizations will need to continue to work in partnership with the American Red Cross and others to provide mass care services to the large number of people likely to be affected by any regional disaster. **This creates an imperative for creating collaborative relationships across organizations so that it is possible to coordinate emergency activities.**

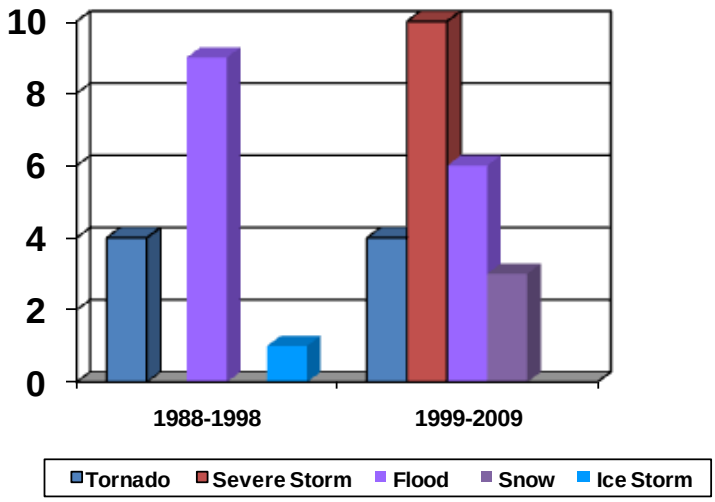
Third, our densely populated region must increase capacity to be able to respond to the needs we can anticipate surfacing after a disaster. We are currently under-provisioned and lack sufficient shelter, mass care supplies, and human resources to cope with a catastrophic disaster. Additionally, we face significant challenges to effectively address the unique considerations of special needs populations and the reality that people will bring their pets. **This creates an imperative to acquire resources that can be in place and to establish continuity in critical supply lines.**

Chapter Two

UNDERSTANDING EXISTING CONDITIONS

The PRI study showed that more than 70% of Chicagoans have never experienced a disaster and, anecdotally, we know that this impacts their sense of urgency to prepare for an emergency. Designed to be a report card, this study provides important benchmarks to measure the existing conditions because it establishes a standardized index to track progress, make comparisons and identify specific areas for improvement.

These benchmarks are important because disasters happen, whether we are prepared or not. The following chart outlines almost 20 years of history recording federal disaster declarations affecting counties throughout the Chicago metro area. A complete listing is available in Appendix B.

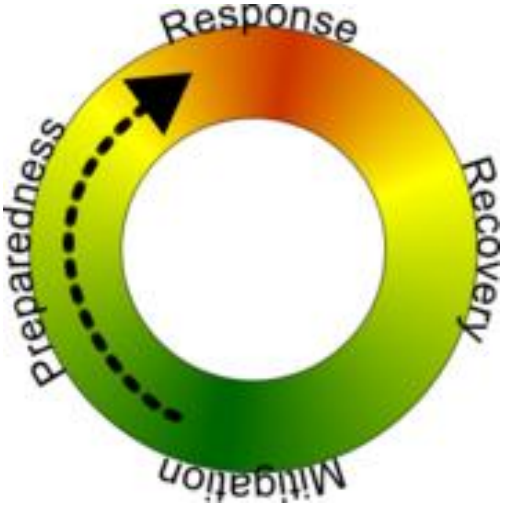


But first it is important to understand the Emergency Management Lifecycle. It is the process by which we prepare for emergencies and disasters, respond to them when they occur, help people and institutions recover from them, mitigate their effects, reduce the risk of loss, and prevent disasters such as fires from occurring.

Stages of the lifecycle include:

- Mitigation - Minimizing the effects of an emergency or disaster before one occurs. Examples: building codes and zoning; vulnerability analyses; public education.

- Preparedness - Planning actions to take and making arrangements for resources to use in the event of an emergency or disaster. Examples: preparedness plans; emergency exercises/training; warning systems.
- Response – Minimizing the impact of hazards created by an emergency or disaster. Examples: search and rescue; emergency relief.
- Recovery - Returning the community to normal following an emergency or disaster. Examples: temporary housing; grants; medical care.



The following sections use the Emergency Management Lifecycle as a framework to understand the existing conditions.

Mitigation

Mitigation planning is best accomplished from a multi-hazard perspective. A comprehensive approach is critical because reducing the level of risk involving one natural or man-made hazard may increase the risk of damage from another hazard. It is also important to consider that some mitigation alternatives may not be viable given a particular set of hazard conditions. For example, elevating a home on stilts to allow for water flow in a floodplain can be prudent unless the home is in an earthquake zone.

The following table lists the type of hazards typical to the Chicago metropolitan area:

Natural Hazards	Technological Hazards	Human Hazards
Winter Weather (snow and ice)	Hazardous Materials Release	Terrorism – Explosive
Flood	Structural Failure and Fires	Terrorism – Radiological
Tornado	Storm and Wastewater Infrastructure	Terrorism – Biological
Extreme Temperatures	Transportation	Terrorism – Chemical
Earthquake	Energy	Cyber Incident
Disease Outbreak and Pandemic	Water Infrastructure	Terrorism – Nuclear
Open Water / Shoreline	Petroleum and Natural Gas Pipelines	Civil Disturbances
Severe Storm / Wind		
Fog		
Astronomical Occurrence		
Drought		

The Illinois Natural Hazard Mitigation Plan (INHMP) was developed as a cooperative effort of state agencies under the coordination of IEMA. It discusses the process used to identify, profile and assess natural hazards in Illinois and the actions which should be taken to mitigate those hazards. The INHMP facilitates the delivery of mitigation grant funding to organizations through the Flood Mitigation Assistance (FMA) Program, Hazard Mitigation Grant Program (HMGP) and Pre-Disaster Mitigation (PDM) Program. The INHMP addresses mitigation planning requirements for these programs. The INHMP will continue to be reviewed and enhanced as new mitigation opportunities become available.

The Illinois Natural Hazard Mitigation Planning Committee has conducted ongoing reviews to coordinate the update of the INHMP, to recognize and incorporate other sources of expertise and resources, and to establish a mitigation strategy to protect the citizens of Illinois including life, property, environment and economic interests. During these reviews, each participating agency was able to introduce its programs; to name, classify, and pinpoint mitigation opportunities; and subsequently to comment on the changes in the INHMP.

All state agencies are encouraged to use any information or ideas from the Illinois Natural Hazard Mitigation Plan. The INHMP is an annex to the State of Illinois Emergency Operations Plan and is integrated into the state's planning efforts as dictated by the Emergency Management Accreditation Program. The INHMP is submitted to FEMA Region V and reviewed. FEMA uses the plan as a reference to understand the risks and potential mitigation activities in Illinois.

Refer to Appendix C for ideas to further mitigate against hazards, to Appendix D for recent mitigation success stories, and to Appendix E for a list of INHMPC committee members.

ILLINOIS HAZARD RATINGS

The Illinois Natural Hazard Mitigation Planning Committee (INHMPC) performed a technical review and evaluated all of the natural hazards shown in the FEMA *State and Local Mitigation Planning: How-To Guide*. The committee decided to divide the potential natural hazards into three categories:

- Those extremely unlikely to occur in Illinois;
- Those with low probability and minimal impact;
- Natural hazards that have occurred in the past and in all probability will continue to impact Illinois at various levels of severity and frequency.

The following chart shows the INHMPC hazard rating for each county based on the prior number of incidents of that hazard. The chart includes the hazard conditions of severe storms and tornadoes, floods, severe winter storms, drought, heat waves and earthquakes because:

- Illinois has received thirteen Presidential declarations for floods since 1990.
- Illinois has had declarations issued in response to two ice storm events, three severe winter storms, and seven tornadoes, three of which were a combined declaration for tornadoes and flooding.

Appendix F describes the process used by INHMPC to develop their ratings.

Illinois Hazard Rating By County Based on Criteria and Methodology Established at the Illinois Natural Hazard Mitigation Planning Committee Meeting on March 10, 2004

Key	Low=0-12
Guarded=13-24	Elevated=25-36
High=37-48	Severe=49-60

County	Population	Severe Storms	Floods	Severe Winter Storms	Drought	Extreme Heat	Earthquake	Tornado
Cook	5,376,741	severe	high	severe	guarded	high	guarded	high
DuPage	904,161	severe	elevated	severe	guarded	high	guarded	elevated
Kane	404,119	severe	elevated	severe	guarded	elevated	guarded	elevated
Kendall	54,554	severe	elevated	severe	guarded	elevated	guarded	elevated
Lake	644,356	severe	guarded	severe	guarded	elevated	guarded	high
McHenry	260,077	severe	guarded	severe	guarded	elevated	guarded	high
Will	502,266	severe	elevated	severe	elevated	high	guarded	high

FUNDING

FEMA provides funds for several different mitigation programs that are administered by IEMA. The primary program is the Hazard Mitigation Grant Program (HMGP) which provides funds for permanent or long term work to eliminate or minimize future damages from natural hazards. The HMGP is calculated on 15% of the FEMA disaster grant programs and provides up to 75% of the funds for projects.

A FEMA-approved natural hazards mitigation plan is a prerequisite to receiving a grant. Jurisdictions may use up to 7% of the mitigation funds to assist in developing plans. Projects must be identified in the plan to be eligible for funding. The state is responsible for having a FEMA-approved state mitigation plan, which sets priorities for state mitigation spending. The state's top mitigation priority is the acquisition of substantially damaged structures.

Following a disaster, jurisdictions are invited to submit pre-applications. The Mitigation Coordination and Strategy Committee (MCSC), which includes representatives of several agencies, reviews the pre-applications and invites full applications based on the quality of the potential project. Full applications are also reviewed by the MCSC and projects that meet all of the requirements and are within the state's budget are submitted to FEMA for approval.

Further information on specific projects and funding is available from the IEMA report at http://www.state.il.us/iema/planning/planning.htm .

Preparedness

Preparedness activities must be considered on multiple levels (personal, business, and community-wide) for a community to be fully ready for a disaster situation.

PERSONAL PREPAREDNESS

The Primary Readiness Index (PRI) identified ten "elements" outlining knowledge or behaviors that comprise preparedness at the personal level.

Knowledge-based elements capture the individual's awareness of:

- Their local government's disaster plan.
- The radio emergency broadcast channel / alert system in their area.
- Preparedness campaign efforts in their community.

Behavior-based elements reflect individual activities and include:

- Preparation of a home disaster supply kit.

- Preparation of a “go” kit for work or car.
- Creation of a family communications plan.
- Designation of a specific meeting place during an emergency.
- Practicing and performing drills for emergency situations.
- Volunteering to help in emergencies.
- Successfully completing a first-aid training in the past five years.

Recent studies indicate that individuals throughout the Chicago metropolitan area need to be better prepared for an emergency. According to the PRI, four out of 10 people in Chicago have done nothing to be prepared and only 17% of Chicago residents believe they have done everything they need to do to prepare for an emergency. These statistics indicate there is still much work to be done to engage the public in being better prepared.

The PRI study shows two factors contributing to the tendencies for Chicagoans not to prepare for an emergency:

- 31% of Chicagoans say the major reason they have not prepared is that they believe nothing would be effective.

- 77% of Chicagoans have not experienced an emergency and this lack of first-hand exposure diminishes the inclination to prepare (See chart below).

A 2006 study conducted by the American Red Cross of Greater Chicago in partnership with Young & Rubicam Chicago finds that many individuals haven’t prepared because they simply don’t know what it means to be prepared for a catastrophic disaster. When asked what preparation steps they had taken, most replied with a list of partial steps to take or a rudimentary list of items to gather but few had complete information.

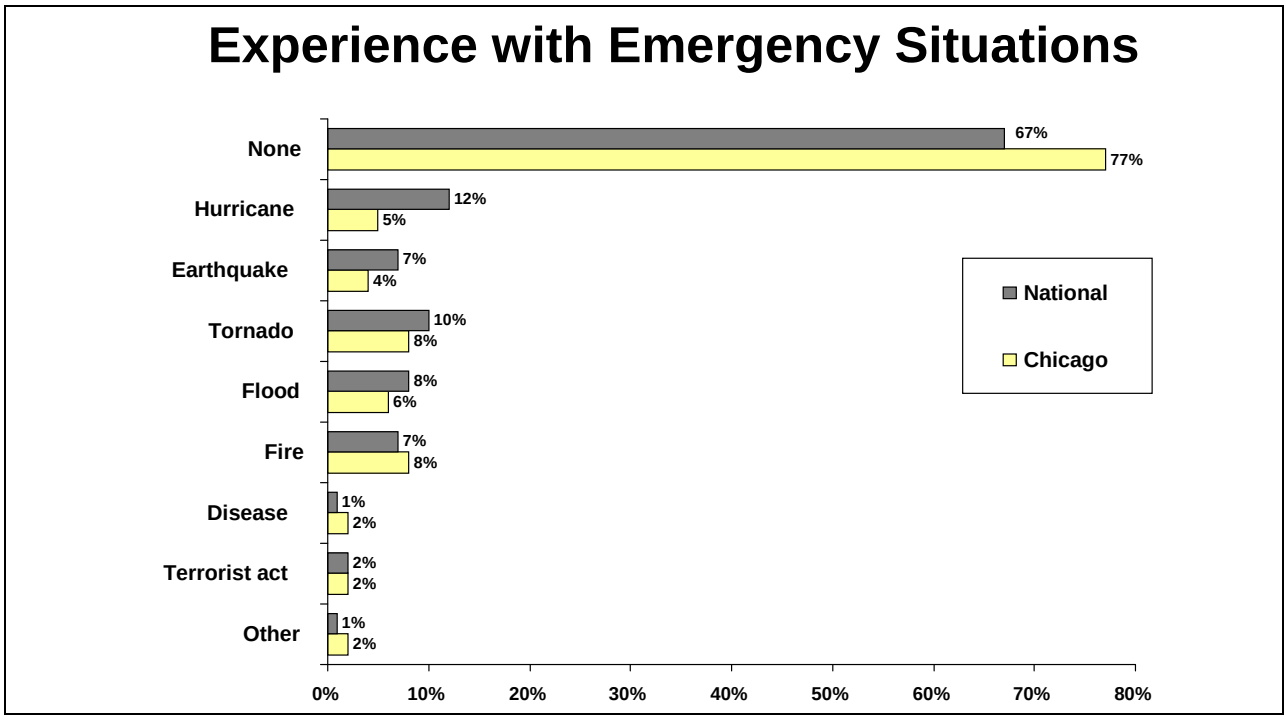
A new program from FEMA, the Ad Council, and Discovery Education is likely to help raise awareness of what action is needed in an emergency and how to best prepare for it. The new program, Ready Classroom (part of the Ready Kids nationwide effort), will provide elementary and middle school teachers with resources to integrate natural disaster preparedness information into their curriculum. Ready Kids is an extension of the Ready Campaign, which engages Americans in taking three simple steps to be prepared for emergencies: (1) Get an emergency supply kit; (2) Make a family emergency plan; and (3) Be informed about the types of emergencies that can happen in your area and their appropriate responses. Corey Gruber, Acting Deputy Administrator of FEMA's National Preparedness Directorate, said "This program with Discovery Education will empower children and families to take the important steps necessary to minimize the impact of a disaster and, ultimately, continue our efforts to encourage a culture of preparedness."

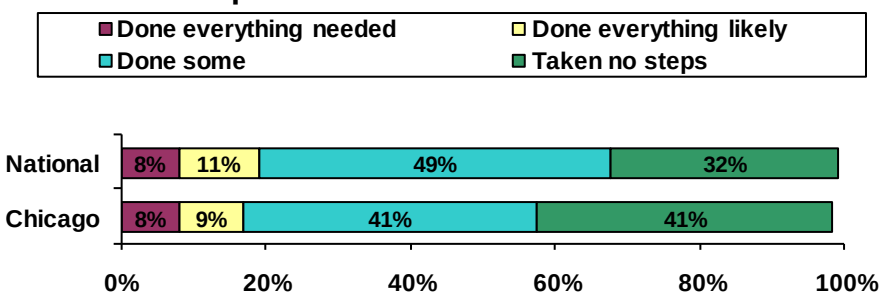
COMMUNITY PREPAREDNESS

For the community at large, exercises are an important part of preparation as these provide an opportunity to practice response activities. Jurisdictions at all levels have an incentive to conduct exercises because they are required to develop multi-year exercise programs that tie into their federally funded grant programs. It is important that each jurisdiction continues independent exercises as needed for their own communities, however it is also critical that jurisdictions work together to prepare for mass scale emergencies. More information about required exercises can be found at Department of Homeland Security (DHS), Federal Emergency Management Agency (FEMA), Centers for Disease Control (CDC), and U. S. Department of Health and Human Services (HHS). Information about exercise programs conducted by local jurisdictions is available through IEMA or county emergency management agencies. In some cases, local jurisdiction Web sites will also have information, such as that of Chicago OEMC.

We also increase overall preparedness when the public is aware of disaster plans so they know what to do and what to expect from responders. According to the PRI survey, public awareness of local disaster plans is surprisingly low. Nationally, only 38% of people say that their local government has an emergency or disaster plan for their community.

In Chicago, the good news is that this figure is slightly higher, with 39% of residents aware of local government emergency or disaster plans. However, 39% of residents are unaware of any local government emergency plan and 23% do not believe that their local government has a plan. These figures indicate that local governments need to provide more communication on their plans and expand the reach of these communications.





Which of the following four statements best describes what your household has done to prepare for an emergency situation?

SCHOOL, CAMPUS, WORKPLACE, AND MEDICAL PREPAREDNESS

Specific readiness programs for these community segments are important in encouraging public readiness activities. However, these programs cannot be incorporated in a core public readiness index because they do not apply to the total public. Although we have fewer statistics to point to, there are important activities underway.

Pre-K and K-12 Schools

The Illinois General Assembly passed the School Safety Drill Act in 2005 with the goal of establishing minimum requirements and standards for public and private schools to follow when conducting school safety drills and reviewing school emergency and crisis response plans. The act sets forth the types and number of school safety drills that schools are required to conduct each academic year and provides for emergency responder participation. It allows schools to conduct additional safety drills and sets forth the incidents addressed by each type of safety drill.

Although the School Safety Drill Act requires school districts to conduct from one to eight fewer drills than before, it does require school officials to meet with first responders to review emergency response and drill plans annually. School boards are to provide an annual report to regional superintendents on whether they have conducted the required review. Regional superintendents are required to provide a compliance report to the Illinois State Board of Education, which is required to file, maintain, and ensure access to records concerning compliance of school districts with the annual school safety review requirement. Communities and schools may exceed these requirements and standards.

A second objective of this act is to encourage schools and first responders to work together for the safety of children. It contains provisions concerning the annual review and reporting; duties of the state fire marshal, regional superintendents, and the State Board of Education; a reporting and recording mechanism for fires; immunity; and the establishment of common rules. It is imperative that school emergency plans align with local community and county-wide critical incident response plans. Most emergency

planning in schools today is built around the premise that school personnel only need to manage an emergency for a matter of minutes however the U.S. Department of Homeland Security and the U.S. Department of Education recommend schools are prepared to be self-sustaining for up to 72 hours in case a catastrophic event would prevent emergency responders from reaching the school.

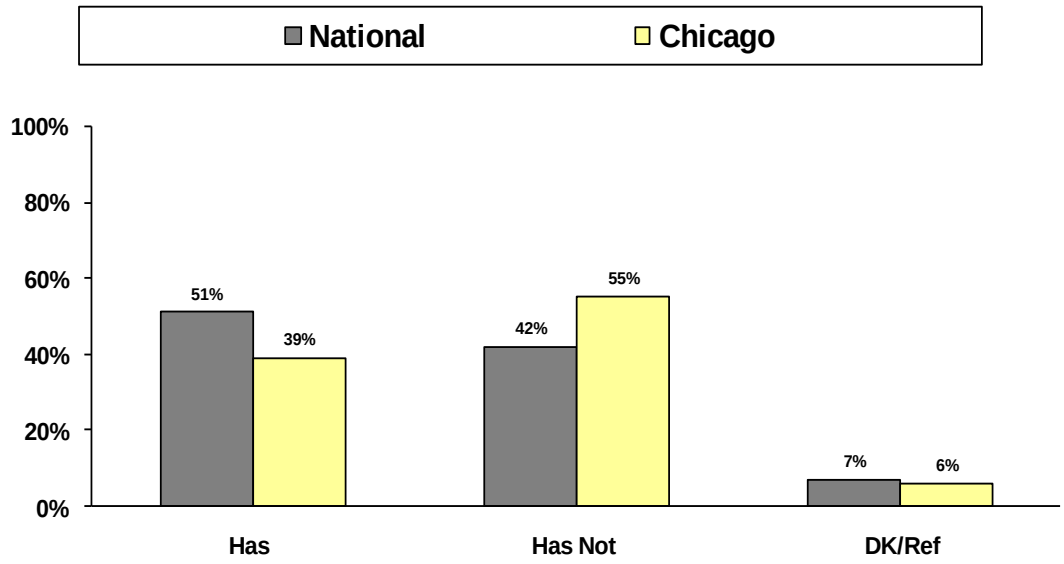
To help accomplish this, the Illinois State Board of Education, in partnership with the Illinois Terrorism Task Force (ITTF), sponsored a statewide school security training project in 2006 designed to increase the capacity of schools to plan for and manage critical incidents. This school security initiative addresses planning, response, recovery and mitigation using an all hazard approach. Through this program, the Board of Education and ITTF created two courses: “Forming Critical Incident Response Teams” and “Multi-Hazard Emergency Planning for Illinois Schools.” The courses are designed to help educators and first responders develop effective emergency operations plans for the wide array of potential emergencies schools face. The training emphasizes the need for schools to collaborate and cooperate with local first responder agencies to develop school and community emergency operations plans that align with the National Incident Management System (NIMS) guidelines. This includes the use of a school-based Incident command system organization structure for the management of all critical incidents. Descriptions of the two courses and other information on school preparedness are available from the Illinois State Board of Education Web site. Illinois continues to lead the nation in providing all-hazard emergency planning workshops in public and private schools throughout the state.

Based on these regulations, many schools and daycare facilities have emergency plans and collect emergency contact information. However, most individuals with children have not received information regarding the actual emergency plan. The Young & Rubicam study shows that only 7.4% of guardians had received information regarding emergency plans while 21.2% had not. Another 71.1% of guardians have not asked for information on the school or daycare emergency plan.

Funds may be used to coordinate with local emergency responders, including fire, police, and health and public health agencies; conduct drills and exercises; purchase emergency supplies and equipment; and train staff and students on emergency response procedures.

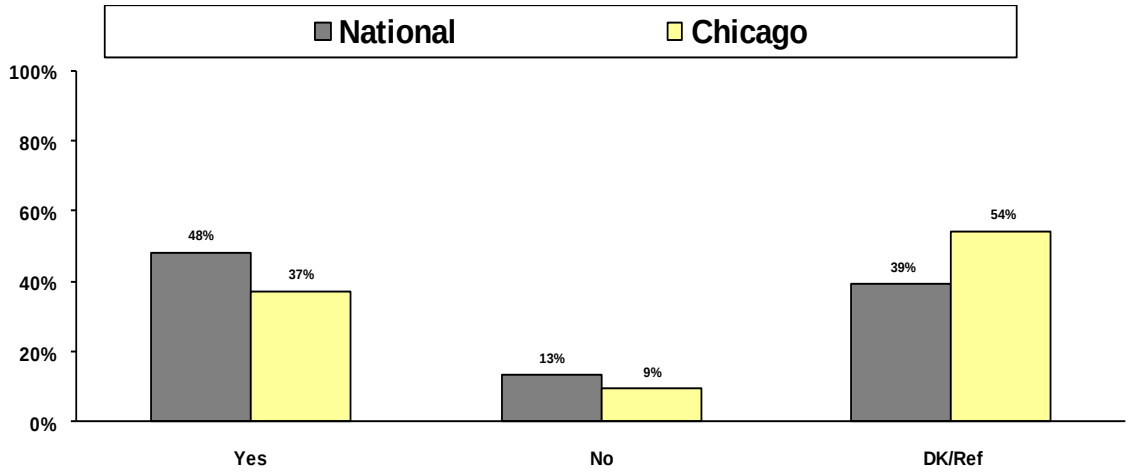
The grants are housed within the Department's Office of Safe and Drug-Free Schools, which supports efforts to create safe schools, respond to crises, prevent drug and alcohol abuse, ensure the health and well being of students, and teach students good citizenship and character. The office also coordinates the department's efforts with other federal agencies, including the U.S. Department of Health and Human Services.

Received Information on Schools' Plans

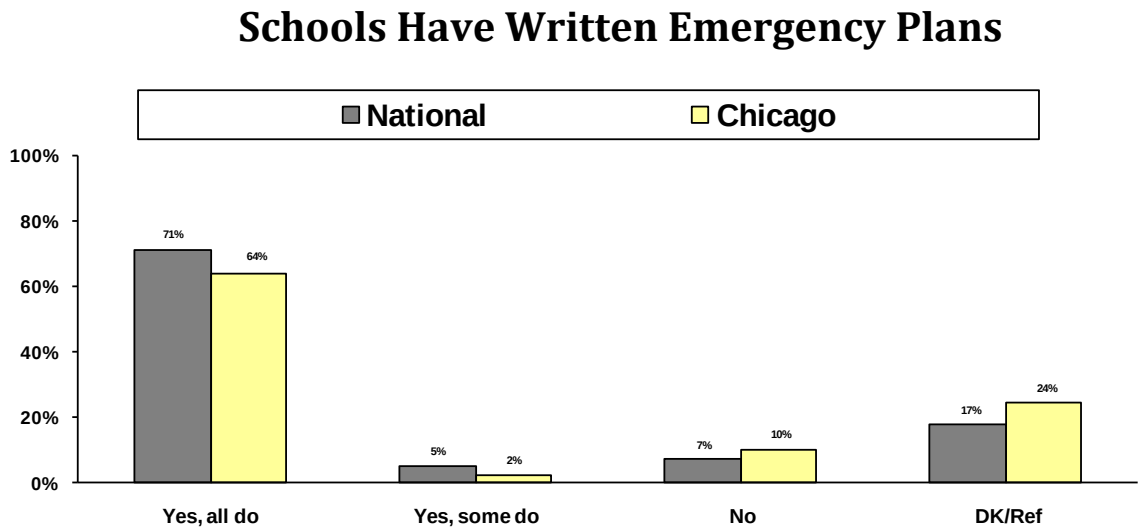


Has your family received any information about this plan from (any of) the schools in the last 12 months? Base: has children in school, school has emergency plan; National N=283, Chicago N=89, Miami N=98, New York N=87, San Francisco N=74)

Emergency Supplies Available at Schools



Does the school have emergency supplies like non-perishable food and water in case students must shelter in place at school? (Base: has children in school, school has emergency plan; National N=283, Chicago N=89, Miami N=98, New York N=87, San Francisco N=74)



Does your child's school or day care facility have a written plan for how to respond in different emergency situations? (Base: has children in school; National N=372, Chicago N=135, Miami N=98, New York N=137, San Francisco N=100).
Source: Readiness and Emergency Management for Schools Grant Program (U.S. Dept. of Education) http://rems.ed.gov/index.cfm?event=resources

Since FY 2003, $163 million has been awarded to 603 school districts. Awards provide funding to schools to improve and enhance emergency management plans. They require written support from community partners and coordination with state/local plans. These Illinois districts were awarded grants in 2009:

- Waukegan Public School District 60, Waukegan, $219,148;
- School District U-46, Elgin, $458,995;
- Cook County High School District 201, Cicero, $441,730.

In addition, FEMA grants provide support for schools' emergency management activities. The most recent records of support from FEMA grants allocated to Illinois schools are as follows:

- Bloom Township High School District #206, Chicago Heights, $504,685
- Winnebago County Unit School District #323, Winnebago, $99,880
- West Chicago Elementary School District #33, West Chicago, $98,983
- Harlem School District, Machesney Park, $247,450
- Chicago Public Schools District #299, Chicago, $927,370

Colleges and Universities K-13+

In 2008, the state of Illinois passed the Campus Security Enhancement Act, making Illinois the first state to strengthen existing efforts to ensure campus safety by requiring all colleges and universities to plan for and practice their responses to emergencies of all natures. As of January 1, 2009, this law requires these institutions to develop and exercise an all-hazards emergency response plan and an interdisciplinary and multi-jurisdictional

campus violence prevention plan. State and local emergency management officials will assist with the development of these plans, as well as with training and exercises related to the plans. The act also requires the development and implementation of a campus violence prevention committee and campus threat assessment team.

This act incorporates several recommendations made by the State of Illinois Campus Security Task Force (CSTF), created in 2007 and charged with developing and implementing comprehensive, coordinated policies and training programs to deter, prevent and significantly enhance response to, and recovery from, major public safety incidents at all higher education campuses, public and private, in Illinois. The CSTF is a model of the interdisciplinary partnership that is essential to emergency management activities. The team included emergency management professionals from government agencies as well as representatives from academia, first responders, mental health professionals, and the legal community. In April, 2008, CSTF issued its report to the governor and the CMAP / CCT Emergency Preparedness Advisory Committee endorses these recommendations and the identified next steps.

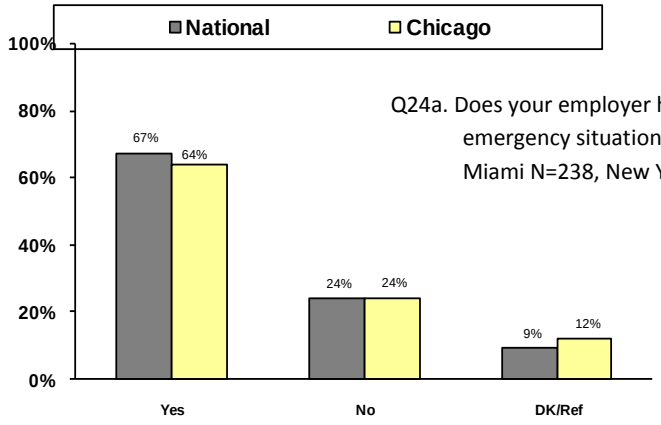
Specifically, CSTF recommends that campuses adopt an all-hazards approach to more quickly respond to any type of incident. In addition, to better coordinate with off-campus providers, CSTF recommends that campuses adopt existing standards such as NIMS (National Incident Management System) for their operating structure and the StarCom 21 system as a mechanism for interoperability. Throughout our report, the Emergency Preparedness Advisory Committee makes similar recommendations. CSTF also makes specific recommendations regarding mental health needs to assure access to timely and appropriate mental health services by incorporating these as part of the college or university's Crisis Management Protocol (CMP). CSTF legal recommendations focus on the tension between personal privacy issues and identifying potentially dangerous students. Full details of the CSTF report are available at http://www.illinois.gov/documents/CSTF_Report_Part_ONE_Final.pdf.

WORKPLACE READINESS

Disasters may happen at any time so people must be prepared whether they are at home, at work or on the go. When evaluating workplace readiness, it is helpful to consider factors such as size of business and location as these can impact preparation and planning.

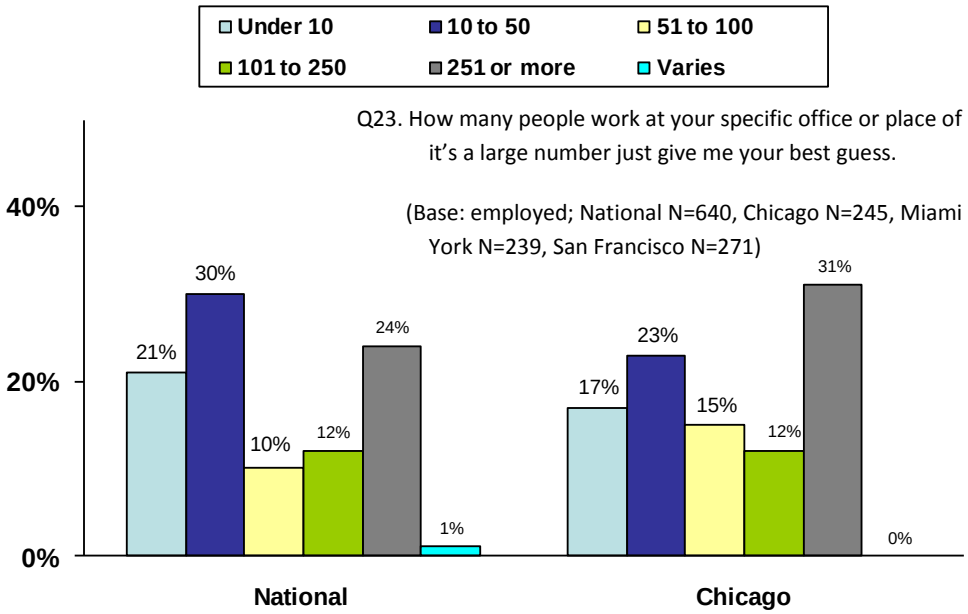
The U.S. Small Business Administration states that small businesses account for more than 99% of all employers and approximately 75% of the net new jobs added to the economy. Given this prominence, several studies have been conducted to determine the preparedness level of small businesses.

Company Emergency Plan



Q24a. Does your employer have a detailed plan for how to respond in different emergency situations? (Base: employed; National N=640, Chicago N=245, Miami N=238, New York N=239, San Francisco N=271)

Number of Co-Workers



Q23. How many people work at your specific office or place of business—If it's a large number just give me your best guess.

(Base: employed; National N=640, Chicago N=245, Miami N=238, New York N=239, San Francisco N=271)

- The Ad Council conducted a small business survey in October, 2005, finding that 92% of respondents said it is very or somewhat important for businesses to prepare for a catastrophic disaster, and 88% agreed that having a business continuity plan would make good sense. However, only 39% said their company has an emergency plan and only 59% assessed their own business as prepared for a disaster.

- Similarly, a recent Small Business Technology Institute Survey found that nearly 70 % of small businesses consider information security a high priority, and more than 80 % exhibit confidence in their existing protective measures. However, 56% experienced one or more security incidents in the past 12 months, leaving perception at odds with reality.

Survey findings also note that nearly 75% of small businesses do not have an information security plan, almost one-fifth do not use virus scanning for e-mail, and more than 60% do not protect their wireless networks with even the simplest form of encryption. Little information is available on preparedness specific to small businesses versus large businesses but information does exist on building management companies. This data indicates that businesses located in larger, professionally managed buildings may be better prepared because building management companies in general are active in emergency management planning.

For example, the Building Owners and Managers Association (BOMA) of Chicago is comprised almost entirely of commercial high rise office, governmental, and institutional buildings in Chicago, most of which are in Chicago's central business district. To support these organizations in preparing for a disaster, BOMA Chicago maintains a standing Emergency Preparedness Committee that works directly with the city to plan for citywide emergencies. The organization also has a Security Committee which works on various security and emergency preparedness initiatives.

Through its Security Committee, BOMA Chicago is working on the following initiatives related to emergency management activities:

- Credentialing systems that would allow access to buildings during emergencies or other instances of restricted access conditions;
- Developing suggested protocols for use of assistive devices for evacuation of the disabled;
- "Tabletop Exercises" that gave building representatives a chance to interact with colleagues and public sector representatives at all levels;
- Communication initiatives such as enrolling buildings in the Send Word Now Emergency Notification System, using EARN (Emergency Alert Radio Network), and e-mailing communications to members about emergencies and security threats;
- Mass evacuation drills of the central business district;
- CERT (Community Emergency Response Team) training.

These activities generate ideas that other communities can follow.

However, despite the efforts of BOMA Chicago and other business organizations, studies show that employers have greater gaps in their preparation than the public as a whole. In the Young & Rubicam survey, 45% of respondents indicated they had not received information on how to respond to a catastrophic disaster at their workplace. Of those who did receive workplace information, 17% acknowledged that the materials were limited to an evacuation plan in case of a fire or tornado.

HOSPITAL AND MEDICAL FACILITY PREPAREDNESS

The Chicago Department of Public Health (CDPH) has been building an emergency preparedness and response capability since 1998. It centers on the six focus areas outlined by the Center for Disease Control:

1. Preparedness and response;
2. Surveillance and epidemiology;
3. Laboratory capacity;
4. Health alert network;
5. Risk communication and public information;
6. Education and training.

Of particular note is work CDPH has done relative to preparedness and response. This work includes activities to collaborate with federal, state, regional and local agencies to ensure a coordinated response; activities to assess and evaluate emergency response plans; and activities to assess municipal statutes to determine local authority. Their work to date has resulted in a plan to receive and manage the Strategic National Stockpile (formerly the National Pharmaceutical Stockpile). The CDPH has also established a local pharmaceutical stockpile and hosted regional meetings with eight other local health departments to ensure mutual aid and information sharing.

In addition to these public health actions, it is critical that hospitals and medical facilities prepare for emergencies because they must support medical needs that arise because of the disaster as well as the medical needs of their patients in the event of a disaster.

To support medical needs that arise because of a disaster, hospitals must consider their "surge capacity" which represents a health care system's ability to expand quickly beyond normal service to meet an increased demand for medical care in the event of a mass casualty incident. Most local health care facilities describe regular drills and exercises to prepare for a surge event. In addition, Rush University Medical Center has developed an Emergency Department (ED) design of the future which recognizes that disasters do not begin and end at the ED but care must continue throughout the facility. To address this, Rush's ED of the future incorporates necessary design features into the entire hospital facility. This concept requires an overlap with the hospital design to install (both in the ED and the rest of the facility) the special physical, mechanical and equipment infrastructure to support the ED's response to these events and the surge capacity demands that will be placed upon the hospital because of the flow of patients from the ED to the inpatient setting. This new ED design is part of the concept for a "Regional Center for Bio-Surveillance and Advanced Emergency Response Center" that Rush began developing in 2002. This Center, in both design and operation, is a state-of-the-art facility for disaster response intended to provide the best care for patients in the event of a mass casualty incident in the city of Chicago. It is the intention for this new facility to set the standard for future ED and hospital design as they relate to a civil response in the event of a large scale disaster on the homeland.

To serve their existing patients in the event of a disaster, hospitals must be prepared to evacuate and provide for shelter, food, water and medicine for patients, staff, medical personnel, and potentially family members. Again, many hospitals do conduct drills with their staff but the transient nature of patients makes it difficult for all to be aware of emergency plans while resident in the hospital. Some hospitals have an emergency preparedness coordinator to oversee emergency management and response capabilities and we will recommend that all hospitals and medical facilities should assign these responsibilities to someone on their staff.

SPECIAL NEEDS PREPAREDNESS

For the Chicago metropolitan area to be fully prepared for emergency, citizens must consider how to support those with special needs who need unique accommodations and how to prepare for animal and pet issues.

FEMA and the DHS Office for Civil Rights and Civil Liberties have issued an Interim Emergency Management Planning Guide for Special Needs Populations which is intended as a tool for state, territorial, tribal and local emergency managers in the development of emergency operations plans (EOPs) that are inclusive of the entire population of a jurisdiction of any size. It provides recommendations for planning for special needs populations.

In addition, locally the Collaborative Healthcare Urgency Group (CHUG) is in the process of developing a plan to provide access to disaster planning, to response and recovery activities, and to enable our communities to move efficiently through various levels of health care should there be an emergency, disaster, or other urgent event. CHUG's plan will outline a safe, organized, and efficient process for evacuation transportation and relocation of special needs populations. Other organizations such as the Chicago Department of Aging and the Illinois Department of Public Health Faith-based Emergency Preparedness Initiative are working with stakeholders such as the American Red Cross of Greater Chicago on issues confronting the elderly, disabled, and others with special needs in times of emergency.

It is also important to recognize a key lesson learned from the Hurricane Katrina disaster. This lesson is that people are unwilling to leave their pets if their animals cannot be evacuated. Many agencies, including the Anti-Cruelty Society, FEMA, IEMA, the American Red Cross, and the Illinois State Veterinary Medical Association, provide information and guidance on pets and animals during an emergency. However, there is currently no single comprehensive regional plan on evacuation and sheltering of pets and animals during an emergency. Recently an All Disaster Animal Evacuation and Emergency Sheltering plan was developed by the Regional Institute for Community Policing and the Springfield (IL) Institute of Government and Public Affairs at the University of Illinois in Champaign. This plan addresses pet sheltering in communities outside the Chicago metropolitan area.

PUBLIC OUTREACH

Illinois has invested in the implementation of programs to support citizen preparedness, volunteer management, public information and school safety.

Spontaneous volunteers are those individuals who typically do not have prior training but are motivated to support emergency management activities when a disaster event occurs. This spontaneous support is necessary and valuable but can be challenging to mobilize effectively. Illinois created the *Community Guidelines for Developing a Spontaneous Volunteer Plan*, a nationally recognized approach providing guidance to local units of government on how to best utilize these spontaneous volunteers. The state has also partnered with local officials and volunteer groups to create a program to provide assistance and a plan for managing these volunteers. Known as the volunteer management support team, this team of volunteer managers can be deployed to oversee the influx of volunteers during disasters. To better organize this volunteer force, Illinois created "Centers for Spontaneous Volunteers" to provide pre-identified places where volunteers can go during emergencies for potential utilization.

The Illinois Citizen Corps Council (CCP) has guided the development of more than 90 local councils. Through these local councils, the state distributed the *7 Signs of Terrorism* video, to make citizens aware of how most acts of terrorism are developed and implemented. The video also assists citizens in becoming active participants in protecting our community.

Preparation Exercises

Exercises are an important part of preparation as these serve to strengthen mental models for response activities. Many organizations currently sponsor exercises and trainings, including the Department of Homeland Security, FEMA, and the Center for Disease Control, Illinois Department of Public Health, and the Chicago Continuity Working Group (CWG).

Funding

As with mitigation projects, there are many funding sources for preparedness programs.

The following table outlines the potential funding streams that may be available depending on the specific situation. Historic grant awards from the most recent data available are provided for reference.

Federal Agency or Dept.	Description of funding	Grant Awards
Environmental Protection Agency (EPA)	Security enhancement and emergency preparedness planning at water utilities; EPA grants and contract vehicles to move funding from DHS to localities for the regular retrieval of BIO Watch sampling filters and delivery for analysis.	FY 2005, Illinois received $135,806.73 http://www.epa.gov/emergencies/content/lgr/awards_table.htm
Nuclear Regulatory Commission (NRC)	Safety and emergency management at nuclear power plants; education and training using virtual reality and 3D gaming technology	FY-08 University of Illinois:$139,930.00 http://www.nrc.gov/about-nrc/grants/awards.html
Department of Justice (DOJ)	1. State Domestic Preparedness Equipment Support Program 2. Antiterrorism and Emergency Assistance Program 3. Domestic Anti-Terrorism Technology Development Program	No direct grant awards since FY 2002 http://www.ojp.gov/archives/pressreleases/2002/odp.02288.html
Department of Agriculture (USDA)	The Extension Disaster Education Network (EDEN) Working Out Tomorrow's Disasters Today: This seeks to reduce the impact of disasters by providing educational products and services on all four phases of disasters: Prevention-Mitigation, Preparedness, Response and Recovery. When one state has a particular need, EDEN delegates from other states can be relied upon to provide previously developed resources that were proven successful in similar events. This assistance prevents duplication of effort in a time of crisis. Also, EDEN proactively develops national resources with broad geographic appeal.	No direct grant programs
Department of Energy (DOE)	Home Weatherization Grants: 1. To make energy efficiency improvements in homes of low-income families. 2. To reduce an average home's energy costs 3. To perform energy audits to identify the most cost-effective measures for each home, which typically includes adding insulation, reducing air infiltration, servicing heating and cooling systems and providing health and safety diagnostic services. 4. Other benefits include increased housing affordability and property values, lower owner and renter turnover and reduced fire risks. In 2006, DOE helped weatherize approximately 96,500 homes. Eligibility for DOE Grants: Colleges and	Department of Energy Provides Nearly $88 Million to Low-Income Families for Home Weatherization FY'07 Weatherization grants awarded today are: Illinois-$12,367,330 2008: http://www.management.energy.gov/documents/FY08AnnualReport.pdf 2007: http://apps1.eere.energy.gov/state_energy_program/project_brief_detail.cfm/pb_id=1212 2006: http://apps1.eere.energy.gov/state_energy_program/grants_by_st

Federal Agency or Dept.	Description of funding	Grant Awards
	universities, nonprofit organizations, for-profit commercial organizations, state and local governments and unaffiliated individuals may submit grant applications in response to the following Funding Opportunity Announcement (FOA).	ate.cfm/year=2006/state=IL
Department of Health and Human Services (HHS)	The CDC-provided funds are intended to upgrade public health departments' preparedness and response to all hazards public health emergencies including terrorism, pandemic influenza and other naturally occurring emergencies. These funds will be used to meet goals that include: • Integrating public health and public and private medical capabilities with other first responder systems. • Addressing the public health and medical needs of at-risk individuals (such as children, or people with chronic medical disorders) in the event of a public health emergency. • Assuring coordination among state, local, and tribal planning, preparedness and response activities. The ASPR-awarded funds are being provided to states, territories and the metro areas of New York City, Chicago, Los Angeles County and Washington, D.C. These funds will be used to improve the readiness of hospitals and other health care organizations in their jurisdictions. The goal is to strengthen medical surge capability across the nation. Recipients will use the funds to finalize development or improve: • Interoperable communication systems. • Systems to track available hospital beds. • Advance registration of volunteer health professionals. • Processes for hospital evacuations or sheltering-in-place. • Processes for fatality management. • Strengthening health care partnerships at the community level.	FY2008 CDC/PHEP Grants $19,912,211 FY 2008 ASPR/HPP Grants $12,605,863 http://www.hhs.gov/news/press/2008pres/06/20080603a.html
Department of Education	Readiness and Emergency Management for Schools (REMS) Discretionary Grant Program: This provides funds for Local Educational Agencies (LEAs) to improve and strengthen their emergency management plans. The REMS discretionary grant program will enable school	FY 2008 Q184E080372 Crete-Monee Community Unit School District Crete, IL

Federal Agency or Dept.	Description of funding	Grant Awards
	districts to develop improved plans that address all four phases of emergency management: Prevention-Mitigation, Preparedness, Response and Recovery. Emergency Management for Higher Education (EMHE) Discretionary Grant Program: This provides funds for higher education institutions to develop, or review and improve, and fully integrate campus-based all-hazards emergency management planning efforts for higher education institutions. In developing or improving their plans, higher education institutions are required to use the framework of the four phases of emergency management (Prevention-Mitigation, Preparedness, Response and Recovery). Project School Emergency Response to Violence (SERV): This program funds short-term and long-term education-related services for LEAs to help them recover from a violent or traumatic event in which the learning environment was disrupted. Immediate services assistance covers up to 60 days from the date of the incident. Extended services assistance covers up to one year from the incident.	Award: $205,502 Q184E080443 Aurora Public Schools Aurora, IL Award: $248,515 Northern Illinois University DeKalb, IL Donald Grady $568,681 Northern Illinois University DeKalb, IL $396,919 http://www.ed.gov/about/offices/list/osdfs/programs.html
Department of Transportation (DOT)	Emergency Preparedness Grants: The FY 2009 request funds the Hazardous Materials Emergency Preparedness grants program at $28.3 million — the full level authorized by SAFETEA-LU. PHMSA will award grants for training 293,000 local first responders and 25,000 HAZMAT employees, and for development of 4,000 emergency response plans. PHMSA also will continue distribution and ongoing updating of its Emergency Response Guidebook, an internationally recognized, authoritative resource for hazardous materials incident response. The agency will place a special emphasis on training volunteer first responders in FY2009 as part of the Department's initiative targeting rural safety.	Hazardous Materials Emergency Preparedness (HMEP) Grants Awarded in Fiscal Year 2008 and Made for Use in Fiscal Year 2009 Illinois $1,033,415 www.dot.gov/bib2009/htm/PHMSA.html - 8k - 2008-02-04
Department of Homeland Security (DHS) **Below are all DHS grants**	1. To enhance the ability of states, local and tribal jurisdictions, and other regional authorities in the preparation, prevention and response to terrorist attacks and other disasters, by distributing grant funds. 2. To provide localities with grants to use for planning, equipment, training and exercise	FY 2007 – Illinois – $86,248 FY 2006 – Illinois – $90,405 http://www.census.gov/compendia/statab/tables/09s0510.xls

Federal Agency or Dept.	Description of funding	Grant Awards
	needs.	
State Homeland Security Program (SHSP)	1. To build capabilities at the state and local levels. 2. To implement the goals and objectives included in state homeland security strategies and initiatives in the State Preparedness Report.	Illinois; FY 2009 Target Allocation-$33,212,000; Law Enforcement Terrorism Prevention Activities Minimum-$9,158,447 Illinois: FY 2008 Allocation: $34,960,000
Urban Areas Security Initiative (UASI) Program	1. To enhance regional preparedness in major metropolitan areas. 2. To directly support the National Priority on expanding regional collaboration in the National Preparedness Guidelines. 3. To assist participating jurisdictions in developing integrated regional systems for prevention, protection, response, and recovery.	Illinois: Urban Area-Chicago Area; FY 2009 Target Allocation-$52,320,650; Law Enforcement Terrorism Prevention Activities Minimum- $13,716,764 Total Funding Awarded in FY 2008: $781,630,000; the Chicago Area, IL received $45,861,500 of that fund
Urban Areas Security Initiative (UASI) Nonprofit Security Grant Program (NSGP)	1. To support for target-hardening activities to nonprofit organizations that are at high risk of international terrorist attack. 2. Funds were allocated based on risk analysis, feasibility and integration with broader state and local preparedness efforts.	FY 2008 Nonprofit Security Grant Program: Illinois received **$1,694,343**
Metropolitan Medical Response System Program (MMRS)	1. To enable jurisdictions to further enhance and sustain a comprehensive regional mass casualty incident response capability during the first crucial hours of an incident. 2. To prepare jurisdictions for response to all-hazards mass casualty incidents, including terrorism, naturally occurring events, and large-scale hazardous materials incidents. **Eligible Applicants:** As in past years, 124 cities are eligible for MMRS funding. See page 8, below, for a complete list of all eligible jurisdictions. Each of the 124 MMRS jurisdictions will receive $258,145 to establish and sustain local capabilities.	FY 2008 Illinois given $312,221; of that amount, Chicago received $258,145 Total Funding Available in FY 2007: $32,010,000
Citizen Corps Program (CCP)	To bring community and government leaders together to coordinate community involvement in emergency preparedness, planning, mitigation, response and recovery.	FY 2008 Illinois received $479,613

Federal Agency or Dept.	Description of funding	Grant Awards
		Total Funding Available in FY **2007:** $14,550,000 Illinois received $479,659
SHSP Supplemental Guidance for Tribal Applicants	To provide supplemental funding to directly eligible tribes pursuant to the 9/11 Act, "a directly eligible tribe applying for a grant under section 2004 [SHSP] shall designate an individual to serve as a tribal liaison with [DHS] and other federal, state, local and regional government officials concerning preventing, preparing for, protecting against, and responding to acts of terrorism."	Total Funding Awarded in FY 2008: $1,645,000 State-Illinois; SHSP Allocation-$33,212,000; Law Enforcement Terrorism Prevention Activities Minimum-$8,303,000
Operation Stonegarden (OPSG)	To enhance cooperation and coordination among local, state and federal law enforcement to increase preparedness and operational readiness along the land borders of the United States.	Total Funding Awarded in FY 2008: $60,000,000 Illinois did not receive any funding
Regional Catastrophic Preparedness Grant Program (RCPGP)	1. To support an integrated planning system that provides for regional all-hazard planning for catastrophic events. 2. To develop necessary plans, protocols and procedures to manage a catastrophic event. The FY 2007 and 2008 RCPGP provides $60,092,500 to advance catastrophic incident preparedness to Tier I and selected Tier II UASI Urban Areas. RCPGP is intended to support an integrated planning system that enables regional all-hazard planning for catastrophic events and the development of necessary plans, protocols, and procedures to manage a catastrophic event.	Tier 1 Urban Area=Chicago Area (to include the Chicago-Naperville- Michigan City, IL-IN-WI Combined Statistical Area) FY 2007-allocated $4,000,000
Assistance to Firefighters Grant Program	To meet the firefighting and emergency response needs of fire departments and nonaffiliated emergency medical services organizations.	Award Announcements - 2007 State Breakdown: Illinois awarded 218 grants totaling $21,922,907 Greater Chicago Region: Cook: $5,922,288.00 DuPage: $437,619.00 Kane: $478,542.00 Lake: $1,185,060.00 McHenry: $842,478.00 Will: $653,390.00 Totaling: $9,519,377.00 http://www.firegrantsupport.com/afg/awards/07/
SAFER Grants	To provide funding directly to fire departments and volunteer firefighter interest organizations in order to help them increase the number of	Award Announcements - 2007 State Breakdown: Illinois awarded 22 grants totaling

Federal Agency or Dept.	Description of funding	Grant Awards
	trained, "front-line" firefighters available in their communities.	$9,933,761 Greater Chicago Region: Cook: $3,689,875.00 Kane: $1,897,650.00 Lake: $632,550.00 Will: $1,265,100.00 Totaling: $7,485,175.00 http://www.firegrantsupport.com/safer/awards/07/
Fire Prevention and Safety Grants	Part of the Assistance to Firefighters Grants (AFG) and are under the purview of the Grant Programs Directorate in the Federal Emergency Management Agency (FEMA): This supports projects that enhance the safety of the public and firefighters from fire and related hazards. The primary goal is to target high-risk populations and mitigate high incidences of death and injury.	Award Announcements - 2007 State Breakdown: Illinois awarded 9 grants totaling $3,056,161 Greater Chicago Region: Cook: $1,048,347.00 Kane: $36,100.00 Will: $850,000.00 Totaling: $1,934,447.00 http://www.firegrantsupport.com/fps/award/07/

Details regarding grants available from the Department of Homeland Security are outlined in the Department of Homeland Security Grant Program Overview FY 2008. In FY08, the Department of Homeland Security allocated support to Illinois as follows:

- State Homeland Security Program: $34,960,000;
- Urban Area Security Initiative Allocations (UASI), Chicago Area: $45,861,500;
- Metropolitan Medical Response System (MMRS): $321,221;
- Citizen Corps Program (CCP): $479,613;
- Nonprofit Security Grant Program: $1,694,343.

Information on various FEMA grants is available at the FEMA section of the Homeland Security Web site.

In addition, private and corporate sources provide some funding although this tends to vary over time.

TRENDS

The region must take action to build a culture of preparedness. The PRI study measures the public's preparedness for major emergencies. Designed to be a report card, it provides a standardized index to track progress, make comparisons and identify specific areas for improvement.

Key findings of the PRI study reflect the following statistics for the Chicago area:

- Although 68% of Chicagoans have practiced their emergency plan at work, only 17% of them have taken steps at home to be prepared.
- In Chicago, the majority of respondents do not believe they are vulnerable to a disaster in the next two years. This may account for the fact that 41% have taken no steps to be prepared, down from a previous high of 66% but still considerably more than the 7% who are unprepared in Miami.
- Chicagoans are below the national average with regard to having a family communication plan; 20% report having a plan in Chicago while the national average is 29%.
- Only 32% of Chicago residents report having a disaster supply kit, 10 points below the national norm.
- Nationwide, 60% of people report having taken a first-aid class but this is less common in Chicago where only 51% report have been trained in first aid.
- In Chicago, 50% of the respondents report they have both a place to go in an emergency and the means to get there but 20% of the population has neither.
- Two-thirds of employees at Chicago companies (67%) are aware of their company emergency plans and are more likely than those in other cities to have practiced their emergency plan at work within the last 12 months.
- In Chicago, 67% of respondents report having no experience with emergency situations, 10 points higher than the national average. The majority who have experienced an emergency report being without power for a number of days.
- In Chicago, 39% of the population believes their local government has an emergency plan and 63% report they are aware of a siren or some other emergency alert system in their community.
- In Chicago, 67% of the population believes the most important reason for being prepared is to be self-sufficient in an emergency.

National findings of the PRI study are likely to hold true in the Chicago area as well:

- People 65 or older are significantly less prepared than younger Americans.
- Those with an education level below a high school diploma or a household income less than $40,000 are less prepared.
- Hispanics are less prepared than whites or African-Americans.
- Individual employment status and having school aged children are strong influencers on higher levels of preparedness.
- Public awareness of local disaster plans is surprisingly low at 38%.

The Regional Institute for Community Policing developed the following planning assumptions regarding household pets in the Chicago metropolitan area:

- Any disaster will have adverse effects on the jurisdiction's public health and welfare including its animal population.

- Animal shelters may need to be quickly established and staffed during disaster situations and continue for extended periods post-disaster.
- Residents with companion animals frequently will choose not to evacuate rather than leave animals behind, unless arrangements have been made for the care of their animals.
- Well-organized evacuations of animals will streamline the evacuation of people.
- Some populations of residents with animals will need assistance during evacuations.
- Some evacuees with companion animals will relocate with friends, relatives or go to a pet-friendly hotel rather than go to a public shelter.
- Communities will incorporate the Pets Act of 2005 into emergency operations plans or that jurisdiction will fail to be NIMS compliant.

Response

Under the current process, municipalities work to respond to an incident using their own resources and then look to county and state resources to aid in an emergency. The state may subsequently request federal assistance when the magnitude of the disaster exceeds the capabilities of state and local resources.

CURRENT PROCESS

FEMA disaster response actions are coordinated with state and local emergency managers who, in the event of a catastrophic disaster, may request federal assistance through a written request from the Illinois governor to the President of the United States. The Robert T. Stafford Act governs authorities and tasks under a federal disaster declaration.

STATE RESPONSE

Illinois has invested in the development of interoperable statewide deployable teams. The primary teams currently equipped and trained include a) a nationally-honored (Harvard Innovations) state agency team capable of working in a "hot zone" to deal with all aspects of a WMD incident and b) more than 80 fire service teams capable of working in a "hot zone/warm zone" to perform offensive actions in response to a CBRNE, WMD incident, or major event and perform various levels of confined space and structural collapse operations and extrications. The state has also developed one urban search and rescue team capable of locating, rescuing (extricating), and providing initial medical stabilization of victims trapped in confined spaces, nine law enforcement teams capable of operating as special response teams in a contaminated environment, emergency management teams capable of assisting local units of governments in managing the response to a disaster in compliance with NIMS, and 12 volunteer medical teams capable of assisting with emergency medical treatment at mass casualty incidents. In FFY2006, Illinois initiated the training and equipping of law enforcement teams to provide security at major distribution

sites as well as assistance with other significant crowd control problems related to homeland security and communications teams to provide mutual aid and emergency support with regard to dispatching and interoperable communication support during an emergency.

In addition, Illinois provides a system for centralized coordination and communication among various federal, state and local governments in order to minimize the impact of a disaster on lives, property, and the economy. The hallmarks of this effort have been a) to develop effective emergency organizations, b) to prepare emergency operations plans and procedures, and c) to provide training and exercise assistance.

Illinois has one of the most robust mutual aid systems in the nation. The system, which includes organized statewide mutual aid organizations for fire, law enforcement, emergency management, and public health, operates under a single command structure through the state. In this way, the state makes both personnel and equipment available to support local, regional and statewide emergencies. In 2006, Illinois created Type 3 and 4 Incident Management Teams to provide unified command and general staff assistance to communities during major events and to date, 257 senior response officials have been trained.

Illinois has addressed the threat of terrorism by purchasing more than 70,000 CBRNE escape masks for public safety officials. Since 2002, responders and administrators from nearly 1,000 Illinois communities have participated in essential NIMS and CBRNE/WMD training, including 521 Unified Command courses and 9,703 HAZMAT Awareness, HAZMAT Operations and Emergency Response to Terrorism: Basic Concepts classes. The state has completed the initial evaluation of instrumentation capable of detecting radiation sources and monitoring dose to first responders. This instrumentation is used in initial detection, thus providing information relevant to the safety of the first responder and data on potential response options for the incident commander. State funds were used to procure and deploy more than $2 million in chemical antidote kits statewide.

REGIONAL RESPONSE

The American Red Cross of Greater Chicago is leading a three-year collaborative plan to address gaps in our ability to support response efforts in the event of a catastrophic disaster in the greater Chicago metropolitan area. The Red Cross initiative will impact the 8.6 million citizens of the Greater Chicago Region including direct service to the counties of Cook, DuPage, Kane (excluding Fox River), Kendall, Lake, McHenry and Will. Success will require a collaborative effort with partners, stakeholders, donors, staff and volunteers from throughout the region. Elements of the plan call for:

- *Risk-based Capacity Building*
    - Increased material (cots, blankets, supplies);
    - Increased shelter and feeding capability;
    - Increased volunteer staff;

- *Public Awareness and Education*
    - Focused outreach in vulnerable communities;
    - Increased disaster education to individuals, businesses, government; nongovernmental and faith-based organizations;
    - Targeted marketing and media campaigns;
- *Interoperability*
    - Coordinated planning with emergency partners;
    - Improved technological capabilities for response operations
    - Catastrophic response necessitates partnering across the region, not just a Red Cross response.

Other planning efforts are also taking place in the emergency management community, the private sector, and among nongovernmental agencies to assure the region is prepared in case of a major emergency. Although many of these efforts are well coordinated, the region faces the challenge of providing greater transparency and preventing duplication of effort among stakeholders.

EVACUATION

In 2007, the Regional Catastrophic Planning Team (RCPT) was formed out of the Chicago Regional Evacuation Planning Committee as part of the Regional Catastrophic Preparedness Grant Program (RCPGP). IEMA is the primary coordinating agency for emergency management regarding incidents that transcend local and county resources. The Illinois Emergency Operations Plan (IEOP) is the strategic plan that addresses Mass Care and Sheltering, Evacuation and other related Emergency Support Functions [ESFs].

RCPT's current planning assumptions account for evacuation or influx of up to one million people during a catastrophic event. The city of Chicago is the lead for city evacuation and has already developed a robust plan for the central business district. RCPT is beginning to address local and regional plans to coordinate a major evacuation or influx of people.

The Center for Neighborhood Technology cautions that existing transportation evacuation models may underestimate the amount of time an evacuation will take because they overlook social considerations such as the need in many households to gather family members from various locations and to make decisions prior to departure. This group, in association with Virginia Polytechnic Institute and the University of Southern California, is conducting an interdisciplinary study to develop a new transportation evacuation model that will account for both social science and engineering approaches.

MASS CARE: SHELTERING AND FEEDING

The American Red Cross is tasked under a Congressional Charter and the Department of Homeland Security National Response Framework (NRF) with providing shelter during national disaster recovery. Other mass care organizations may be part of the Volunteer

Organization Active in Disasters (VOAD) and serve on a voluntary basis to provide feeding, shelter and other mass care services in the time of an emergency.

The American Red Cross of Greater Chicago (ARCGC) provides its assistance through Disaster Assistance Teams consisting of volunteers and staff. ARCGC's three-year plan described above is an extensive capacity-building effort in partnership with regional stakeholders to fill gaps in the ability to respond to a catastrophic disaster.

Additionally, IEMA is developing a catastrophic incident Functional Annex for Mass Care and Sheltering that will detail operational coordination between local, county, state, federal and private sector partners.

FUNDING

In addition to its federal disaster response mission, FEMA administers a number of grant programs that provide resources for states, municipalities, and nonprofits. FEMA administers DHS grants for the following programs, each of which has unique fund allocation characteristics.

- Assistance to Firefighters Grant Program
- Chemical Stockpile Emergency Preparedness Program
- Citizen Corps
- Community Emergency Response Teams
- Emergency Management Performance Grants
- First Responders Grants
- Interoperable Communications Equipment Grant
- Metropolitan Medical Response System
- National Fire Academy Training Grants
- National Flood Insurance Program
- SARA Title III Training Program
- State and Local Emergency Operation Centers (EOCs)
- State and Local Emergency Operations Planning Grant
- State Homeland Security Grant Program
- Urban Search and Rescue

TRENDS

Planning assumptions reflect recent models for responding to a disaster situation in the Chicago area.

- Up to 1 million people will need to be evacuated from the city.
- Up to 100,000 people will need to be sheltered and fed.
- Mega shelters (1,000 + capacity) will be needed to support large-scale operations.
- 20% of shelters will likely be unavailable due to dual use or other reasons.

- Approximately 15,000 volunteers will be required to support shelter, feeding and mass care operations.

Recovery

Recovery activities are those which return the community to its normal state, such as temporary housing, grants, and medical care. The Chicago metropolitan area does not currently have a comprehensive regional plan for recovery. Municipalities must request a preliminary damage assessment from IEMA, who then gathers and verifies the data before making a formal request to FEMA. In some instances, FEMA may also provide teams to help the state assess the damage prior to a federal declaration request. To better coordinate activities, FEMA actively participates with state and local stakeholders to develop training and exercises for first responders and other groups throughout the Region.

FUNDING

As with other funding, FEMA directs monies through the state to provide Small Business Administration loans and Individual Assistance Grants for businesses and homeowners to recover damage costs. In addition, they provide Public Assistance Grants to help municipalities pay for emergency infrastructure repairs and defray increased costs of protective measures.

COMMUNICATIONS

Although not a specific stage in the process, communications interoperability is critical for the successful delivery of emergency management services and so must be considered in evaluating the current state. According the SAFECOM National Baseline Assessment, the technology for interoperability exists but these solutions are often not available regionally and are far from seamless in many areas. The Department of Homeland Security (DHS) identified 75 metropolitan areas to work with on interoperability issues. The Chicago Urban Area (UA) is comprised of the City of Chicago, Cook County and 128 municipalities.

Through the Chicago UA Working Group, the metropolitan area is starting to take steps necessary to address long-standing technical and operational issues among public safety organizations throughout the region. Progress is being made, for example:

- Communications governance has been assigned to a Communications Subcommittee.
- Agreements are being made across geo-political boundaries.

The following sections outline current activities to make communications more efficient and effective.

Statewide - Interoperable Communications

Illinois has invested federal homeland security funds to enhance voice/data communication systems. The focus of the Illinois strategy is to provide equipment to public safety agencies to ensure statewide and regional linkages and provide a foundation to develop local communications frequencies. One of the core interoperable communications projects developed is Starcom21, which is a statewide 700/800 MHz interoperable trunked radio solution linking state government to county and municipal agencies and statewide response teams. This system allows public safety and public service throughout Illinois to effectively and cost-efficiently operate on a common network.

Illinois has completed the initial deployment of a satellite-based emergency messaging system serving state and municipal government; various on-scene, conventional radios systems, including Very High Frequency (VHF) for emergency responders; 45.44 MHz, a statewide low-band, direction and control radio system linking the state emergency operations center to all county emergency operations centers; and a radio system for hospital-to-hospital and hospital-to-EMS communication during a major event. In addition, Illinois has completed the deployment of regional-based transportable communications trailers to provide a robust mobile interoperable suite that ensures communications between public safety agencies at the site of a major event.

One of the top initiatives of the State of Illinois continues to be the implementation of a statewide communications interoperability platform for voice and data systems. In 2007, the Illinois Terrorism Task Force (ITTF) continued to distribute Starcom21 700/800 MHz radios to public safety agencies. To date, more than 2,800 radios have been distributed. In this same year the state completed the deployment of the final Illinois Telecommunications Emergency Communications System (ITECS) trailer. Each of Illinois' nine ITECS is capable of providing emergency communications to areas impacted by a major event. Through the work of the ITTF Communications Committee and State Interoperability Executive Committee, Illinois drafted a plan that outlines a system to achieve interoperability of federal, state, and local voice and data systems. Illinois also implemented the Public Safety Interoperable Communications (PSIC) Grants, which provide funding to help public safety agencies purchase and deploy communications equipment as well as develop and implement plans and procedures in the use of interoperable communications systems.

Emergency Warning Systems – City of Chicago

The Public Alert Warning System (PAWS), a siren system to warn the general public of an emergency or disaster, is in place throughout Chicago as its emergency warning system. The City utilizes this system not just for severe weather warnings, but for all hazards.

As an all-hazard system, PAWS is designed to provide one, single audible tone that alerts the public in the event of an emergency. As an all-hazard system, PAWS may be used to warn of tornados, earthquakes, chemical releases, biological hazards, or terrorist attacks. The public will hear two tones: One that provides the warning about an emergency, and one that signals the all-clear.

Chicago currently has 112 sirens installed strategically one to two miles apart throughout the City to ensure coverage. The sirens are tested on the first Tuesday of each month at 10:00am. The siren test lasts 30 seconds. During a real emergency event, the siren signal will last 3 minutes.

Emergency Alert System

The Emergency Alert System (EAS) is a cooperative system that provides warning to the general public and relies on the participation of Chicago-area broadcast and cable operators. The Chicago EAS is modeled on existing state and federal systems that were put in place decades ago to respond to national emergency events. When activated by the Mayor or his designee, a voice message can be recorded or a text message provided that can be sent directly from the OEMC to participating radio and television systems for broadcast throughout the region.

Emergency Information Telephone Bank

During a major emergency or disaster, the city of Chicago OEMC may activate the city Emergency Information Telephone Bank (312-745-INFO or 877-745-INFO).

The INFO Line is activated during the city's response to or recovery from a widespread disaster or major emergency affecting large areas or populations. This information line is designed to provide critical event-specific information, such as closures, evacuation areas, access points, or about support services such as financial or family assistance available to victims or their relatives.

The INFO Line provides a central source of information for callers that, in the past, would have called and potentially overburdened 911 or 311, both of which must be prepared to handle other emergency and nonemergency calls.

The INFO line is not intended to provide specific victim location or condition information. When inquiries of this type are made through the INFO line, operators must forward these calls directly to the American Red Cross Community Response Center telephone line.

911 Callback System

The Callback System uses the city's existing 911 database of telephone numbers and addresses to enable the Office of Emergency Management and Communications (OEMC) to send recorded emergency telephone notifications to the citizens of Chicago. Used in combination with strategic mapping systems, emergency managers can send a recorded 30-second message to warn specific geographic areas or specific buildings about emergency situations and provide information and directions.

FUNDING

Ten regional interoperability grants totaling nearly $18 million were distributed to jurisdictions throughout Illinois. The grants are part of the $36.4 million Illinois received. The State's funding also included $16.2 million allocated for the Chicago metro area.

Overall Funding

Throughout this report, we have listed funding sources and monies received for different stages of the emergency management lifecycle. In some cases, the Department of Homeland Security (DHS) was the source of these funds. However, DHS also provides funding for projects that do not neatly fall into the lifecycle stages and the following table lists these projects funded by DHS Federal Fiscal Year (FFY) 1999 – FFY 2006 so that the breadth of their support can be readily understood. DHS funding is critical to continued progress in emergency management.

List of projects supported from FFY1999 to FFY2006 through funding received from Department of Homeland Security for Illinois	**Allocated (Millions)**
Chicago/Cook Urban Area	$188.09
Statewide Fire, Law Enforcement and Emergency Management Response Teams	$67.79
Interoperable Communications	
700/800 MHz Trunking (Starcom21) Radios	$10.70
Other Interoperable Communications	$27.64
Planning/Training/Exercises	$39.76
Mobile Data Computers/Information Technology Systems	
Mobile Data Computers	$4.83
Other Mobile Data Computers/ Information Technology Systems	$32.25
Statewide Law Enforcement Intelligence (I-CLEAR) Project	$15.89
Personal Protective Equipment	$19.10
Infrastructure Protection/Detection	$10.31
Transportation Security	$13.55
Chicago Evacuation Equipment	$5.58
Regional Homeland Security Preparedness Grants	$16.00
Regional Mobile Command Posts	$3.31
Citizen Corps/Volunteers/Public Outreach	$3.00
Emergency Medical Response Teams/Bioterrorism	$2.19
Statewide Terrorism and Intelligence Center (STIC)	$2.17
State EOC/Local EOCs	$2.60
Orange Alert Security Reimbursement	$6.66

Institutions

Both governmental and nongovernmental organizations support the Emergency Management Process described above.

MAJOR GOVERNMENTAL INSTITUTIONS

The following table outlines the key governmental institutions that support emergency management.

Level	Institution	Description
Federal	Federal Emergency Management Agency (FEMA)	The region is home to the FEMA Region V headquarters, located in downtown Chicago. FEMA Region V works hand-in-hand with the emergency management stakeholders in Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin to prepare for, respond to, and recover from disasters. Divisions within FEMA include disaster operations, disaster assistance, mitigation and the federal preparedness coordinator. In 2002, FEMA was one of 22 federal agencies absorbed under the Department of Homeland Security. Tasking is directed by the National Response Framework (NRF) and National Incident Management System (NIMS) which outline specific roles and responsibilities governing the entire emergency response process at all levels.
Region	Chicago Federal Executive Board	The Chicago Federal Executive Board was established in 1961 and serves as the federal presence in the Chicago metropolitan area that includes the eleven county area of Cook, DuPage, McHenry, Lake, Will, Grundy, DeKalb, Kendall and Kane counties in Illinois and Lake and Porter counties in Indiana. Currently the Chicago FEB has 178 member agencies and serves approximately 78,000 federal, postal, and active military personnel. FEB objectives are to improve internal management practices and communications of the federal government, strengthen coordination of federal activities, and provide a central focus for federal participation in community affairs. To that end, the Chicago FEB provides a Dismissal Plan for all federal buildings and facilities, and is instrumental in the activities of COOP.
Region	Chicago COOP Working Group (CWG)	COOP working group is a voluntary association of federal agencies involved in continuity of operations planning for their agencies under leadership of FEMA Region V Preparedness and GSA. The Chicago FEB Continuity Working Group (CWG) Subcommittee of the Emergency Preparedness Advisory Committee was formed and conducted monthly meetings as well as two programs during the year, a Continuity Managers training course on March 11-13, 2008, and the above mentioned tabletop exercise.
State	Illinois Emergency Management Agency (IEMA)	The primary responsibility of IEMA is to better prepare the State of Illinois for natural, manmade or technological disasters, hazards, or acts of terrorism. IEMA coordinates the State's disaster mitigation, preparedness, response and recovery programs and activities, functions as the State Emergency

Level	Institution	Description
		Response Commission, and maintains a 24-hour Communication Center and State Emergency Operations Center (SEOC). The SEOC acts as lead in crisis/consequence management response and operations to notify, activate, deploy and employ state resources in response to any threat or act of terrorism. IEMA assists local governments with multi-hazard emergency operations plans and maintains the Illinois Emergency Operations Plan. As leader of the Illinois Terrorism Task Force (ITTF) IEMA is charged with the task of assuring that Illinois is ready to respond to an act of terrorism. The ITTF includes federal, state, county, and local emergency management stakeholders and other disaster partners such as the Red Cross, who participate in planning, training and exercises to prepare the state's resources in the event of a terrorist incident. Within the past 10 years, IEMA was strengthened by consolidating state emergency agencies in order to share resources while preserving public safety services and centralizing coordination and communication among various entities at the state level.
County	Each county operates its own Emergency Management Agency	These county agencies coordinate the operations of all governmental and nongovernmental agencies in times of emergency and provide unique skills and capabilities related to disaster preparedness. They provide various programs and services including emergency weather notification, outdoor warning systems, and preparedness training for local residents through groups like Citizens Corps, and Community Emergency Response Teams (CERT).
City of Chicago	Office of Emergency Management and Communication (OEMC)	The City of Chicago OEMC protects life and property by operating the public safety communications system and by coordinating and managing emergency situations. OEMC operates the city's 911 and 311 emergency call centers, and is responsible for coordination security and safety for the city's residents. They work closely with federal, state and county agencies to coordinate safety and security for major events such as the Presidential election rally, and other events of local and national significance.

MAJOR NONGOVERNMENTAL ORGANIZATIONS (NGOS)

There are many nonprofit and nongovernmental organizations active in preparedness, training and response throughout the region. The following table outlines the most prominent of these.

Level	Institution	Description
State	Mutual Aid Box Alarm System (MABAS)	MABAS works in partnership with IEMA and has established a statewide, nondiscriminatory mutual aid response system for fire, EMS and specialized incident operational teams. Sharing the effort are representatives from the Office of the State Fire Marshal, Department of Public Health – EMS Division and Illinois Fire Chiefs Association. The system defines a resource response plan to any location within the state when the governor orders a Declaration of Disaster. MABAS works to eliminate the historic boundaries between Police and Fire by encouraging both to work more closely together, starting with a Unified Command structure. Today MABAS has more than 550 member organizations.
State	Illinois Disaster Mental Health Coalition	The Illinois Disaster Mental Health Coalition was formed in 2001 to assess plans and resources in place in Illinois for disaster mental health response, develop a coordinated plan to respond to the numerous mental health concerns that arise after a crisis event, and develop agreements and chain-of-command structure within the overall disaster response. Members include public and private sector partners, mental health advocacy and professional organizations, and disaster preparedness and response organizations.
State	Illinois Emergency Services Management Association (IESMA)	IESMA is a nonprofit organization that helps state and local governments maintain effective emergency services and emergency management programs to protect the lives and property of their citizens. IESMA is actively involved as a medium for effecting liaisons between public safety, industrial, commercial and educational organizations and emergency management agencies.
State	Illinois Faith-Based Emergency Preparedness Initiative	Through the collaboration of faith- and community-based organizations and public health agencies, the mission of the Illinois Faith-Based Emergency Preparedness Initiative is to educate and empower our communities to protect the public's health and improve upon influenza pandemic response and general disaster preparedness plans before disasters strike. The organization has partnered with churches statewide to facilitate training and exercises in cooperation with the Red Cross and other relief agencies.
State	Illinois Law Enforcement Alarm System (ILEAS)	ILEAS is a nonprofit advocacy group comprised primarily of law enforcement and emergency management professionals. Their mission is to help meet the needs of law enforcement throughout Illinois in matters of mutual aid, emergency response and combining the resources for public safety. ILEAS is involved in many programs and projects in virtually all aspects of law enforcement and homeland security. Among the current programs ILEAS leads is STARCOM 21 which involves access to

Level	Institution	Description
		advanced digital radio technology at an affordable price for all public safety and public service agencies throughout the state. ILEAS promotes shared system economies of scale with public safety grade of service and advocates interoperable communications among local, state and federal government users.
State	Illinois State Veterinary Medical Association (ISVMA)	The Illinois State Veterinary Medical Association (ISVMA) predicts monitors and confronts issues that affect the professional practice and licenses of Illinois veterinarians. They provide information and guidance on pets and animals during an emergency.
State	Illinois Waste Water Emergency Response Network (ILWARN)	ILWARN is designed to provide utility-to-utility response during an emergency. Its mission is to support and promote statewide emergency preparedness, disaster response, and mutual assistance for public and private water and wastewater utilities during natural and man-made events. ILWARN accomplishes this by providing its members with emergency planning, response, and recovery information before, during, and after an emergency. As the nationwide WARN system expands, it will become easier to provide mutual aid to other states as needed. In addition, ILWARN provides member utilities with resources to more quickly respond to and recover from a disaster.
State	Illinois Volunteer Organizations Active in Disasters (ILVOAD)	Illinois VOAD is a consortium of 33 voluntary agencies, which provide disaster relief and response and facilitates coordinated response and planning among voluntary agencies at the state and local level under the national NVOAD guidelines.
Region	American Red Cross of Greater Chicago	The American Red Cross, a humanitarian organization led by volunteers and guided by its Congressional Charter and the Fundamental Principles of the International Red Cross Movement, will provide relief to victims of disasters and help people prevent, prepare for, and respond to emergencies. The American Red Cross has an organizational mandate to respond to incidents of national significance set forth in the National Response Framework (NRF). Red Cross responsibilities to support the Federal Emergency Management Agency (FEMA) are detailed under the Emergency Support Function (ESF) sections of the NRF. **ESF-6 specifies the Red Cross role for mass care:** Food, shelter, emergency first aid, disaster welfare information and bulk distribution of emergency relief items. **ESF-8 articulates the Red Cross role to support the Dept. of Health and Human Services:** The Red Cross will provide blood supply, mental health services and disaster health services. **ESF-15 maps responsibilities for external affairs:** To disseminate accurate and timely information to affected areas during a national incident.

Level	Institution	Description
Region	Collaborative Healthcare Urgency Group (CHUG)	CHUG is a group of organizations who have developed a communitywide urgent action plan that is a coordinated effort within the health care continuum of care and is integrated with community, state and federal plans.
Chicago	McCormick Foundation Center for Advanced Emergency Response	The purpose of the McCormick Foundation Center for Advanced Emergency Response is to serve as a primary resource for the Chicago Department of Public Health as well as local hospitals, both in planning for and response to a potential terrorism event or public health emergency.
National	Safe America	The Safe America Foundation ™ is a non-profit licensed by the state of Georgia. Chartered in 1994, with headquarters in Marietta, Georgia, the foundation partners with corporate, governmental, public and private sector organizations, and other nonprofits to improve the safety awareness and preparedness of Americans nationwide. Mission is to distribute information, develop and facilitate programming, and support businesses and products with a focus on emerging health and safety issues at home, work and play. The organization works closely with FEMA regions and other stakeholders to develop and support preparedness activities.
National	Meta Leadership Summit	The Meta-Leadership Summit for Preparedness is a learning and networking opportunity designed to prepare business, government and nonprofit leaders to act together in times of crisis. When you participate in a Meta-Leadership Summit, you will gain effective problem-solving skills and build connections with other leaders who may be critical to you and your organization in a disaster.
National	Heartland Alliance	The Crisis Prevention & Disaster Recovery (CPDR) program provides comprehensive disaster recovery services to the Chicagoland area. CPDR is a principle organizer of the Chicagoland Community Organizations Active in Disaster. The CCOAD is a public/private/non-profit coalition in the metropolitan Chicago area that prepares for, responds to, recovers from, and mitigates against disaster. The organization provides Disaster case management (can include housing, workforce development, and asset development services), Information and referrals, Disaster coordination of human services for metropolitan Chicago, Disaster preparedness, education, and advocacy.
Chicago	Chicago Community Organizations Active In Disaster (CCOAD)	The Chicagoland COAD is a collaborative organization based within the greater Chicago area. It is composed of representatives from public, private, and non-profit agencies enhancing our community's ability to prepare for, respond to, recover from and mitigate the effects of disasters. Their mission is to foster efficient, streamlined service delivery to all disaster affected individuals. CCOAD's vision is to eliminate service gaps by increasing dialogue, sharing resource capabilities, and

Level	Institution	Description
		integrating service delivery models that flow across the public, private, and non-profit service systems.

Chapter Three

A NEW VISION FOR EMERGENCY PREPAREDNESS

The following vision statement for emergency preparedness for the region was developed, consistent with the *GOTO 2040* Regional Vision for Metropolitan Chicago. This vision ensures that a culture exists so that when a disaster strikes, people are prepared to care for themselves and their communities.

Three goals must be achieved:

- *Develop a culture of preparedness*
- *Identify stakeholders and create collaborative inter-organizational networks*
- *Identify, acquire and manage resources*

Outlined here are what accomplishing these goals would entail, what indicators would measure our progress and what strategies we would take to achieve them.

In an interview with National Public Radio, Amanda Ripley, author of *The Unthinkable: Who Survives When Disaster Strikes and Why*, author Amanda Ripley explains her conclusion that "all of us undergo a three-stage process when we find ourselves in moral peril: denial, deliberation and the decisive moment," during which the survivor buckles down and acts. The trick, she says, may be to understand our instincts, which, in a crisis, may betray us. This perspective helps us understand that each person in the community must prepare him or herself to take personal responsibility in the event of a disaster, thus we must build a culture of preparedness from within. The first step in achieving our vision must be for individuals to embrace the need for preparation and to take the necessary steps to prepare themselves.

Many factors must be considered when developing this culture. First of all, we must build the culture in such a way that the population is prepared without being overwhelmed by fear. Secondly, we must be sure to address the entire population, especially those with special needs as determined by their function-based capabilities. Thirdly, we must make sure that preparedness initiatives address all potential hazardous scenarios as the most appropriate responses (e.g. evacuate, shelter-in-place) may vary depending on the type of disaster which occurs. Finally, we must make certain that our activities are relevant to people's daily lives. We can best mitigate these issues by using existing networks to coordinate activities, by creating experiences via simulation and live practices, by creating exercises for all hazard scenarios and by educating the public on both disasters and responses.

IDENTIFY STAKEHOLDERS AND CREATE COLLABORATIVE INTER-ORGANIZATIONAL NETWORKS

Building on the cultural foundation established with the first goal, in our second goal we envision a future where the organizations of first responders work together seamlessly, with a common understanding of each others' roles and responsibilities. It is critical that activities be coordinated across responder groups so that their efforts can be focused in a way that provides the most efficient and effective use of equipment, supplies and personnel. This requires effective communication and collaboration across the network of organizations and consistent interaction with the community from a common trusted source.

ACQUIRE AND MANAGE RESOURCES

The first two goals address the importance of human resources – both at the individual level and that of the first responders. We must also be able to effectively use technology and manage resources, such as food and water, supplies, shelter, transportation and utilities. These resources must be made available to all within the community that have been directly or indirectly impacted by the disaster and should be allocated based on need across all segments of the population, with particular consideration given to those with special needs.

Despite our best efforts, disasters can, do, and will happen because prevention of natural and man-made disasters is not always possible. The goals outlined in this report represent the lens through which we can envision a successful disaster response.

STRATEGIES FOR A CULTURE OF PREPAREDNESS

Each goal includes a set of strategies that outlines policy recommendations, specific action steps and progress measurements. This section highlights the strategies related to each goal.

Personal

The first step in creating a culture of preparedness is to instill a sense of personal responsibility so that people are compelled to care for themselves and their loved ones. Each member of the community must develop a sense of *What am I going to do?* rather than *Who will come to help me?* In doing this, individuals must consider how their planning needs to adapt for incidents that occur when they are at home, at work or on the go.

The strategy to accomplish this sense of personal preparedness will outline ways to increase personal training, engage the public and drive psychological engagement.

Community

As individuals begin to feel responsible for their own actions during and after an emergency, it is imperative that they develop a sense of responsibility for the community at large, especially those with special needs.

The strategy to accomplish this unity will expand individual engagement by building a stronger sense of community, highlighting similarities across different populations, and acknowledging specific measures needed to address those with special needs or in specific settings such as schools, the workplace, hospitals, nursing homes, or correctional facilities. The strategy will also address ways that group affiliations (e.g. faith-based organizations, social networks) can stimulate individual preparedness.

Communications

Consistent communication is a critical success factor driving the community's ability to effectively respond to the disaster situation. The public demands communication that is reliable and trustworthy so identifying these sources and ensuring that coordinated and consistent messages are communicated is imperative.

The strategy to accomplish effective information dissemination to the community will require identifying those individuals, organizations and resources viewed as trusted sources and ensuring that a comprehensive communication plan is in place so that all segments of the population are fully informed as to the appropriate communication channels for different messages. The plan must include monitoring the Internet and news services to address inconsistencies or inaccuracies that could adversely impact local conditions and operational realities.

STRATEGIES FOR IDENTIFYING STAKEHOLDERS AND CREATING NETWORKS

Stakeholder groups

Stakeholder groups include those that currently exist and are known to be first responders, those that could be mobilized to provide "spontaneous volunteers" in an emergency, those that do not exist but could fill important gaps in service, and those that may come from outside the region.

The strategy for coordinating these various stakeholder groups must include documenting the capabilities of each so that planning can be carefully coordinated among response and relief agencies. This is the best way to ensure mobilization is fast, efficient, and broad enough to address the needs of the entire community including those who have limited capabilities. Planning models must address organizational capabilities of participants and coordinating bodies to avoid duplication of effort and maintain command and control of actions and resources.

Coordination

Merely identifying the stakeholder groups is not enough. To fully coordinate their activities, the groups must know about each other, have clear "rules of engagement" and points of contact established throughout the network. FEMA and the Department of Homeland Security established the National Incident Management System (NIMS) which is widely recognized as a best practice for providing a proactive approach guiding government agencies at all levels, the private sector, and nongovernmental agencies to work seamlessly to prepare for, prevent, respond to, recover from, and mitigate the effects of incidents.

This report outlines opportunities to build on NIMS to develop a strategy that creates this seamless, inter-organizational network by establishing roles and responsibilities for each group, identifying the points of intersection and defining the scope of responsibility to enable a clean transition without gaps. The master plan must also consider how long the first responder organizations should be engaged and how to effectively transition from a response and recovery phase to normal daily operations.

Communications

Coordinated inter-organizational communication and the interoperability of those communications are critical success factors driving a successful multiagency, multi-discipline response to the disaster situation. With a network of responders, we must avoid gaps or redundancies in service that would diminish the responders' ability to efficiently and effectively carry out their duties.

The strategy to accomplish effective inter-organizational communications will require identifying the key agencies and working to implement full interoperability for both formal and informal communications.

STRATEGIES FOR ACQUIRING AND MANAGING RESOURCES

Technology

Technology innovations will provide opportunities for changing emergency management activities. It is important that emergency management organizations stay abreast of technology changes and have budgets to support new implementations as needed.

The strategy to build technology resources will be to identify gaps where technology enhancements could improve emergency management performance and to monitor technology changes in order to leverage them for emergency management activities.

Transportation

Transportation services are critical to all logistics procedures during the response phase of emergency management. Evacuation procedures must address needs for both people and pets, with consideration given for those with special needs, those who are injured, and fatalities. Likewise, transportation services and strong logistics are needed to transport

human resources, equipment, and physical supplies to the disaster scene in order to support disaster response activities.

The strategy to coordinate transportation resources will require identifying key participants and coordinating an integrated plan for evacuation and supply lines. The master regional plan must include all levels of government and address both outgoing and incoming logistical needs using all available transportation options including land, air, and water.

Facilities

Facilities are necessary to provide shelter during the response and recovery phases of emergency management. Facility resources must be identified to address sheltering people and pets both when evacuation is necessary and when sheltering in place is demanded by the situation (e.g. pandemic). Those with special needs may have unique requirements that must also be incorporated into the plan. Further, it is important to consider the facility requirements needed for storing physical supplies to stockpile in advance of an emergency and to warehouse and distribute supplies during the emergency situation.

The strategy for facilities must identify shelter for humans, animals, and supplies that are feasible for evacuation and those needed for shelter-in-place scenarios, addressing short-term, mid-term, and long-term scenarios. The strategy must provide for a plan to manage these facilities to ensure security and safety for all.

Utilities

Utilities providing power and communications are critical to all phases of the emergency management lifecycle. These resources cannot be stored and so managing the grid to ensure continuity of service is critical to emergency management.

Coordinated plans already exist for most utility services so our strategies focus on entities from which the community would benefit if they were able to restore service more quickly.

Food and Water

Food and water supplies must be available for distribution in order to provide mass care during an emergency. Nonperishable products may be stored in advance, requiring only a plan for distribution. Other products will need to be both sourced and distributed during the disaster. Food and water safety is a critical consideration for all scenarios.

The strategy for food and water must address provisioning these supplies and distribution of them to humans and animals, including both those from the disaster area and for responders from outside the area. The strategy must include a plan to manage food and water supplies to ensure their security and safety.

Communications

Functioning communication service is critical both within the area and for communicating outside the affected area. Individuals must be able to communicate with family and friends regarding their status. Organizations must be able to communicate with each other in order to provide seamless access to services.

The strategy to accomplish communications within and without the region will require establishing redundant communication systems and identifying alternative communications options and educating the public on them.

Chapter Four

RECOMMENDATIONS

We envision a future state where people are prepared to care for themselves and their communities in the event of an emergency or disaster. This vision can be achieved if the following recommendations are implemented:

Citizen Preparedness

1. Provide training to a greater percentage of the population in basic CPR and first aid.

2. Increase the number of participants in disaster education programs.

3. Increase the number of households with disaster kits/plans.

Municipal Plans and Capacities

4. Ensure levels of preparedness funding are consistent with population and all-hazards assessments of risks.

Mass Care / Capacity

5. Provide for adequate shelter, feeding, volunteer and logistical resources to address all-hazards catastrophic event needs sufficient to sustain the region's recovery for up to 72 hours without outside resources.

Emergency Responder Communications

6. Ensure complete interoperable communications capabilities between all responder organizations within the region.

All-Hazards Plan for Special Needs Populations

7. Develop comprehensive planning processes between public and private sectors to address the needs of special needs populations for maintaining independence, medical care supervision, transportation and communication.

Animal Evaluation

8. Develop a regional all-hazards plan to address the needs of pets and livestock for evacuation, sheltering, and medical care during a catastrophic event.

All-Hazards Early Warning

9. Provide standardization of early warning systems for municipalities and institutions across the region.

Medical Evaluation

10. Assure coordination of medical response capabilities and provide for uniformity of public health emergency plans across the region.

Disaster Survivor Outcomes

11. Assure adequate transitional plans for post-disaster survivor recovery including mental health services, housing, transitional care and long-term recovery.

Business Community

12. Ensure business continuity plans are adequate and consistent and address interdependencies with public and private sector plans.

Public Building / Institutional All-Hazards Plans

13. Ensure building and institutional all-hazards plans exist to provide transparency with other regional catastrophic planning efforts.

In this vision, individuals will expand their sense of community to include not only themselves and their loved ones but also their neighbors, especially those who may have special needs. This type of community will be resilient: better able to withstand an emergency or disaster situation through effective mitigation activities, better able to care for itself until outside resources can be mobilized and better able to quickly recover from the devastating effects of a disaster.

In addition to recommendations, this section also outlines indicators that will measure the region's progress in achieving this desired state.

METRICS FOR THE RECOMMENDATIONS

Citizen Preparedness: Recommendations One, Two and Three

Indicators	Metrics	Recommendations
Citizen Preparedness	* Number of individuals certified in CPR/first aid (per 100,000 population) * Count/Size of participants receiving training or certification * Number of households with disaster emergency kit/plan (Note: incl. pets in household plan) * Number of students receiving disaster education/training Pre-K-13+	**Recommendation One:** Provide training to a greater percentage of the population in basic CPR and first aid. **Recommendation Two:** Increase the number of participants in disaster education programs. **Recommendation Three:** Increase the number of households with disaster kits/plans.

Municipal Plans: Recommendation Four

Municipal All-Hazard Plans / Capacity	* Established, funded department of emergency management or preparedness at various levels of government; Per capita funds allocated and or received for emergency/disaster planning and preparedness * Extent to which funding programs (i.e., Regional Catastrophic Preparedness Grant Program) to conduct regional planning addresses plans/ capacity in the Combined Statistical Area of this grant.	**Recommendation Four:** Ensure levels of preparedness funding are consistent with population and all-hazards assessments of risks.

Mass Care: Recommendation Five

Mass Care / Capacity	* Amount of Emergency Shelter beds * Evaluation (TBD) on whether current shelter capabilities meet/exceed standards * Evaluation (TBD) on whether mass feeding capabilities meet/exceed standards * Number of registered volunteers active in disaster organizations * Number of volunteers in private non-disaster organizations * Availability of Refrigerator Trucks/Trailer/Units * Amount of available water resources	**Recommendation Five:** Provide for adequate shelter, feeding, volunteer and logistical resources to address all-hazards catastrophic event needs sufficient to sustain the Region's recovery for up to 72 hours without outside resources.

Recommendation Six

Emergency Responder Communications	* Capacity/Interoperability of Emergency Communications	**Recommendation Six:** Ensure complete interoperable communications capabilities between all responder organizations within the Region.

Recommendation Seven

All-Hazards Plan for special needs populations	* Federal, state, county, local plans for people with disabilities, special needs * Size/Capacity of evacuation capabilities and shelter facilities for special needs populations * Number of nursing facilities with All-Hazards plans	**Recommendation Seven:** Develop comprehensive planning processes between public, private sectors to address the needs of special needs populations for Maintaining Independence, Medical Care Supervision, Transportation and Communication.

Recommendation Eight

Animal Evaluation	* Established plans at various levels of government for sheltering/evacuating pets and livestock during disasters * Number of veterinarians trained as responders	**Recommendation Eight:** Develop a Regional all hazards plan to address the needs of pets, livestock for evacuation, sheltering, and medical care during a catastrophic event.

Recommendation Nine

All Hazard Early Warning	* Evaluation (TBD) on whether current Natural Disaster Early Warning systems meet/exceed standards (if established at a national level) or expectations for Earthquake and Weather related emergencies * Impact of Region's history of disaster, tornadoes, flash floods, on early warning systems/plans	**Recommendation Nine:** Provide standardization of early warning systems for municipalities, institutions across the region.

Recommendation Ten

Medical Evaluation	* Presence of Medical Reserve Corps or other voluntary opportunities for medical first responders * Presence of public health emergency response plans by municipality or region	**Recommendation Ten:** Assure coordination of medical response capabilities and provide for uniformity of public health emergency plans across the Region.

Recommendation Eleven

Disaster Survivor Outcomes	***** Measure transition of disaster survivors from response through recovery * Identify public organizations with transitional care plans/programs for disaster survivors * Measure Faith-based and NGO's providing long-term recovery services to disaster survivors, i.e., psychological and spiritual counseling	**Recommendation Eleven:** Assure adequate transitional plans for post-disaster survivor recovery including mental health services, housing, transitional care and long-term recovery

Recommendation Twelve

Business Community	* Number of businesses with disaster plans * Employers with detailed emergency plans * Interdependency of Continuity of Operations Plans (COOP); within various private, and public,	**Recommendation Twelve:** Ensure business continuity plans are adequate and consistent and address interdependencies with public and private sector plans.

Recommendation Thirteen

Public Building / Institutional All Hazard Plans	* Emergency Evacuation Plans created and updated * Federal, state, local agencies with disaster recovery plans * Continuity of Operations Plans (COOP) plans present	**Recommendation Thirteen:** Ensure building and institutional All hazards plans exist to provide transparency with other Regional catastrophic planning efforts.

Chapter Five

GOALS AND STRATEGIES RELATED TO INDICATORS

The following table ties the above indicators to the three primary high-level goals about culture, collaboration and resources.

Indicator	Culture	Collaboration	Resources
Citizen Preparedness	X	X	
Municipal All-Hazard Plans/Capacity		X	X
Mass Care/Capacity		X	X
Emergency Responder Communications		X	X
All-Hazard plans for special needs populations	X	X	X
Animal Evaluation	X	X	
All Hazard Early Warning		X	X
Medical Evaluation	X	X	
Disaster Survivor Outcomes	X	X	
Business Continuity		X	X
Public Building/Institutional All Hazard Plans		X	X

The need for collaboration is a consistent theme across all 11 metrics as indicators related to collaboration and resources form the vast majority of those affecting all disciplines. Issues such as citizen preparedness, post-disaster outcomes, special needs populations and animal/pet evaluation directly comment on the need for collaboration with other groups/entities. This suggests that close coordination between those developing and controlling resources and populations in need of these resources should be the desired outcome of policy efforts.

This coordination also lays a solid foundation as our ability to prepare citizens and care for them is directly tied to the resources that are available to provide training, support sheltering, feeding and evacuation, and impact post-disaster outcomes for long-term recovery.

From experience we know that the key to effective service delivery is coordination and collaboration between those providing and acquiring resources. This can be accomplished through awareness, communication, and the effective use of relief organizations within the community, in addition to providing the skills and training needed.

Ultimately, in order to develop a culture of preparedness, we must consider all three factors equally.

The following sections list specific strategies to address each of our goals. These strategies are presented in phases to better position them for implementation and each strategy includes an organization responsible for the activity.

Readers should consider the following central points that are common to these recommendations.

NEW CROSS-CONSTITUENCY GROUP

We make several comments about a new cross-constituency group. It is important to note that this group does not replace the Regional Catastrophic Planning Team (RCPT) founded in 2007. The RCPT is funded by a regional catastrophic planning grant and is currently comprised primarily of regional government and infrastructure organizations and chartered to address regional all-hazard planning for catastrophic events. RCPT has been effective in coordinating activities across government and infrastructure agencies and should continue its excellent work.

The new organization we envision would have a liaison relationship with RCPT and would allow for increased involvement from nongovernment members in order to continue the cross-constituency work of the CMAP Advisory Committee for Emergency Preparedness. We recommend that the American Red Cross of Greater Chicago lead this “Regional Preparedness Workgroup” based on its organizational mandate to respond to incidents of national significance set forth in the National Response Framework and to support FEMA by providing mass care, supporting the Department of Health and Human Services and disseminating accurate and timely information. The Regional Preparedness Workgroup would build on current activities of RCPT, CMAP, and the Red Cross by continuing to make holistic recommendations and stimulate action on these recommendations. Eventually the state should grant authority to this group so that it can require action on its initiatives.

As the Regional Preparedness Workgroup solidifies its charter and mission, we recommend that it form subcommittees to better coordinate activities related to recommendations in this report and subsequently rising from the Workgroup itself. At a minimum these subcommittees should include:

- Communication
- Cross-Organization Coordination
- Education
- Funding
- Technology

PERSPECTIVES ON THE PHASED APPROACH AND RESULTING WORK PLAN

In general, phase 1 strategies reflect expectations for the near-term, approximately 0 – 10 years, and include those activities that can be most easily accomplished. Phase 2 strategies reflect mid-term expectations that could be accomplished in 10-20 years. Phase 3 strategies reflect long-term expectations based on the assumption that these activities will require more time and are more complicated to achieve. The region will certainly benefit if these phase 3 activities could be accomplished more quickly as they present barriers to fully achieving the vision of this plan.

It is important to note that although we present these recommendations in phases, this does not represent a detailed work plan. Some activities in the earlier phases lay foundation for future activity but readers should not assume that all preliminary steps are outlined in the early phases. We recommend that a formal work plan be developed as priorities are established.

We envision this work plan would be written to follow a standard approach so that momentum builds as the strategy unfolds thereby easing acceptance for implementation of the more rigorous ideas. For each long-term strategy, this approach would include:

1. Identifying key elements. In some cases this would be the key participants (such as when we recommend developing a database) and in some cases this would be resources (e.g. buildings to serve as shelters).

2. Building relationships. One critical success factor for these strategies is to coordinate activities across different organizations so that all are working together for a common goal. After identifying key elements, the organizations involved will need to develop relationships so that there is mutual trust and respect. This is the best way to provide for the cohesive approach we envision.

3. Coordinating activities with voluntary participation. Once the relationships are established, the participating organizations can begin to coordinate activities. Initially, this coordination will be voluntary to avoid creating barriers that might discourage participation.

4. Establishing roles and responsibilities for mandatory participation. Over time, many of these voluntary activities need to become mandatory to achieve the level of participation and discipline that is needed for emergency management activities.

By applying this four-step approach to the different strategies, the work plan can be built so that activities related to long-term strategies begin in the earlier phases and lay the needed foundation to fully accomplish the goals outlined and realize our vision of a culture such that when a disaster strikes, people are prepared to care for themselves and their communities.

1.0 CULTURE

1.1 Personal

The strategy to accomplish this sense of personal preparedness will outline ways to increase personal preparedness training and engage the public.

1.1.1 Personal Training and Education

The recommendations for personal training and education stress steps that individuals must take to prepare themselves and their loved ones for an emergency, whether they are at home, at work or school, or on the go. We know that personal preparation is critical to survival in the event of a disaster. Individuals who are prepared are more likely to quickly move from a state of shock and inaction to taking action that minimizes their emotional, financial, and physical impact of the disaster.

1.1.1a Personal Training and Education: Phase 1 Recommendations

- The new Regional Preparedness Workgroup should identify organizations who conduct preparedness training. First the Red Cross should include the following organizations when forming the Workgroup. Then the Workgroup should establish tasking and protocols for how personal preparedness training and awareness will be made available to all citizens. This shared responsibility fosters a consortium of ideas and challenges. Creation of a Regional Planning Workgroup subcommittee to address education (including that related to citizen preparedness, training, and exercises) would insure preparedness training and messages are consistent and delivered through the "most trusted" source which could include any or all of these groups depending upon circumstances in a given community.
    - County/State Emergency Management Agency
    - County/State public health
    - State emergency management agency
    - Liaison from RCPT
    - Red Cross
    - Federal government (FEMA, HHS, DHS, other federal agencies)
    - Faith-based community groups
    - Volunteer Organizations (VOAD)
    - Local nongovernmental organizations
    - Animal welfare agencies
- Human Services organizations at all levels should offer voluntary individual preparedness programs i.e., public aid, homeless, public hospitals, children and family services.

1.1.1b Personal Training and Education: Phase 2 Recommendations

- The new Regional Preparedness Workgroup should increase coordination across the different training organizations and establish a cohesive approach for developing training so that materials can be used by all groups.

- The Regional Preparedness Workgroup will include organizations that can and should expand training to address unique concerns of vulnerable populations.

- The state legislature should make high school training programs mandatory. The State Board of Education must engage with the emergency preparedness community to consider how to incorporate this mandatory training into existing programs and enact appropriate legislation.

1.1.1c Personal Training and Education: Phase 3 Recommendations

- The State of Illinois should require preparedness training in order to obtain a State ID or Drivers license. This can be accomplished through a phased approach to "grandfather" in existing drivers during renewal periods.

- The State of Illinois should create a one-time tax incentive to cover the cost of purchasing an emergency preparedness kit on a per household basis. Approved kits would have to be obtained through public health, Red Cross or other state approved programs

1.1.2 Engage the Public

As noted earlier, 70% of people in the metropolitan Chicago area have not experienced an emergency. With lack of personal experience, it is easy for people to become complacent and so building a culture of preparedness requires raising awareness and even creating some fear that a disaster will occur. In 2006, Peter M. Sandman, PhD, a risk communication expert from Princeton, N.J., called fear a "fungible" emotion in a speech to a Minneapolis conference on business planning for pandemic flu sponsored by the University of Minnesota Center for Infectious Disease Research and Policy. He said, "When you [preparedness advocates] frighten people, you are not making them more fearful people. You are competing for their fear with other interest groups. You are working to get your share of their fear. You only have so much fearfulness to go around. If you allocate more to terrorism, you have to allocate less to other things."

In today's economy, there are even more fears competing for attention demanding innovative approaches to engaging citizens throughout the community. One of these fears is that of identity theft and people tend to zealously guard their privacy.

Therefore to engage the public we must conduct exercises that raise attention to potential disasters and the importance of preparation. Further, we must recognize that as people participate in exercises they will become more aware of the need to share information they

may consider sensitive. Therefore we must communicate that the overarching concern with regard to personal preparedness is the safety and security of the community. While protecting personal privacy and cost of providing preparedness are also concerns, the greater good of the community is believed to be the most important consideration when planning and implementing personal preparedness measures.

1.1.2a Engage the Public: Phase 1 Recommendations

- The Regional Preparedness Workgroup subcommittee for education should communicate about preparedness, education, training, and exercises. This communication should emphasize the importance of balancing privacy and preparedness so that the greater good will prevail.

- The Regional Preparedness Workgroup should advocate for all households to have a disaster supply kit and information about how to have a tornado safe room or concrete masonry safe cell constructed in their homes using to FEMA Standards.

1.1.2b Engage The Public: Phase 2 Recommendations

- The Regional Preparedness Workgroup subcommittee for education should create exercises that engage broad sections of the community as volunteer participants. In these activities, balance the need to stimulate preparation with the need to guard against creating excessive fear.

- The Regional Preparedness Workgroup subcommittee for education should plan and conduct mass-scale and site-specific exercises around existing events such as community festivals. Work with communities to determine options and create opportunities for exercises.

1.1.2c Engage The Public: Phase 3 Recommendations

- The Regional Preparedness Workgroup Subcommittee for Education should lead the conduct of exercises that engage broad sections of the community as volunteer participants.

- The State of Illinois should implement tax credits for homeowners who have constructed concrete masonry safe cells or tornado safe rooms built according to FEMA standards.

1.2 Community

The strategy to accomplish this community focus will expand the individual engagement by building a stronger sense of community, highlighting similarities across different populations, and acknowledging differences needed to address those with special needs.

In this section we first make recommendations for emergency management actions that will support the community as a whole. Next we consider institutions and organizations

that could support emergency management activities in specific settings (e.g. schools, the workplace, hospitals, nursing homes, correctional facilities) and then make recommendations that strengthen their capabilities to do so. We then extend these recommendations so that those with special needs are included. Finally we make recommendations that address a broad spectrum of communication needs.

1.2.1 Building a Sense of Community

The strategy to build a stronger sense of community addresses ways to engage individuals in their own response and in helping each other. Recognizing that we need to plan for local response lasting as long as 72 hours, it is imperative that we consider the varied settings in which people and organizations will need to support first responders by helping each other to the extent possible.

1.2.1a Building a Sense of Community: Phase 1 Recommendations

- Federal and State Emergency Management Agencies should provide early warning systems like all-hazard radios to the public. Funding for these devices should be provided by collaborative programs between government, providers, and stakeholders with tax incentives for people to have the devices.

- County and local jurisdictions should pre-register citizens to expedite processing of disaster survivors. Special precautions should be taken to protect privacy of individuals while assuring key information is accessible to survivors. Communicate to people that the information will not be used except in the event of an emergency. Similar to HIPAA laws, the information would remain private and accessible to a service provider only upon consent.

- The State of Illinois should require large public venues such as stadiums, concert halls, and amusement parks to have and to practice an emergency evacuation plan.

- The State of Illinois should publicize the "Centers for Spontaneous Volunteers" it has created to provide pre-identified places where volunteers can go during emergencies for potential utilization.

- Organizations that serve natural communities of people (e.g. employers, houses of worship, schools, nursing homes, and hospitals) should make mental health services available to their populations to assist them in coping with post-disaster mental health issues.

- A Regional Preparedness Workgroup subcommittee on funding should establish a database of private and corporate funding sources for mitigation and preparedness exercises.

1.2.1b Building a Sense of Community: Phase 2 Recommendations

- Federal and State Emergency Management Agencies should enact a rating system to measure each community's preparedness and tie funding to these ratings.

- A Regional Preparedness Workgroup Subcommittee on Education should continue to reassure the public that information collected will not be used except in the event of an emergency.

- Federal and state governments should offer incentives to individuals, groups, and organizations to attract volunteers for relief organizations. (Such incentives could be free training, tuition reimbursement for college students, other).

- The American Red Cross of Greater Chicago and its partners in the Regional Preparedness Workgroup should identify and prioritize facilities that would be suitable as shelters in an emergency situation. Upon identification and confirmation, they should then outline requirements that need to be achieved and a timeline for establishing those facilities as part of the Red Cross National Shelter System (NSS) Database.

1.2.1c Building a Sense of Community: Phase 3 Recommendations

- The state government should require facilities identified as shelters to install back-up generators and make other adjustments as defined by the requirements.

- Counties and municipalities in the region should adopt a program to teach CPR to individuals who work with the public such as cab drivers, bus drivers, retail store employees, public transit staff, delivery personnel, mail carriers, messengers, etc. The program should be established as a requirement for gaining employment in certain public contact professions to allow those who do not want to participate to choose other employment. The intent is that there would not be a requirement for these employees to take action in an emergency and so establishing this program requires reviewing Good Samaritan laws to ensure liability issues are explored prior to adopting the program. The program could be modeled after that implemented by the city of Seattle Washington (Medic II) that has been in existence for more than 30 years, and has been credited with reducing heart attack deaths by 45%.

- Local nongovernment organizations should lobby for private and corporate foundations to add funding for mitigation and preparedness to their portfolios.

- The federal government should develop programs that make grants more accessible to smaller communities. This can be achieved by developing competitive mitigation grant program policies at the state level that allow municipalities to compete for funding of projects. These policies should base funding on risk assessment data as well as human needs. Factors such as professional grant writing resources or expertise should be minimized in the selection process.

- FEMA and DHS should change the way mitigation projects are funded to institute a risk-based system where communities would not be "rewarded" for ignoring issues preceding a disaster event. There are many mitigation grant programs offered by various federal and state agencies, however, better coordination and collaboration

between these programs and the agencies applying for funding may result in a more equitable system for funding mitigation projects.

To help make this culture pervasive throughout the community, schools and workplaces must be primary participants in preparedness activities. The following recommendations address these specific areas.

1.2.1.1 Schools

1.2.1.1a Schools: Phase 1 Recommendations

- The State Department of Education should:
    - Teach preparedness classes in schools using an all-hazards age-appropriate approach.
    - Require all teachers and school staff to take preparedness courses.
    - Require all schools, public, private, K-12 and K-13+ to have emergency all-hazards plans, drills and emergency radios. While existing state law requires this, there is no standard curriculum or minimum course requirements for schools therefore much of the planning and implementation is currently left up to individual school districts.

1.2.1.1b Schools: Phase 2 Recommendations

- The American Red Cross of Greater Chicago and partners in the Regional Planning Workgroup should identify schools that would serve as shelter facilities in an emergency and outline requirements that need to be achieved and a timeline for establishing those facilities in the National Shelter System Database.

1.2.1.1c Schools: Phase 3 Recommendations

- The Secretary of State should require passing a first aid and CPR class to obtain a Driver's learners permit or a high school diploma.
- The State Department of Education should require school buildings identified as shelters to install back-up power generators so they can serve as community information centers and/or emergency shelters during an emergency.
- The State Department of Education should require new schools to install tornado "Safe cells". Require existing school buildings be outfitted with tornado safe cells within 5 years following the new school requirement.
- The State of Illinois should fund mitigation projects using a risk-based system.

1.2.1.2 Workplaces

1.2.1.2a Workplaces: Phase 1 Recommendations

- The State Department of Labor should require employers of 250 or more people to provide preparedness information for work and home to employees.

- The State Department of Labor should require employers of 250 or more people to provide preparedness training including evacuation drills.

- The State Department of Labor should encourage employers of 250 or more people to voluntarily establish credentialing systems for access during emergencies and communication plans that notify employees of emergencies.

- The Regional Preparedness Workgroup should identify requirements for small business owners.

1.2.1.2b Workplaces: Phase 2 Recommendations

- The State Department of Labor should encourage small business owners to voluntarily implement recommendations from the Regional Preparedness Workgroup.

- The State Department of Labor should require employers of 250 or more people to establish credentialing systems for access during emergencies and communication plans that notify employees of emergencies.

1.2.1.2c Workplaces: Phase 3 Recommendations

- The State Department of Labor should require small business owners to implement recommendations from the Regional Preparedness Workgroup.

1.2.1.3 Hospitals and Medical Facilities

1.2.1.3a Hospitals and Medical Facilities: Phase 1 Recommendations

- Hospitals and medical facilities providing in-patient care should have adequate supplies of food, water, medicine, medical supplies, and disposable eating utensils for seven days rather than 72 hours. These supplies must be available for residents, evacuated residents, staff, evacuated staff, family members (who may be visiting), and medical personnel.

- Hospitals and medical facilities providing in-patient care should cross-train employees to serve as certified nursing assistants (CNA) in order to better provide residents with personal care during emergencies.

- Hospitals and medical facilities providing in-patient care should ensure that at all times on-site staff includes individuals certified to operate a commercial motor vehicle to help transfer residents during an evacuation.

- Hospitals and medical facilities should have an Emergency Preparedness Coordinator (EPC) or someone assuming responsibilities to improve emergency management and response capabilities. The EPC will assist, participate and coordinate disaster planning, mitigation and preparedness initiatives; and initiate and maintain collaborative relationships with federal, state and local offices.

1.2.1.3b Hospitals and Medical Facilities: Phase 2 Recommendations

- Hospitals and medical facilities should adopt and be compliant with the National Incident Management System (NIMS).

1.2.1.3c Hospitals and Medical Facilities: Phase 3 Recommendations

- Hospitals and medical facilities designated as trauma centers or included in mass casualty disaster plans should develop state of the art Emergency Departments (ED). These facilities must consider how to overlap with the hospital's design to install, both in the ED and the rest of the facility, the special physical, mechanical and equipment infrastructure to support the ED's response to these events and the surge capacity demands that will be placed upon the hospital to allow the flow of patients from the ED to the inpatient setting to increase the capacity of the ED to treat additional victims.

1.2.1.4 Nursing Homes

1.2.1.4a Nursing Homes: Phase 1 Recommendations

- Nursing home administrators should establish close working relationships with community leaders because they are vital to securing assistance during an emergency.

- Nursing homes should cross-train employees to serve as certified nursing assistants (CNA) in order to better provide residents with personal care during emergencies.

- Nursing homes should ensure that at all times on-site staff includes individuals certified to operate a commercial motor vehicle to help transfer residents during an evacuation.

- Nursing homes should have adequate supplies of food, water, medicine, medical supplies, and disposable eating utensils for seven days rather than 72 hours. These supplies must be available for residents, evacuated residents, staff, evacuated staff, family members (who may be visiting), and medical personnel.

1.2.1.5 Correctional Facilities

1.2.1.5a Correctional Facilities: Phase 1 Recommendations

- Administrators at correctional facilities should establish close working relationships with community leaders because they are vital to securing assistance during an emergency.

- Correctional facilities should have adequate supplies of food, water, medicine, medical supplies, and disposable eating utensils for seven days rather than 72 hours. These supplies must be available for residents, evacuated residents, staff, evacuated staff, family members (who may be visiting), and medical personnel.

1.2.2 Understanding Different Populations

It is imperative that unique requirements for those with special needs be incorporated into all preparedness activities. Our recommendations focus on near-term steps to establish initial plans and incorporate them into existing and new comprehensive plans and drills. Future activities addressing those with special needs should then be integrated into all mitigation and preparedness activities including collaborative planning, coordinated drills, legislation and funding.

1.2.2a Understanding Different Populations: Phase 1 Recommendations

- A Regional Preparedness Workgroup Subcommittee on Cross-Organization Coordination should identify organizations that work with special needs populations (see Special Needs definition in Appendix A). Upon identification of these organizations, the subcommittee should:

    - Begin to engage the organizations to recruit volunteers and help design training that would address the unique requirements of these populations.

    - Work with CHUG to build on their existing relationships and strengthen the emergency management plans.

- The State Department of Health should require all public and private hospitals, nursing homes, and rehab centers to have emergency management plans and regular drills. Plans should address staff, in-patients, out-patients and caregivers.

- State and County Departments of Human Services should require organizations providing services for the elderly, disabled, limited English proficiency, non-English speakers, and animals to have emergency management plans and drills.

- State and Federal Departments of Corrections should require those providing incarceration services to have emergency management plans and drills as appropriate.

- The Regional Preparedness Workgroup should incorporate the unique requirements for those with special needs into all preparedness activities.

- Review the All Disaster Animal Evacuation and Emergency Sheltering plan and update it to achieve a comprehensive regional plan to address animal sheltering and response needs.

1.2.2b Understanding Different Populations: Phase 2 Recommendations:

- The State Department of Human Services should require organizations working with special needs populations to help build volunteer capacity and appropriate training to support regional emergency management plans.

1.2.2c Understanding Different Populations: Phase 3 Recommendations

- As noted above, we do not have Phase 3 recommendations for those with special needs because after initial steps are taken, their unique needs should be addressed with comprehensive regional activities.

1.3 Information Dissemination

The strategy to accomplish effective information dissemination to the community members will require identifying the trusted sources and ensuring that a comprehensive communication plan is in place so that organizations know the appropriate communication channels for different messages.

1.3.1 Information Sources

The strategy for information sources lays the groundwork for developing a comprehensive and cohesive communication strategy. This strategy must focus on getting the right information communicated to the right people at the right time.

1.3.1a Information Sources: Phase 1 Recommendations

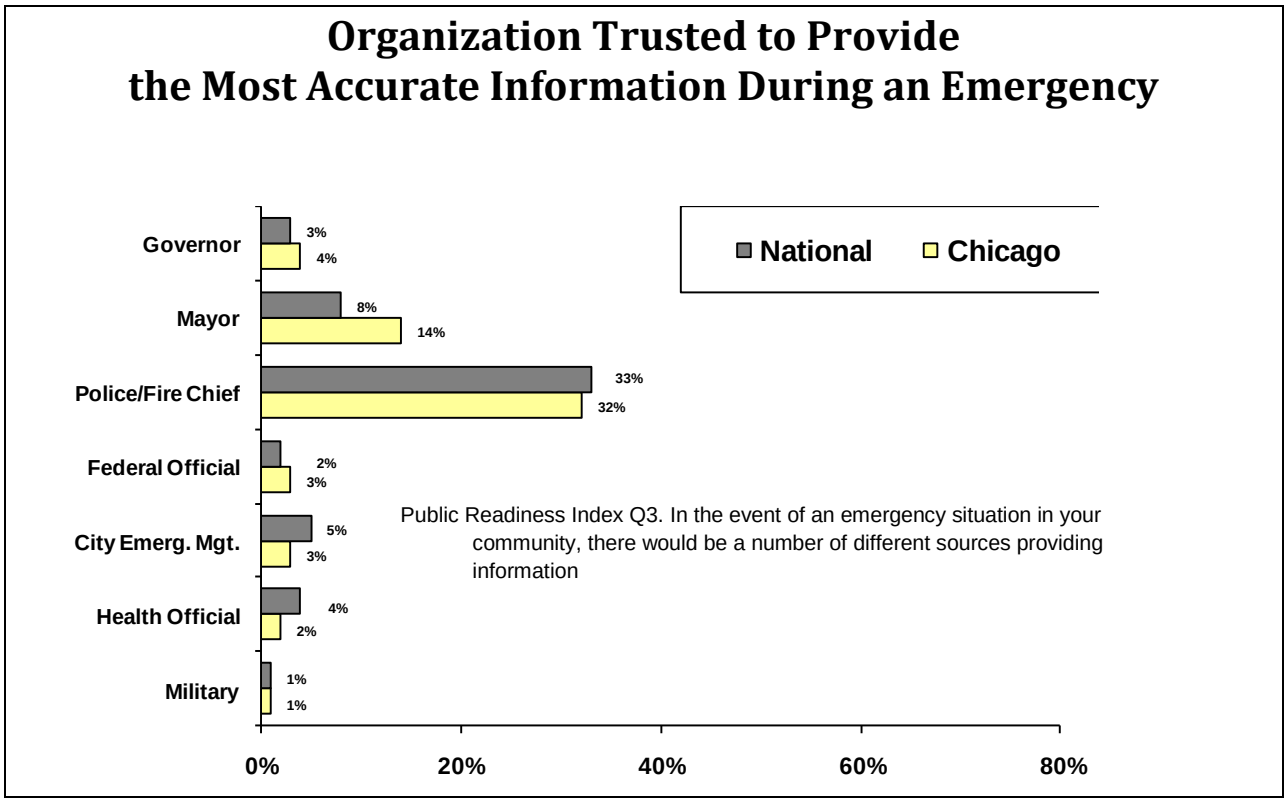
- The Regional Preparedness Workgroup Subcommittee on Communication should identify new trusted communication sources and use these to support traditional information sources in order to expand the reach of current communications. This can be accomplished by developing a database of trusted sources, such as faith-based organizations, and working with them to establish relationships leading to formal processes for information dissemination.

- The Regional Preparedness Workgroup Subcommittee on Communication should identify trusted communication sources for non-English speakers or those with limited English proficiency and establish means to disseminate information in multiple languages through trusted channels that will remain accessible in an emergency situation.

- State, federal and local response organizations should include in standard procedures that during an emergency or disaster they will monitor the Internet and news services and coordinate with incident commanders through the National Incident Management System (NIMS) system to address inconsistencies and inaccuracies.

1.3.1b Information Sources: Phase 2 and 3 Recommendations

- We do not have Phase 2 and 3 recommendations for information sources because after initial steps are taken to identify organizations and build relationships and processes, these groups should be included into comprehensive regional activities.



1.3.2 Communication Channels

The strategy for communication channels recognizes that new information sources need to be incorporated into planning and processes so that a cohesive communication strategy can be implemented. This strategy must focus on getting the right information communicated to the right people at the right time.

1.3.2a Communication Channels: Phase 1 Recommendations

- Responding organizations should reference the database of "trusted sources" for communication channels as outlined in the procedures for information sources.

- The Regional Preparedness Workgroup subcommittee on Communication should enhance existing and identify new ways to enhance cross-organization communication so that responders can coordinate their activities in an emergency. This should be done in conjunction with NIMS planning and preparation.

1.3.2b Communication Channels: Phase 2 Recommendations

- County and Local Governments should establish and publicize a subscription service for people to pre-register to get information distributed in case of an emergency /

disaster. Consider current methods used by schools and universities to communicate information on campus activities and weather-related closings.

- First responders, following NIMS protocols, should engage virtual communities such as Face book and MySpace to help distribute information.

- The Regional Preparedness Workgroup Subcommittee on Communication should work with FEMA and DHS to implement new methods and standards identified for inter-organization communication into the NIMS protocols.

1.3.2c Communication Channels: Phase 3 Recommendations

- The Regional Preparedness Workgroup Subcommittee on Technology should monitor emerging technology and drive innovations that will support emergency management activities or respond to new communication channels that can be used to address public, inter-organization, and intra-organization communications. The subcommittee should work with FEMA and DHS to incorporate technology innovations into the NIMS protocols.

2.0 STAKEHOLDERS AND COLLABORATION

2.1 Stakeholder Groups

The strategy for stakeholder groups must provide a way to maintain records on these organizations so that mobilization is fast, efficient, and broad enough to address the needs and special needs of the entire community.

In this section we recommend identifying existing organizations and institutions that could support emergency management activities and then working with them to strengthen their capabilities to do so. These groups may include (but are not limited to) faith-based groups, neighborhood organizations, schools, and businesses who can support response and recovery activities. With effective preparation, individuals and these local groups can continue working together so that the community as a whole becomes more sustainable and better able to minimize the impact of a disaster.

2.1.1 Existing Groups

Consistent with the principles within the Department of Homeland Security *Comprehensive Preparedness Guide 101*, emergency managers should prioritize the development of relationships that will result in an effective planning network. See Appendix H for existing groups who may also be instrumental partners in developing the planning network.

In addition to these groups, there are national organizations that have expertise in emergency planning with specific segments of special needs populations.

2.1.1a Existing Groups: Phase 1 Recommendations

- State and Local Emergency Management Agencies should:
    - Require municipalities to have and test alert systems such as sirens, electronic billboards.
    - Continue to require all municipalities to conduct multi-year drills and exercises, including those for response, evacuation, sheltering, and pandemic shelter-in-place.
    - Require local, state, and federal governments to publish nonconfidential strategic aspects of disaster plans for the public to see. Plans should be published in Web sites, libraries, schools, and other public places to gain maximum exposure. Consideration must be given to providing as much unclassified information contained in the plans as possible without compromising security of the plans. We do not recommend specific tactics be published.
- State and County Departments of Public Health and Human Services should:
    - Require all public and private hospitals, nursing homes, and rehab centers to have post-disaster plans and regular drills. Plans should address staff, in-patients, out-patients, and caregivers.
    - Require organizations providing services for the elderly, disabled, and animals to have post-disaster plans and drills.
- State and Federal Departments of Corrections should:
    - Require those providing incarceration services to have post-disaster plans and drills as appropriate.

2.1.1b Existing Groups: Phase 2 Recommendations

- There are no mid-term recommendations for existing groups. Mid-term collaboration recommendations focus on desired groups.

2.1.1c Existing Groups: Phase 3 Recommendations

- The Regional Preparedness Workgroup Subcommittee on Funding should establish a pooled "preparedness fund" that would be made available to organizations needing to purchase "just in time" goods and resources in the event of a disaster. Funding disaster relief organizations would remain voluntary and the purpose of the pooled fund would be to prevent gaps between disaster incidents and fundraising efforts where organizations experience funding shortfalls that impact their service delivery. This funding pool could be accomplished through public and private monies set aside for this purpose.

2.1.2 Desired Groups

Initially, the primary need for a new group is to coordinate emergency management services across all involved parties. As described earlier in this report, current groups tend to focus on either governmental, infrastructure or nongovernmental organizations. The CMAP planning process brought together a unique cross-organization team that was additive to those that already exist (e.g. RCPT) and provided a forum for different voices and needs to be explored holistically. We recommend that this forum continue with a new charter and this is the basis for the Regional Preparedness Workgroup.

The recommendations below address this cross-organization need and identify other groups needed to establish an effective network.

2.1.2a Desired Groups: Phase 1 Recommendations

- The American Red Cross of Greater Chicago should establish a Regional Preparedness Workgroup of both government and nongovernment members that would continue the cross-constituency work of the CMAP Advisory Committee. Initially, this workgroup would continue to make recommendations and would stimulate action on these recommendations. Eventually this group would need authority to require action.

- The Regional Preparedness Workgroup must work closely with RCPT (Regional Catastrophic Planning Team) which was founded in 2007, is funded by a regional catastrophic planning grant and is comprised of regional government groups to address regional planning. We envision that liaison(s) from RCPT would be key members of the Regional Preparedness Workgroup.

2.1.2b Desired Groups: Phase 2 Recommendations

- In order to fully encompass the discussion on preparedness, additional groups should be developed to establish an effective planning network. These include:
    - 2-1-1 Human Services Information and Referral Services
    - Food providers, suppliers, distributors
    - Commercial Businesses/Employers
    - Social networking organizations/groups

- The state legislature should give authority and funding to the Regional Preparedness Workgroup to improve coordination of response activities across multiple stakeholders. As this authority is given, we recommend that the organization be renamed “Regional Preparedness Authority” to reflect the change in its role.

2.1.2c Desired Groups: Phase 3 Recommendations

- There are no Phase 3 Recommendations for Desired Groups.

2.2 Coordination

The strategy to build this seamless, inter-organizational network will require establishing roles and responsibilities for each group, identifying the points of intersection and defining the scope of responsibility to enable a clean transition without gaps. Achieving this strategy will require building on the strong, existing mutual aid organizations in Illinois. The master plan must also consider how long the first responder organizations are involved and how to transition back to ongoing operations.

2.2.1 Roles and Responsibilities

The newly formed Regional Preparedness Workgroup would work to define and maintain roles and responsibilities for the organizations based on their level of participation and their degree of responsibility. We envision that the network would be divided into four categories with three levels of responsibility as outlined in the following sample matrix.

Responsibility Sample Category	Responsible (Direct local, state, or federal legal requirements)	Accountable (Mission-directed support roles)	Informational (Needs to be informed regarding plans and processes affecting their stakeholders)
First Responder			
Immediate Support Groups			
Just –in-Time Resources			
Information and Planning Partners			

2.2.1a Roles and Responsibilities: Phase 1 Recommendations

- The Regional Preparedness Workgroup Subcommittee on Cross-Organization Coordination should establish and maintain a database of organizations that work across the key response disciplines and outline roles and responsibilities based on specific scenarios. The database should include services provided, contact information, and communication protocols used.

- The state should require local and county organizations to develop mitigation plans and programs, with specific organizational roles, address likely scenarios i.e., severe weather, flood, those most common to our region.

- Federal and state emergency management agencies should continue to require all jurisdictions to conduct multi-year preparedness exercise programs for response, evacuation, sheltering, and pandemic shelter-in-place. These are currently tied to federally funded grant programs and we recommend they retain ties to funding sources.

2.2.1b Roles and Responsibilities: Phase 2 Recommendations

- The state legislature should give authority and funding to the Regional Preparedness Workgroup to improve coordination of response activities across multiple stakeholders. As this authority is given, we recommend that the organization be renamed "Regional Preparedness Authority" to reflect the change in its role.

- Recognizing that training to a common standard will provide for greater inclusion and transparency between first responder, government and relief organizations, we make the following recommendations:

    - FEMA should require governmental disaster relief organizations to train and coordinate their activities under a single standard such as the National Incident Management System (NIMS) to assure uniformity of processes, procedures, and coordination.

    - The Regional Preparedness Workgroup should require all other disaster relief organizations to train and coordinate activities to the same standard as the government, presumably the National Incident Management System (NIMS) to assure mutual uniformity of processes, procedures, and coordination.

- The Regional Preparedness Workgroup should work with State and County Departments of Human Services to establish processes for transitioning individuals from response organizations to long-term service providers from ongoing human services organizations. The long-term service providers should be the lead agencies responsible for long-term recovery of disaster victims, i.e., temporary transitional housing, medical care, mental health services.

2.2.1c Roles and Responsibilities: Phase 3 Recommendations

- Federal and state emergency management agencies should initiate policies that mandate buyout and/or demolition of properties in flood zones.

- The Regional Preparedness Workgroup should work with the Illinois Municipal League and the IEMA Safe Home Illinois Partners to determine ways to strengthen building codes in new construction to mitigate wind damage, i.e., concrete construction, reinforced roofing, and more durable materials.

2.2.2 Transitioning to Ongoing Operations

There are two aspects required for the region to return to normalcy. First, people will need assistance to transition to a more stable environment where there is adequate housing, jobs, education and resources. Human services organizations are best positioned to facilitate the return to normalcy. These organizations may be governmental, nongovernmental, or faith-based and share an expertise in serving the needs of those transitioning to stable settings.

The second aspect that cannot be overlooked is the need to mitigate future damages. With any disaster, there are lessons learned and it is important to incorporate these into mitigation plans in order to increase the potential for avoiding future disasters.

Both of these aspects are addressed in this set of recommendations.

2.2.2a Transitioning to Ongoing Operations: Phase 1 Recommendations

- The IEMA Mitigation Division should require all counties to develop a State / FEMA approved mitigation plan that is updated in any post-disaster situation.

2.2.2b Transitioning to Ongoing Operations: Phase 2 Recommendations

- State/County Human Services should work closely with disaster relief and governmental organizations to develop plans to transition individuals to human services organizations to lead long-term recovery.

2.2.2c Transitioning to Ongoing Operations: Phase 3 Recommendations

- FEMA/IEMA Grant programs should be prioritized according to risks, and grouped into communities based on commonality. Greater accountability regarding the use of grant funding and results to the community of funded projects should be an integral part of the process.

- NGOs, state, county and private organizations should work with state legislative bodies to provide state funding to cover the cost of disaster recovery efforts not covered by a Presidential disaster (FEMA) declaration.

- The state should also publish guidelines outlining the hierarchy of funding responsibilities to provide jurisdictions at all levels with a clearer understanding of disaster related funding sources.

2.3 Interagency Communication

The strategy to accomplish effective inter-organizational communications will require identifying the key agencies and implementing a vehicle for them to relay information without limiting their ability to provide services.

2.3.1 Interoperability

Establishing effective interoperable communications requires identifying the key response disciplines, determining the appropriate communications networks, and implementing communications standards.

2.3.1a Interoperability: Phase 1 Recommendations

- As noted above, the Regional Preparedness Workgroup should establish and maintain a database of organizations that work across the key response disciplines and outline roles and responsibilities based on specific scenarios. The database should include services provided, contact information, and communication protocols used.

2.3.1b Interoperability: Phase 2 Recommendations

- The state and county emergency management agencies should work with MABAS (Mutual Aid Box Alarm System), ILEAS (Illinois Law Enforcement Alarm System) and other first responders to develop a regional standard to establish uniform interoperability of all first responder communication equipment. Establish funding to pay for purchase and upgrade of the equipment and leveraging of regional purchases to obtain favorable pricing.

2.3.1c Interoperability: Phase 3 Recommendations

- The state and county emergency management agencies should establish funding to pay for purchase and upgrade of the equipment and leveraging of regional purchases to obtain favorable pricing.

- The state and county emergency management agencies should work with MABAS and ILEAS to require first responder organizations to have communications equipment adhering to the standard with 5 years.

3.0 RESOURCES

3.1 Technology

Technology can be used during an emergency or disaster situation to improve and enhance personal communications and provide identification to aid in locating families and pets. Technology can also play a role in expediting medical history information to aid in the care of disaster victims. The difficult part is to balance the benefits of these programs against the privacy issues. Therefore, these programs should be voluntary and noninvasive. There is a huge opportunity for future technological breakthroughs and innovations to dictate what types of systems/devices will be used to accomplish this.

The strategy to build technology resources will be to identify gaps where technology enhancements could improve emergency management performance and to monitor technology changes in order to leverage them for emergency management activities.

3.1a Technology: Phase 1 Recommendations

- The Regional Preparedness Workgroup Subcommittee on Technology should identify technology companies who might develop innovations and explore technology developments that could impact emergency preparedness and management. The subcommittee should work with FEMA and DHS to incorporate technology innovations into the NIMS protocols.

3.1b Technology: Phase 2 Recommendations

- The Regional Preparedness Workgroup Subcommittee on Technology should work with technology companies to address issues with technical compatibility and privacy.

3.1c Technology: Phase 3 Recommendations

- There are no specific Phase 3 Recommendations for Technology.

3.2 Transportation

The strategy to coordinate transportation resources will require identifying key participants and coordinating an integrated plan for all logistics including evacuation and supply lines. The master regional plan must include all levels of government and address both outgoing and incoming logistical needs using all available transportation options including land, air, and water.

3.2a Transportation: Phase 1 Recommendations

- The Regional Preparedness Workgroup should work with the Center for Neighborhood Technology on their research with the Virginia Polytechnic Institute and the University of Southern California to analyze the social considerations that impact evacuation times.

- The RCPT (Regional Catastrophic Planning Team) should address roles and responsibilities for public transportation services during an emergency.

- The RCPT should address traffic management concerns that may occur during an emergency. Initial specific evacuation recommendations are:

    - Traffic management should consider keeping at least one major east-west arterial road reserved for use by EMS vehicles. Block off the streets immediately to prevent traffic congestion. We recommend Harrison Street as it can be used to gain access to emergency rooms in the Illinois Medical District.

    - Cities should consider the need to remove parked cars from major arterial streets and evacuation routes in order to facilitate the flow of traffic. To accomplish this we recommend that cities enter into a Memorandum of Understanding with licensed relocation services to supplement city tow trucks and to establish secure lots where the vehicles will be taken.

- CMAP should consider emergency transportation needs when spending 2009 stimulus package money.

- The RCPT should identify alternate transportation modes that could be mobilized for in-bound (responders and supplies) and out-bound (evacuees) use in an emergency. Options may include Para-transit services such as school buses, tour buses, taxicabs, or it may be personal vehicles such as cars, trucks, and even boats. Begin work to determine how to best engage these alternate sources in the event of an emergency.

3.2b Transportation: Phase 2 Recommendations

- The RCPT should determine additional transportation infrastructure needed to support evacuation based on the social considerations research.

- The RCPT should increase coordination across the transportation organizations to support both incoming and outgoing logistical needs.

- CMAP should monitor regional transportation changes to include new organizations and to address new routes including those that may involve land, air, or water.

- The RCPT and the Regional Preparedness Workgroup should implement plans to include alternate transportation modes in emergency management activities including those that may involve land, air, or water.

3.2c Transportation: Phase 3 Recommendations

- There are no specific Phase 3 Recommendations for Transportation.

3.3 Facilities

The strategy for facilities must address identifying shelter for humans, animals, and supplies that are feasible for evacuation and those needed for shelter-in-place scenarios. The strategy must provide for a plan to manage these facilities to ensure security and safety for all.

3.3a Facilities: Phase 1 Recommendations

- State and local emergency management agencies should require lodging facilities to have emergency preparedness plans that address demands for shelter-in-place from a local situation and demands for evacuation from a remote location.

- The Regional Institute for Community Policing (RICP), the Illinois Department of Agriculture, the Illinois State Veterinary Medical Association and the Illinois Veterinary Emergency Response Team should work with state and local emergency management agencies to establish a regional pet all-hazards plan including shelter facilities. This plan can build on the recently implemented "All Disaster Animal Evacuation and Emergency Sheltering plan".

3.3b Facilities: Phase 2 Recommendations

- As noted above, the American Red Cross of Greater Chicago and its partners in the Regional Preparedness Workgroup should identify and prioritize facilities, including schools, that would be suitable as shelters in an emergency situation and outline requirements that need to be achieved. Upon identification and confirmation, they should then outline requirements that need to be achieved and a timeline for establishing those facilities in the National Shelter System Database.

3.3c Facilities: Phase 3 Recommendations

- The State Department of Revenue should give tax credits or incentives to facilities that agree to become shelters in times of emergencies.

- The state government should require certain public facilities supported by federal / state taxes (i.e. schools, libraries, hospitals) to serve as disaster shelters. Tax credits or other incentives should be given to facilities that agree to become shelters in times of emergency.

- As noted above, the state government should require facilities identified as shelters to install back-up generators and make other adjustments as defined by the requirements.

3.4 Utilities

Coordinated plans already exist for most utility services so our strategies focus on entities from which the community would benefit if they were able to restore service more quickly.

3.4a Utilities: Phase 1 Recommendations

- Federal and state emergency management agencies should continue to require utilities to participate in coordinated plans.

- The Regional Preparedness Workgroup should identify providers (e.g. gas stations, pharmacies) of key services in an emergency situation and determine what utilities would be required to restore service quickly to these businesses.

3.4b Utilities: Phase 2 Recommendations

- The Regional Preparedness Workgroup should work with identified key service providers to develop plans for emergency management activities, for example acquiring emergency generators. In Phase 2, the key service providers should implement these plans on a voluntary basis.

3.4c Utilities: Phase 3 Recommendations

- Federal and state emergency management agencies should require identified key service providers to adhere to plans for restoring services as outlined in the plans. The goal is that they can continue to provide services during an emergency situation.

3.5 Food, Water and Supplies

The strategy for food, water, and supplies must address acquisition, pre-positioning, transportation and distribution, re-supply, and sustainability of these supplies for both humans and animals, including those from the disaster area and for responders from outside the area. The strategy must include a plan to manage food and water supplies to ensure their security and safety.

3.5a Food, Water and Supplies: Phase 1 Recommendations

- The Regional Preparedness Workgroup should identify critical supplies that must be available in the event of an emergency.

3.5b Food, Water and Supplies: Phase 2 Recommendations

- Federal and State Departments of Human Services should require the following:
    - food vendors (e.g. grocery stores, food pantries and other places where there are bulk quantities of food) to have an emergency plan that addresses how they would help provide/distribute food in an emergency
    - plans for other identified supplies

3.5c Food, Water and Supplies: Phase 3 Recommendations

- Federal and State Departments of Human Services should require funding and programs that allow food vendors to quickly adjust inventory levels in a just-in-time scenario to provide for mass feeding. These programs must build on best practices and experience such as those that show stockpiling disaster relief supplies is not productive unless those supplies are allowed to rotate inventory.
- Federal and State Departments of Human Services should establish funding for all supplies identified as critical to an emergency situation.

3.6 Communications

The strategy to accomplish communications within and without the region will require establishing redundant communications and educating the public on alternative options.

3.6a Communications: Phase 1 Recommendations

- State and local response agencies such as MABAS and ILEAS should:
    - Identify alternate communication channels that may be more available than traditional channels during an emergency. For example, consider how to use the concept behind an "Amber Alert" to update communications on billboards.
    - Educate the public on use and content of these channels.
    - Consider results from information sources and communication channels to develop the best vehicle for maintaining and restoring:
        - person-to-person communication
        - public communication
        - inter-organization communication

3.6b Communications: Phase 2 Recommendations

- As noted above, the state should implement a state-wide hotline (211) services to provide easy access to human services organizations.

3.6c Communications: Phase 3 Recommendations

- The Regional Preparedness Workgroup Subcommittee on Technology should monitor emerging technology and drive innovations that will support emergency management activities or respond to new communication channels that can be used to address public, inter-organization, and intra-organization communications. The subcommittee should work with FEMA and DHS to incorporate technology innovations into the NIMS protocols.

Conclusion

The Chicago metropolitan area needs a culture of preparedness. Recent data shows that for every dollar spent on preparedness, six to nine dollars are saved during disaster response and recovery. Without increased preparation, past events provide a dim view of the future: disasters that cause overwhelming fear among citizens and create increasing burdens on the resources of state and local governments and disaster relief agencies. In recent years, we have witnessed more state and local governments struggling to provide services in response to recent disasters. These difficulties are exacerbated by the current economic conditions. As we have witnessed from past events, this is especially true when plans aren't executed or circumstances hamper our collective ability to deal with aftermath of a catastrophic incident.

Many times, people expect someone else, some other organization, or some level of government to address these issues. Often the federal government unfairly absorbs much of the blame when things go wrong. The fact is that disaster preparedness is everyone's problem, and no single agency or government entity can do it alone. We can and must do better to improve our region's preparedness by transforming the way we think and act regarding disasters.

First and foremost, we must mobilize people to care for themselves and others. They must prepare for the disaster through training and personal plans for evacuation, shelter, food and water. This personal preparation best positions individuals to survive a disaster and minimize the financial, physical, and emotional impact. To accomplish this, government agencies, nongovernment organizations and disaster relief agencies must collaborate to provide clear information so that the public is better informed before the disaster. This allows individuals to fully evaluate risks, options and actions they need to take to assure the safety of their families and communities. Preparedness should be more than a passing thought or a buzzword. Each family's daily routine must include the provision of emergency supplies and specific plans for what their household will do in an emergency.

As a community, we must optimize existing resources. This includes the pre-positioning of food, water and supplies throughout the area and establishing cross-regional agreements that will create redundant coverage in any sector. Communities should fully utilize resources and use local businesses as an integral part of the disaster response. Local governments and relief agencies should have pre-arranged agreements with businesses to provide emergency goods services and volunteers and inform businesses on the non-confidential aspects of the response logistics.

Officials must also begin to view the residents in disaster areas as resources rather than "victims." We must increase training and integrate it into existing activities (e.g. high school graduation, state ID process) so that it becomes part of our normal routine. Plans and processes between health care providers, human services, first responders, relief agencies and community groups need to be streamlined and coordinated to prevent duplication of efforts and wasted resources.

Those who volunteer their time and talent to create resilient communities should become full partners in training and exercises that will better equip their communities to cope with the devastating effects of catastrophic events and localized emergencies. These volunteers must be prepared and trained to assist government responders in an organized and cohesive manner with uniform training and specific duties and responsibilities. In addition, responders must have plans in place to effectively utilize spontaneous volunteers so those resources expand response and recovery activities.

This report is the first step of creating a comprehensive plan to take bold and innovative approaches to address gaps in our region's capabilities to make the metropolitan area a safer, more resilient environment for all our citizens. Changes in attitude, action and aggressive public policy will be needed to achieve this goal. The combined efforts of government, business, philanthropy, community-based groups and the faith community must be meshed into a singular purpose. Failure is not an option. The very lives and welfare of our citizens are at stake.

APPENDIX A: DEFINITIONS

These definitions come from the Interim emergency Management Planning Guide for Special Needs Populations Federal Emergency Management Agency and DHS Office for Civil Rights and Civil Liberties. These are from the initial version published August 15, 2008.

Accessible. Having the legally required features and/or qualities that ensure entrance, participation, and usability of places, programs, services, and activities by individuals with a wide variety of disabilities.

Agency. A division of government with a specific function offering a particular kind of assistance. In the Incident Command System, agencies are defined either as jurisdictional (having statutory responsibility for incident management) or as assisting or cooperating (providing resources or other assistance). Governmental organizations are most often in charge of an incident, though in certain circumstances private-sector organizations may be included. Additionally, nongovernmental organizations may be included to provide support.

Centers for Independent Living (CILs). Community-based, nonresidential organizations that help create opportunities for, and eliminate discrimination against, people with disabilities.

Children. Encompasses individuals from birth through age 18, covering the entire spectrum of developmental stages.

Citizen Corps. Administered by the Department of Homeland Security/Federal Emergency Management Agency, Citizen Corps brings government and community members and organizations together to involve community members in all-hazards emergency preparedness, planning, mitigation, response and recovery. Citizen Corps includes a network of local, state and tribal councils, which increase community preparedness and response capabilities through public education, outreach, training and volunteer service.

Closed captioning. The display of text coinciding with the audio portion of a television broadcast that allows persons with hearing disabilities to have access to these broadcasts.

Disability (individual with). A person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such impairment, or a person who is perceived by others as having such impairment.

Durable medical equipment. Certain medical equipment for use in the home, such as walkers or wheelchairs.

Emergency. Any incident, whether natural or manmade, that requires responsive action to protect life or property. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, an emergency means any occasion or instance for which, in the

determination of the President, federal assistance is needed to supplement state and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.

Emergency Operations Plan (EOP). The ongoing plan maintained by various jurisdictional levels for responding to a wide variety of potential hazards.

Emergency public information. Information that is disseminated primarily in anticipation of an emergency or during an emergency. In addition to providing situational information to the public, it also frequently provides directive actions required to be taken by the general public.

Emergency Support Function (ESF) Annexes. Present the missions, policies, structures and responsibilities of federal agencies for coordinating resource and programmatic support to states, tribes and other federal agencies or other jurisdictions and entities when activated to provide coordinated federal support during an incident.

Federal. Of or pertaining to the federal government of the United States of America.

Geographic Information System (GIS). A system for capturing, storing, analyzing and managing data and associated attributes which are spatially referenced to the earth. In the strictest sense, it is a computer system capable of integrating, storing, editing, analyzing, sharing and displaying geographically referenced information.

Limited English proficiency. Persons who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English. These individuals may be entitled to language assistance with respect to a particular type of service, benefit, or encounter.

Local government. A county, municipality, city, town, township, local public authority, school district, special district, intrastate district, council of governments (regardless of whether the council of governments is incorporated as a nonprofit corporation under State law), regional or interstate government entity, or agency or instrumentality of a local government; an Indian tribe or authorized tribal entity, or in Alaska a Native Village or Alaska Regional Native Corporation; a rural community, unincorporated town or village, or other public entity. See Section 2 (10), Homeland Security Act of 2002, P.L. 107–296, 116 Stat. 2135 (2002).

Mitigation. Activities providing a critical foundation in the effort to reduce the loss of life and property from natural and/or manmade disasters by avoiding or lessening the impact of a disaster and providing value to the public by creating safer communities. Mitigation seeks to fix the cycle of disaster damage, reconstruction, and repeated damage. These activities or actions, in most cases, will have a long-term sustained effect.

Mutual Aid and Assistance Agreement. Written or oral agreement between and among agencies/organizations and/or jurisdictions that provides a mechanism to quickly obtain emergency assistance in the form of personnel, equipment, materials, and other associated

services. The primary objective is to facilitate rapid, short-term deployment of emergency support prior to, during and/or after an incident.

National. Of a nationwide character, including the federal, state, local and tribal aspects of governance and policy.

National Incident Management System (NIMS). System that provides a proactive approach guiding government agencies at all levels, the private sector and nongovernmental organizations to work seamlessly to prepare for, prevent, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location or complexity, in order to reduce the loss of life or property and harm to the environment, supporting technologies and the maintenance for these systems over time.

National Response Framework (NRF). Guides how the nation conducts all-hazards response. The framework documents the key response principles, roles and structures that organize national response. It describes how communities, states, the federal government, and private-sector and nongovernmental partners apply these principles for a coordinated, effective national response. And it describes special circumstances where the federal government exercises a larger role, including incidents where federal interests are involved and catastrophic incidents where a state would require significant support. It allows first responders, decision makers and supporting entities to provide a unified national response.

Nongovernmental Organization (NGO). An entity with an association that is based on interests of its members, individuals or institutions. It is not created by a government, but it may work cooperatively with government. Such organizations serve a public purpose, not a private benefit. Examples of NGOs include faith-based charity organizations and the American Red Cross. NGOs, including voluntary and faith-based groups, provide relief services to sustain life, reduce physical and emotional distress, and promote the recovery of disaster victims. Often these groups provide specialized services that help individuals with disabilities. NGOs and voluntary organizations play a major role in assisting emergency managers before, during, and after an emergency.

National Voluntary Organizations Active in Disaster (National VOAD). A consortium of more than 30 recognized national organizations active in disaster relief. Their organizations provide capabilities to incident management and response efforts at all levels. During major incidents, National VOAD typically sends representatives to the National Response Coordination Center to represent the voluntary organizations and assist in response coordination.

Para transit. The family of transportation services which falls between the single occupant automobile and fixed route transit. Examples of para transit include taxis, carpools, vanpools, minibuses, jitneys, demand responsive bus services and specialized bus services for the mobility impaired or transportation disadvantaged.

Preparedness. Actions that involve a combination of planning, resources, training, exercising, and organizing to build, sustain, and improve operational capabilities.

Preparedness is the process of identifying the personnel, training, and equipment needed for a wide range of potential incidents, and developing jurisdiction-specific plans for delivering capabilities when needed for an incident.

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

Reasonable accommodation/Reasonable modification. In general, an accommodation is any change to the rules, policies, procedures and environment or in the way things are customarily done that enables an individual with a disability to enjoy greater participation. A requested accommodation is unreasonable if it poses an undue financial or administrative burden or a fundamental alteration in the program or service.

Recipients of federal financial assistance. All types of entities that receive federal financial assistance, regardless of whether they are a governmental agency, a private organization or a religious entity.

Recovery. The development, coordination and execution of service- and site- restoration plans; the reconstitution of government operations and services; individual, private-sector, nongovernmental and public-assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental and economic restoration; evaluation of the incident to identify lessons learned; post-incident reporting; and development of initiatives to mitigate the effects of future incidents.

Religious entity. A religious organization, including a place of worship.

Resources. Personnel and major items of equipment, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained. Under the National Incident Management System, resources are described by kind and type and may be used in operational support or supervisory capacities at an incident or at an emergency operations center.

Response. Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property and meet basic human needs. Response also includes the execution of EOPs and of mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes. As indicated by the situation, response activities include applying intelligence and other information to lessen the effects or consequences of an incident; increased security operations; continuing investigations into nature and source of the threat; ongoing public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and specific law enforcement operations aimed at preempting, interdicting or disrupting illegal activity, and apprehending actual perpetrators and bringing them to justice.

Service animal. The ADA defines "service animal" as any "guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability."

Sign language interpreter. A person who has been trained to use a system of conventional symbols or gestures made with the hands and body to help people who are deaf, are hard of hearing, or have speech impairments communicate.

Special needs populations. Populations whose members may have additional needs before, during and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision and medical care. Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are elderly; who are children; who are from diverse cultures; who have limited English proficiency or are non-English speaking; or who are transportation disadvantaged.

State. Refers to any state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, and any possession of the United States. See Section 2 (14), Homeland Security Act of 2002, Public Law 107-25 296, 116 Stat. 2135 (2002).

Telecommunications. The transmission, emission or reception of voice and/or data through any medium by wire, radio, other electrical electromagnetic or optical means. Telecommunications includes all aspects of transmitting information.

Telecommunications Relay Service (TRS). A telephone service that uses operators, called communications assistants (CAs), to facilitate telephone calls between people with hearing and speech disabilities and other individuals. TRS providers—generally telephone companies—are compensated for the costs of providing TRS from either a state or a federal fund. There is no cost to the user.

Telecommunications Service Priority (TSP) Program. The National Security/Emergency Preparedness (NS/EP) TSP program is the regulatory, administrative and operational program authorizing and providing for priority treatment (i.e., provisioning and restoration) of NS/EP telecommunications services. As such, it establishes the framework for NS/EP telecommunications service vendors to provide, restore or otherwise act on a priority basis to ensure effective NS/EP telecommunications services.

Tribal. Referring to any Indian tribe, band, nation or other organized group or community, including any Alaskan Native Village as defined in or established pursuant to the Alaskan Native Claims Settlement Act (85 Stat. 688) [43 U.S.C.A. and 1601 et seq.], that is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

Video relay. Form of Telecommunications Relay Service that enables people who are deaf, are hard of hearing or have speech disabilities who use American Sign Language (ASL) to communicate with voice telephone users through video equipment, rather than through typed text.

Voluntary agency. Any chartered or otherwise duly recognized tax-exempt local, state or national organization or group that has provided or may provide needed services to the states, local governments or individuals in coping with an emergency or a major disaster.

APPENDIX B: ILLINOIS FEDERAL DISASTER DECLARATION HISTORY, 1996- 2006

The following table outlines the history of Illinois Federal Disaster declarations since 1996 that affected counties in the Chicago metropolitan area.

Year	FEMA Number	Type of Disaster	Location
1996	1129-DR	Flood	Northeastern Illinois – 15 counties
1997	1188-DR	Flash Flood	Chicago (Cook County)
1999	3134-EM	Snow	51 counties (PA only) North Central
2001	3161-EM	Severe Winter Storm	Central and Northeastern -27 counties
2002	1416-DR	Severe Storm, Scattered Tornadoes and Flooding	Central and Southern Illinois - 68 counties
2003	1469-DR	Tornadoes	Scattered - 16 counties
2004	1513-DR	Tornadoes	Kankakee, LaSalle, Putnam and Will counties
2005	3230-EM	Hurricane Katrina Evacuation	All 102 counties
2006	3269-EM	Snow	Northern and West Central Illinois - 26 counties Adams, Boone, Brown, Bureau, DeKalb, Fulton, Hancock, Henry, Kendall, Knox, LaSalle, Lee, Marshall, Mason, McDonough, McHenry, Menard, Ogle, Peoria, Pike, Putnam, Scott, Stark, Stephenson, Tazewell and Winnebago counties

APPENDIX C: HAZARD MITIGATION IDEAS

Some mitigation ideas fit easily into many or all hazard types. These also tend to fall under a type of planning generally referred to as "preparedness." A selection of mitigation/preparedness ideas is included; these ideas can be considered relevant to all aspects of mitigation.

Mitigation Idea	Description
Public Education and Awareness	State and local governments can provide information describing all types of hazards, methods for preventing and / or minimizing damages resulting from hazardous conditions, and measures to take when a hazard threatens. Either directly or by lobbying elected officials, citizens can also get involved in comprehensive planning activities that identify, prioritize and minimize their communities' hazards.
Mutual Aid/Interagency Agreements	Mutual aid or interagency agreements have value for preventing or responding to other hazard or emergency situations, as fire and police departments often do. Local governments should establish mutual aid agreements for utility and communications systems, including 9-1-1.
9-1-1 and 3-1-1	Some communities have expanded their basic 9-1-1 location identification telephone service to include features such as "enhanced 9-1-1" that registers name, address and a description of the building/site. It has become more common to use a "reverse 9-1-1" system with which a community can send out a mass telephone announcement to every number in the 9-1-1 system. Additionally, nonemergency 3-1-1 service can be used to have people call to get information, such as locations of cooling shelters during a heat wave.
NOAA Weather Radio	Communities can encourage the use of National Oceanic and Atmospheric Administration (NOAA) weather radios among their residents. At least one set of counties surrounding a chemical stockpile has provided NOAA weather radios to all homes and businesses within the area. NOAA Weather Radio continuously broadcasts National Weather Service forecasts, warnings and other crucial weather information. NOAA Weather Radio also provides direct warnings to the public for natural, manmade or technological hazards, and it is the primary trigger for activating our country's Emergency Alert System (EAS) on commercial radio, television and cable systems.
Emergency Alert System	Using digital technology to distribute messages to radio, television and cable systems, the EAS provides state and local officials with the ability to send out emergency information targeted to a specific area. The information can be sent electronically through broadcast stations and cable systems even if those facilities are unattended.
Continuity of Operations Planning	The goal of Continuity of Operations (COOP) planning is to ensure that the essential functions of an organization, including government, can continue

Mitigation Idea	Description
	to operate during and after an emergency incident which may prevent access to normally operating systems, such as physical plant, data or communication networks or transportation. Communities can encourage businesses, other organizations and families to prepare themselves by regularly backing up computer drives, copying essential files and/or important family information, and storing these items in a separate location. A larger organization may coordinate with another office from the organization in a different part of the country to take over operations when necessary.
Land Use Planning	Once a community is familiar with the location of its hazardous areas, it may adopt a land use plan, or modify an existing land use plan to: • Guide development away from hazardous areas; • Reduce density in the hazardous areas; or • Encourage greater development restrictions on the property.
Site Emergency Plans	Communities can encourage development and testing of internal emergency plans and procedures, including COOP planning, by businesses and other organizations. Communities should develop and test site emergency plans for schools, factories, office buildings, shopping malls, hospitals, correctional facilities, stadiums, recreation areas and other similar facilities.
Emergency Response Personnel	Emergency response personnel need to be trained and plan for various contingencies and response activities, such as evacuation, traffic control, search and rescue.
Community Emergency Response Teams	A community may consider sponsoring a Community Emergency Response Team, a volunteer group of citizens trained and equipped to respond if emergency services are unable to meet immediate needs of the community following a major disaster, especially if there is no warning.
Insurance	Insurance should not be considered an alternative to reducing damages for any type of hazard, but it does have the value of protecting oneself from financial devastation if damage were to occur.
Real Estate Disclosure	Real estate disclosure laws are important because they force a seller to advise a potential buyer about pre-existing conditions. This allows buyers to make more informed decisions about potential risks involved in owning property, such as whether a property is located in a floodplain or had been previously damaged from flood water or any other type of hazard condition.
Family Disaster Plans and Supply Kits	Communities can encourage residents to prepare themselves by stocking up with necessary items and planning for how family members should respond if any of a number of possible emergency or disaster events strike.

APPENDIX D: MITIGATION SUCCESS STORIES IN ILLINOIS

An independent study completed in 2005 by the Multi-hazard Mitigation Council documented that for every dollar spent on hazard mitigation there are four dollars in benefits. Beyond the economic savings to individuals and the government, the prevention of human suffering is the greatest accomplishment of the mitigation programs. Homes can be rebuilt and objects can be purchased, but disasters disrupt lives and destroy family keepsakes, like photos, that are priceless.

Success Stories Prior to 2004 Plan

CHICAGO RAINBLOCKER PROGRAM (IEMA)

Older large cities such as Chicago face a dilemma: Their combined sewers (storm water and sewage) are prohibitively expensive to separate, yet heavy rainstorms frequently cause combined storm water and sewage to overflow wherever possible, especially in residents' basements, resulting in expensive and hazardous damage. Chicago has experienced several declared disasters because of this. To mitigate, the city and IEMA funded a program to install inlet restrictors in storm water catch basins which reduce the influx of storm water at a rate that will not overwhelm the system. Water is stored temporarily by ponding on the streets, in most areas a minor hassle compared to basement flooding. A conservative estimate is that this effort has reduced heavy-rainstorm basement flooding by 75% and prevented over $100 million in damages. There has not been a presidential-declared disaster in Chicago since the inlet control valves were installed 10 years ago. We have encouraged other jurisdictions to use the inlet control valves, but so far no one has used them. There has been negative press about the valves, almost all of it unfounded. Following recent major storms in Chicago, several big stories were done on the negative impact of the valves, but at the tail end of the story it was stated that the valves had been removed in that area.

FLOODPLAIN MITIGATION (IEMA)

The Illinois Emergency Management Agency has mitigated more than 3,200 structures and parcels of land, and while the effort is ongoing, it has shown results. Community officials, especially those in heavily mitigated communities such as Grafton, have expressed great relief at the lack of stress during major flooding events. To them, flooding that was previously a season-long challenge is now a "non-event." The difficulty is in making people understand that nothing happening is really a major success. Since the 2004 plan, we have funded a project in Pearl and completed projects in Divernon, East Dubuque, Riverton, Rock Island County and Sangamon County. Major flooding has occurred on rivers

throughout the state in the last three years and the acquisitions have limited the damages so that no declaration was necessary.

CRITICAL BRIDGE SEISMIC HARDENING (IDOT)

The Illinois Department of Transportation is implementing a program to enhance the seismic resistance of high-risk bridges located at key positions in the state's transportation infrastructure. Many bridges have already been retrofitted.

SAFE HOME ILLINOIS (ARC/IEMA)

Under a federal grant, IEMA helped fund a wind mitigation outreach program with the American Red Cross of Greater Chicago. The program's purpose is to market the concepts of disaster resistant construction. The program has been very successful in achieving these goals by building a coalition of business, nonprofits and government groups to promote disaster resistant construction. The American Red Cross is considering this collaboration as a model for a national mitigation outreach effort. The program has orchestrated high-profile demonstrations of wind-resistant technology and model homes and created a Web site (safehomeillinois.org), which has had more than 500,000 hits. IEMA plans to continue the program.

EARTHQUAKE STUDY (IEMA)

IEMA has funded a project by the Mid-America Earthquake Center to conduct a Comprehensive Seismic Loss Assessment for the state. The assessment is in final draft and is providing insight into the damages the state can expect in a major earthquake event along the New Madrid or Wabash Valley faults. The insights will assist the state's efforts to plan and prepare for these disasters, and how to best direct mitigation efforts.

EARTHQUAKE RESISTANT CONSTRUCTION (IEMA)

More than $600,000 in HMGP funds were provided to the Waterloo School District to ensure the new high school was built to be seismically resistant.

KEEP COOL/KEEP WARM ILLINOIS (IDPH)

The Illinois Department of Public Health has launched outreach campaigns intended to help residents safely weather severe temperatures. Through the Keep Cool Illinois and Keep Warm *2007 Illinois Natural Hazards Mitigation Plan* I – 8 Illinois Web sites and hotlines, IDPH has made available tips for keeping temperatures comfortable, guidelines for safe and responsible outdoor activities during extreme temperature events and resources for assisting individuals with utility bills and finding emergency cooling or heating centers.

DROUGHT PLANNING (ISWS)

The Illinois State Water Survey has created a framework for drought and water supply planning. The ISWS publications Drought Planning for Small Community Water Systems and the Water Cycle and Water Budgets in Illinois examine the risks faced by community water supplies during drought events and present a framework for planning to meet those events with reduced economic and social impact.

LIGHTNING SAFETY AWARENESS (NWS)

The National Weather Service office in Lincoln has worked with IEMA to enhance public awareness of lightning hazards and safe practices. A Lightning Safety Awareness Week was held June 24 – 30, 2007 and an educational booklet, Lightning Safety Awareness was developed to disseminate lightning safety information.

IMPROVED COORDINATION BETWEEN STATE AND FEDERAL AGENCIES

The planning process for the initial state mitigation plan improved the relations between the different State agencies and between the state and federal agencies. By working together on the plan, connections were formed that were useful in the last three years. For example, IEMA worked with the NWS on the lightning awareness issues and when we received a disaster declaration for a winter storm, discussions were held with IDOT on the possibility of living snow fences. It should also be mentioned that with the 2007 plan, the state of Illinois uses the National Incident Management System (NIMS) to establish a framework for coordination. With NIMS and the National Response Plan, we address the complete spectrum of incident management and planning among federal, state, local nongovernmental and private sector organizations.

APPENDIX E: ILLINOIS NATURAL HAZARD MITIGATION PLANNING COMMITTEE MEMBERS

Member Organization	Purpose
American Red Cross	To provide insight into mitigation activities as they relate to response and recovery.
Federal Emergency Management Agency	To provide guidance on the planning process.
Capitol Development Board	To provide information on the status of building codes in Illinois.
Central Management Services	To provide data on state facilities and mitigation measures used at state facilities.
Illinois Department of Commerce and Economic Opportunity	To identify opportunities to promote economic development through mitigation initiatives. To be a liaison between local economic development agencies and the Illinois Natural Hazard Mitigation Planning Committee. To provide census data.
Illinois Department of Professional and Financial Registration /Insurance Div.	To provide insight into how reducing damages relates to consumers and the insurance industry.
Illinois Department of Natural Resources	To study the rivers and waterways of the state and identify solutions, both structural and nonstructural, to mitigate flooding. To ensure compliance with the NFIP regulations.
Illinois Department of Public Health	To provide information on preventing and controlling disease and injury which intersects with IEMA's mission?
Illinois Department of Transportation	To help local communities identify mitigation measures for state roads. To identify state resources and infrastructure vulnerable to hazards.
Illinois Emergency Management Agency	To coordinate mitigation planning and project implementation. To serve as a liaison between FEMA (Federal Insurance and Mitigation Administration) and the Illinois Natural Hazard Mitigation Planning Committee. To educate local governments (specifically local planning departments) on new hazard mitigation planning requirements and to aid the incorporation of mitigation concerns into local comprehensive planning efforts.

Illinois Emergency Services Managers Association	To be a liaison between the Illinois Natural Hazard Mitigation Planning Committee and the local governments about hazard mitigation planning requirements. To educate local officials about the resources available for mitigation planning assistance and training.
Illinois State Board of Education	To provide information on mitigation activities in the state's public schools including disaster resistant construction and disaster drills.
Illinois State Geological Survey	To provide information on the soil and geology of Illinois and its relation to natural hazards.
Illinois Historic Preservation Agency	To help communities identify ways to mitigate hazards that threaten historic resources in their communities. To assist communities in Section 106 review processes for mitigation projects in compliance with federal and state historic preservation regulations.
Illinois State Toll Highway Authority	To identify state resources and infrastructure vulnerable to hazards.
Illinois State Water Survey	To provide data on the state's climate as it relates to natural hazards (State Climatologist).
National Weather Service	To provide information on weather as it relates to natural disasters.

APPENDIX F: ILLINOIS HAZARD RATING PROCESS

The rating process was outlined in the 2007 Illinois Natural Hazard Mitigation Plan.

The overall objective of this process is to devise a method to compare and evaluate natural hazards in Illinois. In order to accomplish this task, a period of time was selected, data was collected on the natural hazards and categories for evaluation were identified. These categories were sub-divided into three divisions and scores for each division were given. The exact procedure is discussed in this appendix. The relevant counties in the resulting table are in the body of this report.

There are four categories (Historical/Probability, Vulnerability, Severity of Impact and Population) that will identify and define the ratings of each hazard, noted in the five tables on the next three pages. The first table will identify what has occurred in the past as a guide to projecting the probability for future occurrences. The second table will identify the number of citizens who might be impacted based on individual criteria identified in the methodology. The third table will estimate the severity by considering health and safety, continuity of operations, property, facilities, infrastructure, environment, economic and financial situation. The fourth category is population with two tables: table 4A is based on the 2000 census population and table 4B is based on the projected population growth for the next 10 years.

The first three tables are weighted three times as much as the last two tables combined. Each hazard (for example flood) will have a score from each of the five tables. These tables are displayed and the score to be used is identified on the following pages by table. This last column under each hazard will be the total overall score of the five tables. This overall score will be evaluated, as shown below:

- Low – 0 to 12 (green)
- Guarded – 13 to 24 (blue)
- Elevated – 25 to 36 (yellow)
- High – 37 to 48 (orange)
- Severe – 49 to 60 (red)

HISTORICAL/PROBABILITY (FREQUENCY)

- The number of times that a disaster has occurred in a jurisdiction in the past 50 years
- The information is being used to determine and evaluate the likelihood for future disasters

Low (6)	0 to 10 occurrences in the last 50 years
Medium (12)	11 to 50 occurrences in the last 50 years
High (18)	More than 50 occurrences in the last 50 years

VULNERABILITY (PERCENTAGE OF PEOPLE)

- The relationship of where people live in or near the hazard area
- The percentage of people that will be adversely affected should the hazard occur

Low (6)	Less than 10% of the total population of the jurisdiction
Medium (12)	10% to 25% of the total population of the jurisdiction
High (18)	More than 25% of the total population of the jurisdiction

SEVERITY OF IMPACT (INJURIES, FATALITIES, PERSONAL PROPERTY AND INFRASTRUCTURE)

- The worst conceivable impact to human life and property which could result from a hazard-
- The essential facilities are defined for this purpose as PUBLIC SAFETY (fire, police and local government) and UTILITIES (electric, gas, telephone water and sewer)

Low (6)	Minor injuries (under 50) and property damage (under $1,000,000), or less than 24 hour shutdown of essential facilities
Medium (12)	Serious injury (more than 50), major property damage (structural stability) ($1,000,001 to $15,000,000), or 24 to 72 hour shutdown of essential facilities
High (18)	Multiple deaths (more than 5), property destroyed or damaged beyond repair (more than $15,000,000), or more than 3 days of shutdown for essential facilities

POPULATION–COMBINED FOURTH CRITERIA (BASED ON 1/3 THE VALUE OF THE ABOVE TABLES.)

The committee was instructed to include growth as a factor for the risk assessment. After a review of the data the committee concluded that giving the future growth equal weight with the other factors skewed the risk assessment. Counties range in population from approximately 5,000 to 5,000,000. To say a population growth of 25% in a smaller county (1, 250) would have more of an impact than a larger county with 10% growth (500,000) was not acceptable to the committee.

The committee also determined that because of the large population disparity between counties the Vulnerability and Severity of Impact didn't fully distinguish the quantity of people that could be exposed to risk. The committee decided to give the population of the counties equal weight with the growth factor. The planning committee discussed the

impact of population on the risk assessment at length. While population is acknowledged to be an important factor to be considered, it is of lesser significance than the first three criteria and has been assigned 1/3 the value. On a scale of 100 the first three tables would receive 30 each and the remaining 10 was allocated to population.

POPULATION (NUMBER IN JURISDICTION)

- The actual 2000 population census figure per jurisdiction
- The quantity will be used to identify a slight increase in risk

Low (1)	0 to 100,000 population in the jurisdiction
Medium (2)	100,001 to 500,000 population in the jurisdiction
High (3)	More than 500,000 population in the jurisdiction

POPULATION GROWTH (PERCENTAGE OF INCREASE)

- The projected population growth in a jurisdiction over the next 10 years
- The population growth estimates will be used to identify a potential increase to risk

Low (1)	% of decrease to 10% projected population increase in the jurisdiction
Medium (2)	11% to 25% projected population increase in the jurisdiction
High (3)	More than 25% projected population increase in the jurisdiction

The methodology for the hazard worksheet and more detail on the process is available in the 2007 Illinois Natural Hazard Mitigation Plan at http://www.radon.illinois.gov/iema/planning/documents/Plan_IllMitigationPlan.pdf.

APPENDIX G: PREPAREDNESS SURVEY (AMERICAN RED CROSS AND YOUNG & RUBICAM)

FAMILIES
HOUSEHOLDS 3+, AGES 25-54, EMPLOYED AT LEAST PART-TIME

They are not prepared:

- 86% do not have a set place to meet in the event of a catastrophic disaster
- 87% have not been provided information about evacuation by their child's school

They are likely to act:

- 76% would make a plan to reconnect
- 50% will read literature to obtain additional information
- 55% would visit a Web site to obtain information
- 50% would build a kit
- 43.6% have been certified in either CPR or both first aid and CPR

They might not be as prepared as they would like to be because:

- 48% don't know where to get information
- 45% have not been contacted on how to prepare

HISPANIC COMMUNITY
AGES 35-54, SINGLE, MARRIED AND W/CHILDREN

A significant part of the population:

- Almost 30% of the Chicago population are Hispanic or Latino

They are not prepared:

- 64% have not been certified in either first aid or CPR in the last 3 years
- 75% have not been provided with specific information regarding their child's school or daycare's disaster or emergency plan
- 82% have not received information from their work place

They are likely to act:

- 30% already have a designated place to meet in the event of a catastrophic disaster
- 37% would attend an information session
- 45% would learn a life saving skill

- 65% would build a kit
- 80% would make a plan of action to reconnect with their family in the event of a disaster

SENIOR COMMUNITY
AGES 75 AND UP, RETIRED, FIXED INCOME

They are not prepared:

- 93% do not have a set place to meet in the event of a catastrophic disaster
- 96% have not been certified in either first aid or CPR in the last 3 years

They are likely to act:

- 65% will read literature to obtain additional information
- 73% would share information with their neighbors
- 37% will attend an information session
- 45% would build a kit

They might not be as prepared as they would like to be because:

- 48% don't know where to get information
- 76% have not been contacted on how to prepare

Source: American Red Cross and Young & Rubicam study

APPENDIX H: EXISTING GROUPS SUGGESTED FOR EMERGENCY PREPAREDNESS PLANNING

Note: This list represents only a guideline for suggested groups to consider for planning, other groups may be desired to achieve planning goals.

ANIMAL/PET WELFARE

- Veterinary resources
- Animal welfare agencies

EMERGENCY MANAGEMENT/RESPONSE

- State, Territorial, Tribal, or Local emergency management agencies
- Citizen Corps Councils and Program Partners (Community Emergency
- Response Teams (CERT), Medical Reserve Corps (MRC), Fire Corps, Volunteers in Police Service
- (VIPS) and Neighborhood Watch)
- Local Emergency Planning Committees (LEPC)
- Local first responders (i.e., police, fire, EMT)
- Metropolitan Medical Response System (MMRS)

DISASTER RELIEF

- Volunteer organizations (VOAD) such as the American Red Cross, Salvation Army

EDUCATIONAL

- Colleges and universities
- Public and Private Schools K-12
- Child care facilities (both center-based and home-based)

GOVERNMENTAL

- Health departments (State, Territorial, Tribal, and Local as appropriate)
- Departments of education
- Health and human services agencies (including child welfare)
- HUD or other rent-subsidized multi-family complexes
- HUD or otherwise subsidized unlicensed supervised living facilities
- Governor's committees on individuals with special needs and/or disabilities (as applicable)

HUMAN SERVICES

- Agencies on alcohol and drug addiction
- Job and family service agencies.
- Departments of aging and social services
- Vocational rehabilitation agencies

NONGOVERNMENTAL

- Culturally or language-based community groups
- Faith-based organizations

MEDICAL

- Hospitals and hospices
- Home health care organizations
- Medical service and equipment providers (including durable medical equipment providers)
- Pharmaceutical providers

MENTAL HEALTH

- Behavioral health and mental health agencies

SPECIAL NEEDS

- Commissions on the deaf and hard of hearing and the blind and visually impaired
- Local government and nongovernment disability agencies
- Nursing homes
- Independent living centers
- Translation and interpretation service agencies
- Developmental disabilities networks and service providers
- Individuals with special needs

OTHER

- Transportation service providers (including those with accessible vehicles)
- Utility providers
- Media
- Parents

APPENDIX I: SOURCES

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