Community Hazard Vulnerability Assessment (CHVA) and Resource Gap Analysis (RGA) 2020-2021

Table of Contents

Points of Contact

Shawna Murphy
Statewide Logistics Manager
Arizona Coalition for Healthcare Emergency Response (AzCHER)
2800 N Central Ave, Suite 1450
Phoenix, AZ 85004
928-542-3182
smurphy@azhha.org

Brianna Rooney
Statewide Planning Manager
Arizona Coalition for Healthcare Emergency Response (AzCHER)
2800 N. Central Ave, Suite 1450
Phoenix, AZ 85004
913-620-6569
brooney@azhha.org

Executive Summary

Statewide Community Hazard Vulnerability Assessment and Resource Gap Analysis

The Arizona Coalition for Healthcare Emergency Response (AzCHER) conducted a Statewide Community Hazard Vulnerability Assessment (CHVA) and Resource Gap Analysis (RGA) from October 2020 to January 2021 to identify the healthcare coalition's most significant risks. The CHVA/RGA process is an analysis of capacities and capabilities to address a medical surge and is intended to determine resource needs and gaps. Subsequently, the 2020-21 CHVA/RGA results inform AzCHER's preparedness priorities in training, exercising, and planning.

AzCHER Community Hazard Vulnerability List 2020-21

Statewide Top 5 Hazards:

1. Epidemic/Pandemic
2. Temperature Extremes
3. Communication/Information Technology (IT) Failure
4. Active Shooter/Weapon
5. Power Outage

List of Multi-Regional Hazards:

- Infectious Disease Outbreak
- Flood (Internal)
- Natural Disasters/Severe Weather
- Supply Chain Shortage/Failure
- Evacuation/Shelter in Place
- Wildfire

AzCHER Top Gaps in Planning and Resources

Statewide Planning Gaps:

- Hospital Pediatric Mass Casualty Incident Plan
- Hospital Closed Point of Dispensing Plan
- Long-term Care Continuity of Operations Plan
- Surge Capacity Planning

Statewide Resource Gaps:

- Pediatric Evacuation Equipment
- Bio-hoods and PAPR Kits
- Hospital patient redress kits/dry decon kits
- Public health mass mortuary equipment

Member-Driven Process at the Regional Level

The objective of the CHVA/RGA is to represent the whole community and the collective needs through a member-driven process. Members were asked to report on their facility HVA results, recent emergency activations, current organizational plans, and resource inventory, through a survey. Regional work groups led the process of identifying and prioritizing the likely hazards the region could face and discussed any gaps in resources. These often overlapped with the hazards that members identified in their facility HVAs, but the work groups also considered statewide resources, public health statistics, and county hazard mitigation plans. The work groups produced a coalition-specific risk and resource assessment by voting on the survey results. The vulnerabilities and resource gaps were sorted and prioritized, considering the likeliness to result in a coalition response. Generally,

work groups removed facility-specific vulnerabilities to focus on community-wide risks and resource gaps. Across the state, the CHVA/RGA process engaged 243 members of the general body and four CHVA/RGA work groups from each of AzCHER's regions. Each of the four AzCHER regions (Central, Northern, Southern, Western) identified their top five hazard vulnerabilities and prioritized gaps in plan elements and assets, which were then aggregated into a consolidated report that delineates the most pressing concerns facing the Arizona's healthcare delivery system

1.0 Introduction

1.1 Community Hazard Vulnerability Assessment and Resource Gap Analysis

The CHVA is a systematic approach to identifying the region's most significant risks – both natural and manmade – to the healthcare delivery system. As the healthcare coalition (HCC) serving the state of Arizona, Arizona Coalition for Healthcare Emergency Response (AzCHER) administers a CHVA to inform coalition priorities on an annual basis. The CHVA process is a member-engaged internal analysis of capacities and capabilities to address a medical surge and subsequently is intended to determine resource needs and gaps.

The RGA identifies the healthcare system's resources and services that are vital for the continuity of healthcare delivery during and after an emergency. The results are used to identify resources that could be coordinated and shared. The RGA is critical to uncovering resource vulnerabilities relative to the CHVA that could impede the delivery of medical care and healthcare services during an emergency. Overall, both assessments assist in determining future planning, trainings, and exercises.

1.2 CHVA Purpose: A Foundation for Medical and Healthcare Readiness

A Community Hazard Vulnerability Assessment (CHVA) helps build a foundation for medical and healthcare readiness by strategizing healthcare coalition functions based on regional risks and needs (U.S. Health and Human Services (HHS), Hospital Preparedness Program (HPP) Cooperative Agreement). This report will review the process for the regional chapters of Arizona's statewide healthcare coalition to aggregate organizational perceptions of hazard vulnerabilities and weight them with a population-based, regional context. The objective of the CHVA is to represent the whole community and the collective needs of the Arizona health system.

The CHVA represents the first step in identifying risks and needs - assess hazard vulnerabilities and risks (Figure 1).

1.3 RGA Purpose: A Foundation for Medical and Healthcare Readiness

The RGA helps build a foundation for medical and healthcare readiness by identifying the healthcare resources and services that are vital for the continuity of healthcare delivery during and after an emergency. This information is then used to identify resources that could be coordinated and shared, which is critical to uncovering resource vulnerabilities relative to the HVA that could impede the delivery of medical care and healthcare services during an emergency.

The resource assessment is different for various AzCHER member types but should address resources required to care for all populations during an emergency. The RGA includes but is not limited to the following:

- Clinical services – inpatient hospitals, outpatient clinics, emergency departments, private practices, skilled nursing facilities, long-term care facilities, behavioral health services, and support services
- Caches (e.g., pharmaceuticals and durable medical equipment)
- Healthcare facility, EMS, corporate health system, and HCC information and communications systems and platforms (e.g., electronic health records [EHRs], bed and patient tracking systems) and communication modalities (e.g., telephone, 800 MHz radio, satellite telephone)
- Home health agencies (including home and community-based services)
- Healthcare supply chain
- Medical and non-medical transportation system

The RGA represents the second step in assessing regional healthcare resources (Figure 1).

Figure 1. Preparedness Planning. The CHVA represents the beginning step to build the foundation for medical and healthcare readiness, highlighted in gold above, of the risk identification process. The RGA, highlighted in red, represents the second step of the risk identification process. The completed process is outlined in the AzCHER Preparedness Plan.

1.4 Arizona's Healthcare Coalition

AzCHER facilitates collaboration among public health, healthcare, pre-hospital and transport entities, emergency management, and various other community partners to 1) build, strengthen, and sustain a healthcare preparedness and response system in Arizona; and 2) assist Emergency Management and Emergency Support Function 8 (ESF-8) with meeting the National Preparedness Goal's five objectives: prevention, protection, mitigation, response, and recovery as related to healthcare disaster operations. AzCHER is the statewide healthcare coalition with four distinct regions: Central, Northern, Southern, and Western.

As a sub-recipient of the Hospital Preparedness Program (HPP) cooperative agreement, AzCHER is required to conduct an annual CHVA/RGA by the Assistant Secretary for Preparedness and Response (ASPR), a division of the US Department of Health and Human Services. ASPR requires core healthcare coalition capabilities for AzCHER, which informs the healthcare coalition's purpose and function. The purpose of AzCHER is to build resilience in the state's healthcare delivery system so that it is prepared to respond to and recover from a large-scale emergency or disaster.

1.5 CHVA/RGA in the Preparedness Cycle

A CHVA/RGA is a foundational tool for planning in the emergency preparedness cycle that informs the statewide preparedness and response. The CHVA/RGA process helps prioritize hazards and resources based on probability, magnitude, and mitigation metrics resulting in a collective analysis of capacities, capabilities, gaps, and needs to address a medical surge.

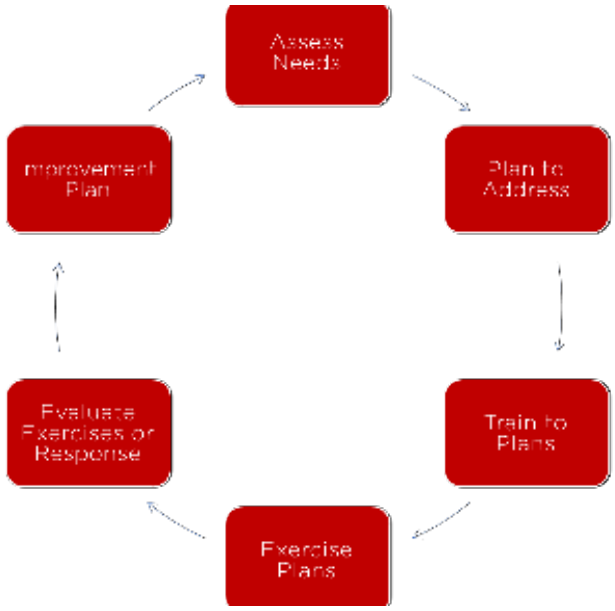


Figure 2. The Community Hazard Vulnerability Assessment (CHVA) and Resource Gap Analysis (RGA) is a critical planning tool in the coalition's statewide preparedness cycle. Coalition member engagement in the regional CHVA, which is then aggregated to produce a statewide CHVA, sets the groundwork for AzCHER's collective priorities each year.

The CHVA/RGA process allows individual organizations to integrate their identified vulnerabilities and resource gaps within the scope of the broader region's and state's vulnerabilities and resource gaps. CHVA/RGA results help the coalition prioritize emergency planning, mitigation, response, and recovery activities.

2.0 Methods

2.1 AzCHER Staff Role

The CHVA/RGA data collection was administered regionally by staff via emails and the monthly AzCHER newsletter. Staff recruited a CHVA/RGA work group, reviewed/updated the regional vulnerability profile, and participated in CHVA/RGA meetings. The Statewide Planning Manager and Statewide Logistics Manager were responsible for outlining the process, providing subject matter guidance, templates, facilitating the work group meetings and general body meetings, analyzing data, and authoring the final statewide summary report.

2.2 CHVA/RGA Process

Figure 3. The CHVA/RGA process involves input from staff, work groups, and the general membership.

2.3 Data Inputs

The CHVA/RGA incorporated data from three main inputs: regional vulnerability profiles, member survey, and CHVA/RGA work group workshopping.

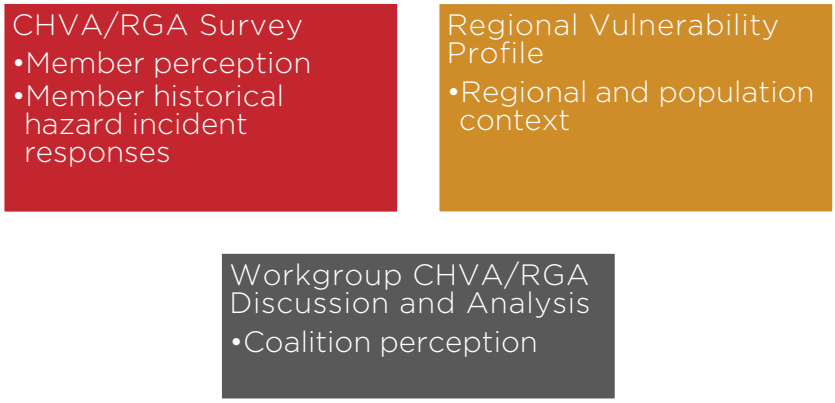


Figure 4. CHVA/RGA data inputs include feedback from all coalition partners and the CHVA functional work groups and includes a systematic review of multi-jurisdictional hazard information.

2.4 Vulnerability Profiles

The regional vulnerability profiles contribute local context and population-based information under a healthcare system preparedness lens for the CHVA/RGA. AzCHER Regional Vulnerability Profiles can be found in *Appendices 7-10*. Below is a list of vulnerability profile contents:

- Review of county Multi-Jurisdictional Hazard Mitigation Plans to gather information

on physical characteristics and infrastructure capabilities of the region, including geography, weather, roads, transportation, power, water, fuel, information technology, and communication
- Collection of county and regional data on vulnerable populations such as children, seniors, pregnant women, persons with access and functional needs, persons with disabilities, and those with unique medical needs
- A summary of healthcare facility assets including hospitals, licensed pharmacies, long-term care facilities, and bed capacity

2.5 Survey Administered to All Coalition Partners

A designated member representative from each member organization/facility (*Appendix 2: List of Participating Organizations*) was asked to complete an online survey (Appendix 1: CHVA/RGA Survey Questions) for each licensed facility. AzCHER's CHVA/RGA survey questions facilitate member reporting on their facility's most recent hazard vulnerability assessment (HVA) and resources. The CHVA survey questions are adapted from the 2017 Kaiser Permanente (KP) HVA Tool and past AzCHER CHVAs. Although the KP HVA tool was initially developed for hospitals, it is a widely adaptable tool that specifically evaluates any facility's ability to provide healthcare services. The KP HVA employs a worksheet method to systematically evaluate hazard vulnerability based on value-based quantitative inputs. The completion of this survey fulfills the Centers for Medicare and Medicaid Services (CMS) requirements for a healthcare facility's participation in a *Community* HVA process.

The RGA survey questions were developed from the Assistant Secretary for Preparedness and Response (ASPR) Resource and Gap Analysis Tool. This tool is designed to help coalition partners develop a common understanding of their resources and existing gaps, and strategies for prioritizing which gaps to close. Gaps may include inadequate plans or procedures, staffing, equipment and supplies, skills and expertise, and/or services. AzCHER has modified the tool to reflect its members' resources.

The survey was administered to designated member representatives through SurveyMonkey from October 15, 2020 to November 15, 2020. All member representatives for organizations/facilities were instructed to report data from their current HVA and resource analysis. Only one response from each member organization/facility was recorded to reduce any duplication. For example, if an organization submitted the survey once and went back to make edits, the first, incomplete survey response was deleted.

Member facilities that were invited to participate in the survey include, but were not limited to:

- Hospitals and healthcare organizations
- EMS / patient transport entities
- Local public health
- Tribal nations
- Local emergency management
- Behavioral health
- Community/volunteer organizations active in disaster

2.6 Survey Data Analysis

The survey asked facilities to report hazard vulnerabilities and resource gaps based on their facility/organizational perception, which included available resources and emergency planning questions specific to AzCHER member types (EMS, hospital, public health, long-term care, and outpatient care). The questions were tailored for healthcare emergency preparedness and response scenarios. A full list of questions and answers is available in *Appendix 1: CHVA/RGA Survey Questions*. Each response was weighted equally and ranked based on the highest number of responses. The survey responses were aggregated regionally and provided to the regional CHVA/RGA work groups in a presentation format.

2.7 Facilitated Discussion and Analysis by the CHVA/RGA Work Groups

The four CHVA/RGA Functional Work Groups were recruited from the general membership and the regional steering committees. The groups reviewed the hazard vulnerability data and resource gaps by coming to a consensus on all CHVA/RGA data inputs (i.e. the regional vulnerability profiles and member surveys).

The CHVA/RGA work groups represented the coalition's perspective, as opposed to being representatives of individual facilities, to ensure that the data reflected regional and statewide gaps and vulnerabilities. They used an open discussion forum and submitted feedback directly to the facilitators to evaluate the top coalition hazards and resource gaps.

The CHVA/RGA work groups then considered the survey data, regional considerations/unique priorities, and the vulnerability profile to produce a Top Five Regional Hazard Vulnerability List. The survey data listed by region is available in *Appendices 3-6: Regional Survey Results*.

All core member types were represented in the work groups and contributed to the discussion by adding sector-specific considerations to the hazard vulnerabilities and resource assessment deficiencies. The following members participated in the CHVA/RGA Work Groups as volunteers:

- Gila County Health Department
- Well Springs of Phoenix
- Dignity Health
- Desert Pain Institute
- Surgery Partners
- Beatitudes Home Health
- Suncrest Healthcare
- Covenant Health Network
- Valleywise Health
- Valley View Medical Center
- Compassus Hospital
- La Paz Regional Hospital
- Hospice of Havasu
- Kingman Regional Medical Center
- El Rio Health Center
- Patient Care Advocates
- Desert Dialysis
- Northern Cochise Community Hospital
- Arizona Healthcare Association
- Pima County Dept.
- Northwest Medical Center
- Copper Queen Community Hospital
- The Center at Tucson
- Haven Health
- Aria Hospice Comfort Care
- Southern Arizona VA
- Yavapai Regional Medical Center
- Chinle Indian Health Services
- Navajo County Public Health

2.8 Aggregation of Vulnerability Profiles and CHVA/RGA Survey Inputs

The Statewide Planning Manager and Statewide Logistics Manager aggregated data from the member CHVA/RGA Survey and CHVA/RGA Work Group discussions. Commonly perceived hazard vulnerabilities, as well as the historical hazard incident responses, were equally weighted in ranking the top five hazard vulnerabilities. Additionally, the available resources and gaps are averaged by number and type of responses at the regional and statewide levels. The CHVA/RGA Functional Work Groups were responsible for a deliberative process of reviewing and discussing results. The groups came to a consensus of the top five hazard vulnerabilities for the regional CHVA and agreed on identified resource gaps and planning priorities.

2.9 Prioritization of Resource Gaps and Mitigation Strategies

A comparison between available resources and the current CHVA will identify gaps and help prioritize AzCHER activities. Because the CHVA and RGA were conducted simultaneously, it makes for easy comparison. The resource gaps include a lack of, or inadequate, plans and procedures, staff, equipment and supplies, skills and expertise, services, or any other resources required to respond to an emergency. Just as the resource assessment will be different for different member types, so will efforts to prioritize identified gaps. AzCHER members should prioritize gaps based on consensus and determine mitigation strategies based on the time, materials, and resources necessary to address and close any disparities. Deficiencies may be addressed through coordination, planning, training, or resource acquisition. Ultimately, AzCHER will focus its time and resource investments on closing those gaps that affect the coalition's ability to respond.

Certain response activities may require external support or intervention, as emergencies may exceed established preparedness thresholds. Thus, during the prioritization process, planning to access and integrate external partners and resources (i.e., federal, state, and/or local) is a key part of gap closure.

3.0 Results

3.1 Survey

The survey captured responses from 243 statewide participants, which represents 63% of total members at the time of survey administration. Diverse healthcare sectors are represented including outpatient healthcare delivery (9%), skilled nursing/ long-term care facility (74%), acute care hospital (28%), home health/hospice organization (25%), public health agency (7%), and emergency management (3%). There are strengths and gaps based on the variety of responses collected by member type. Strengths identified in survey responses are 66 Hospitals, 75 LTC/SNF, and 42 Ambulatory Surgery Centers. Gaps identified are two tribes, five Emergency Medical Services (EMS) agencies, three Emergency Management (EM) organizations. AzCHER will work to recruit additional members and develop partnerships with the member types missing from the survey responses.

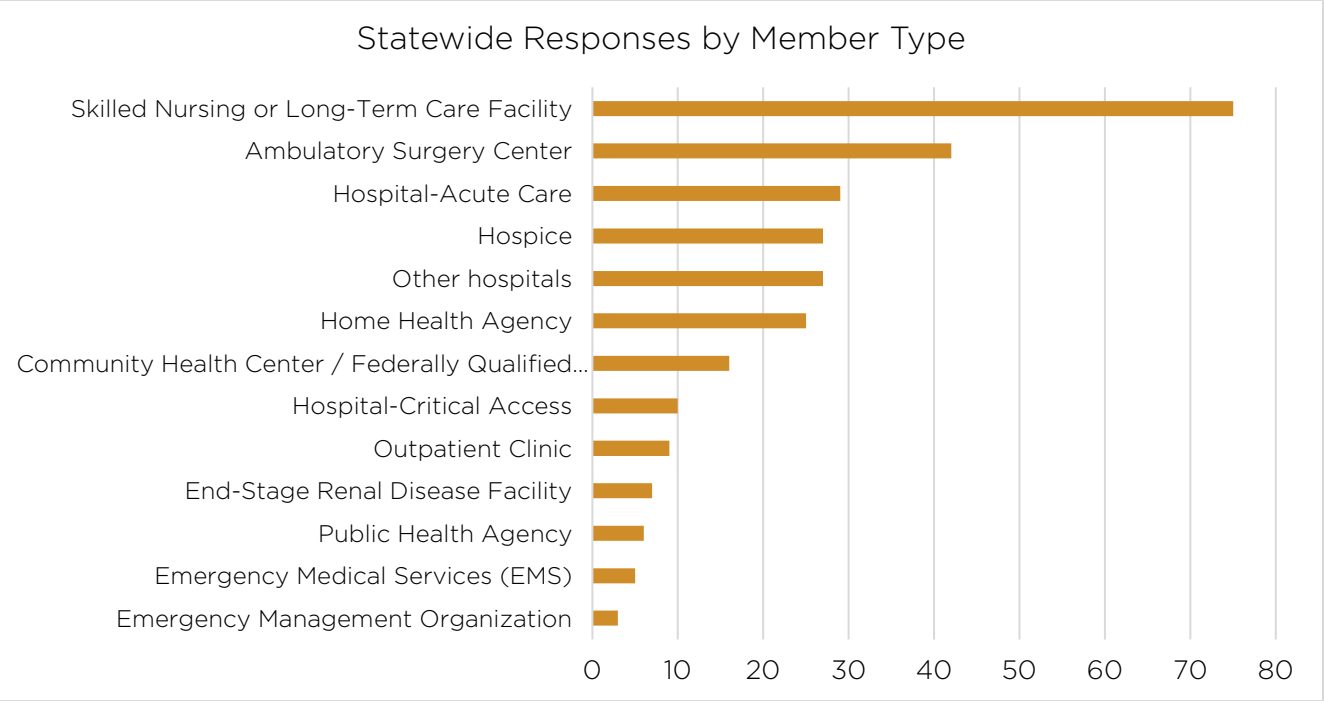


Figure 5. Statewide responses by member type are shown by percentage out of the total number of responses.

3.2 Participation by Region

Participants from diverse geographic regions were also represented with 52% of respondents representing the Central Region (Gila, Maricopa, and Pinal counties), 29% from the Southern Region (Cochise, Graham, Greenlee, Santa Cruz, and Pima counties), 16% from the Northern Region (Apache, Coconino, Navajo, and Yavapai counties), and 14% from the Western Region (La Paz, Mohave, and Yuma counties).

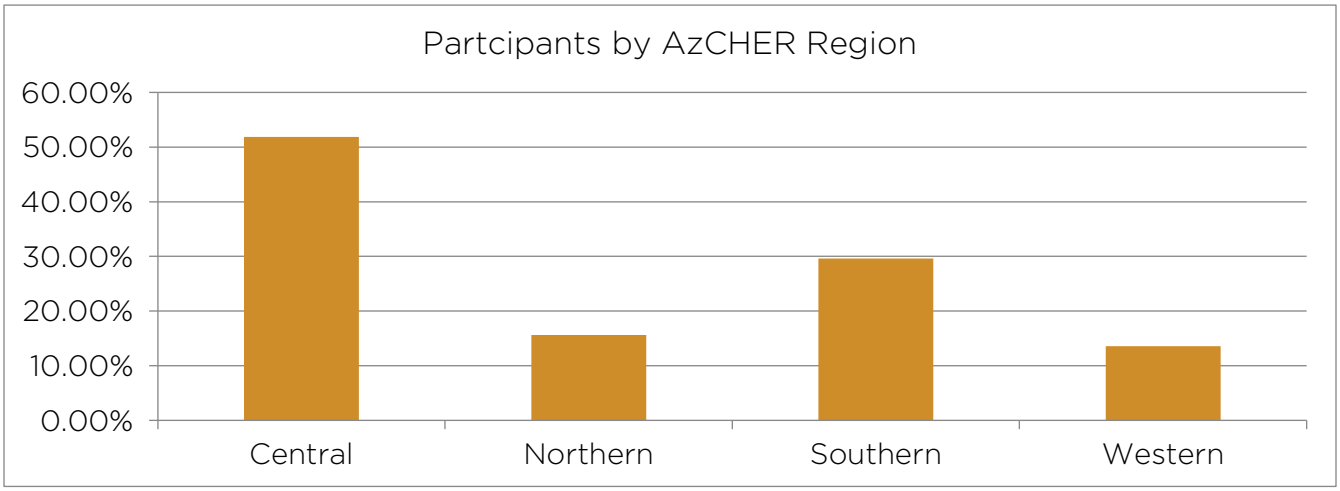


Figure 6. Responses by coalition region are shown by percentage out of the total number of statewide responses.

3.3 Statewide CHVA Results

The top five hazard vulnerabilities in each region were used to compile statewide, multi-regional, and region-specific CHVA lists. The Statewide CHVA List includes hazard vulnerabilities that are common among the top vulnerabilities in all regions. The Multi-Regional List includes those that are common among two or three regions; the Region-Specific List includes those exclusively from the designated region.

Summary of AzCHER Community Hazard Vulnerability List 2020-21

Statewide Top 5 Hazards:

1. Epidemic/Pandemic
2. Temperature Extremes
3. Communication/Information Technology (IT) Failure
4. Active Shooter/Weapon
5. Power Outage

List of Multi-Regional Hazards:

- Infectious Disease Outbreak
- Flood (Internal)
- Natural Disasters/Severe Weather
- Supply Chain Shortage/Failure
- Evacuation/Shelter in Place
- Wildfire

Region-Specific Top 5 Hazard Vulnerabilities:

AzCHER-Central	AzCHER-Northern	AzCHER-Southern	AzCHER-Western
1) Epidemic/Pandemic	1) Epidemic/Pandemic	1) Epidemic/Pandemic	1) Power Outage
2) Temperature Extremes	2) Wildfire	2) Temperature Extremes	2) Temperature Extremes
3) Communication/IT Failure	3) Communication/IT Failure	3) Communication/IT Failure	3) Epidemic/Pandemic
4) Active Shooter/Weapon	4) Power Outage	4) Infectious Disease Outbreak	4) Active Shooter/Weapon
5) Power Outage	5) Infectious Disease Outbreak	5) Power Outage	5) Fire (internal)

All regions identified Epidemic/Pandemic, Power Outages, and Temperature Extremes in their top five hazard vulnerability lists. These statewide hazard vulnerabilities are considered the top priority in addressing AzCHER plans and activities.

While Power Outage can be interpreted as a result of other hazards, such as natural disasters/severe weather, some members identify it as a principal hazard that requires its own planning and response. Therefore, the CHVA/RGA regional workgroups agreed to include it in the top five hazard list. Additionally, while Infectious Disease Outbreak requires similar planning and resources as Epidemic/Pandemic, they are interpreted as two unique

hazard vulnerabilities. For instance, an Infectious Disease Outbreak includes infectious diseases of high consequence and hospital-associated infections and Epidemic/Pandemic includes widespread community events, such as influenza and COVID-19.

Region-Specific Top 5 Hazards Responded to in the Last 5 Years:

AzCHER-Central	AzCHER-Northern	AzCHER-Southern	AzCHER-Western
1) Epidemic/Pandemic	1) Epidemic/Pandemic	1) Epidemic/Pandemic	1) Epidemic/ Pandemic
2) Communication/IT Failure	2) Power Outage	2) Communication/IT Failure	2) Power Outage
3) Temperature Extremes	3) Wildfire	3) Supply Chain Shortage/Failure	3) Temperature Extremes
4) Supply Chain Shortage/Failure	4) Supply Chain Shortage/Failure	4) Infectious Disease Outbreak	4) Infectious Disease Outbreak
5) Power Outage	5) Communication/IT Failure	5) Power Outage	5) Flood (internal)

3.4 Statewide RGA Results

The analysis of the statewide RGA results will be organized into two categories: plan elements and assets. This is consistent with the organization of the ASPR Resource and Gap Analysis Tool, which is recommended for use by the Hospital Preparedness Program grant.

Summary of AzCHER Top Planning and Resource Gaps

Statewide Planning Gaps:

- Hospital Pediatric Mass Casualty Incident Plan
- Hospital Closed Point of Dispensing Plan
- Long-term Care Continuity of Operations Plan
- Surge Capacity Planning

Statewide Resource Gaps:

- Pediatric Evacuation Equipment
- Bio-hoods and PAPR Kits
- Hospital patient redress kits/dry decon kits
- Public health mass mortuary equipment

Plan Elements

Participants by member type (hospital, long-term care/skilled nursing, EMS, public health, and outpatient care) listed current plans for healthcare system response. The list of plans was adapted from the ASPR Resource and Gap Analysis Tool. AzCHER will use the below results to identify gaps in planning and develop a planning strategy for its members in 2021.

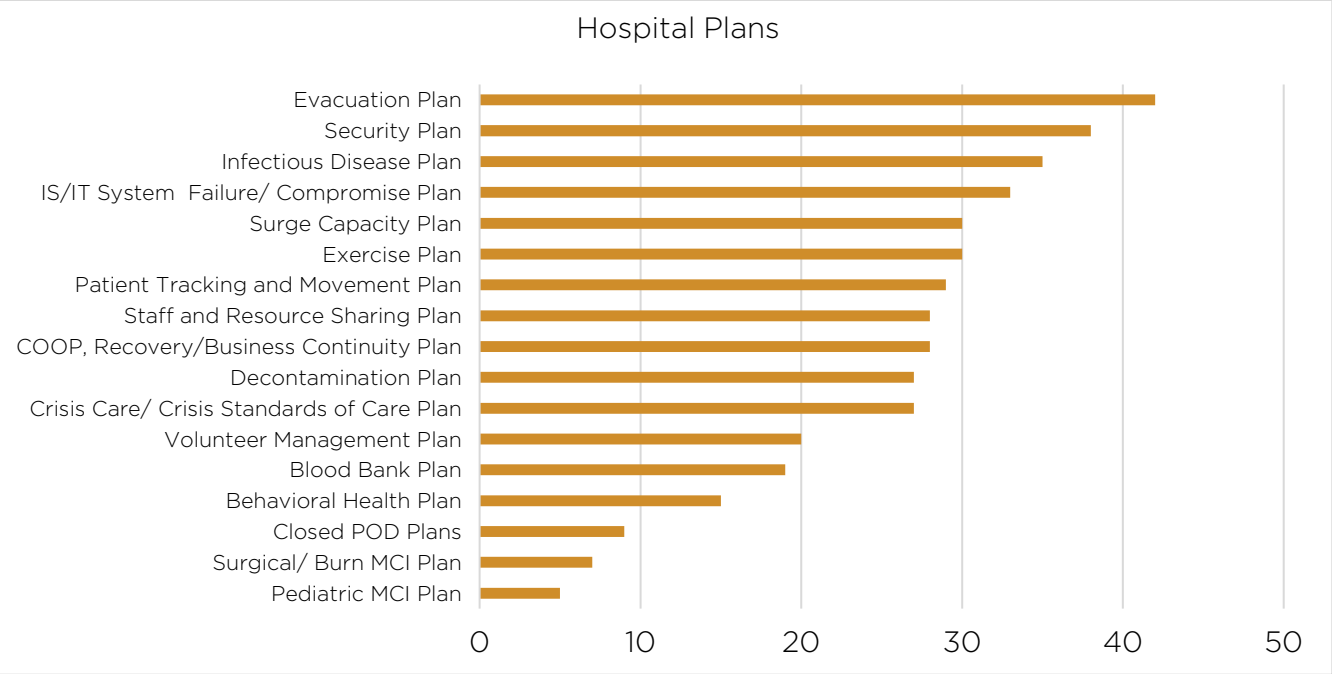


Figure 7. Statewide plan responses are displayed for a total of 66 hospitals. Hospital emergency plans incorporate clinics 68% of the time and incorporate home health agencies/home hospice 32% of the time.

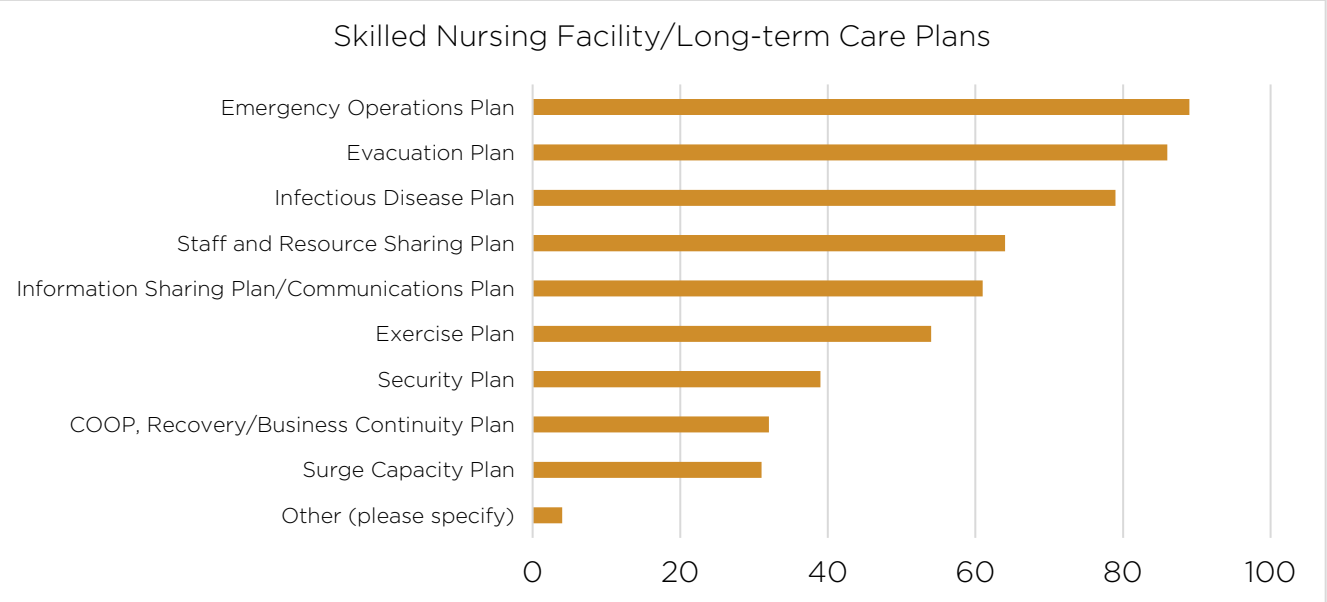


Figure 8. Statewide plan responses for skilled nursing facilities and long-term care organizations are shown as a number out of 101 total responses.

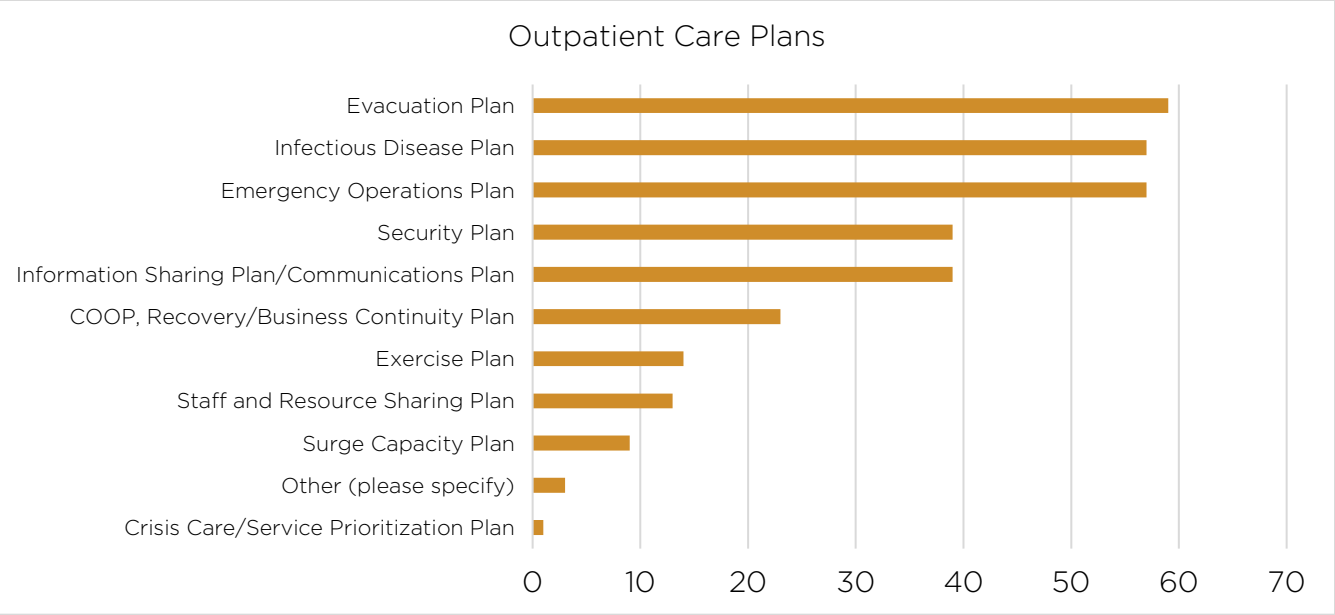


Figure 9. Statewide plan responses for outpatient care facilities are shown as a number out of 58 total responses.

Assets

The below assets are identified by ASPR's Resource and Gap Analysis Tool as important when preparing for a healthcare system response.

- *Redundant Communications*: 213 participants (88%) of survey participants have the necessary equipment to provide redundancy in their communication (e.g. traditional phone lines, cellular, satellite, internet-based radios with 800mhz, amateur radio or other web-based systems, ability to receive HAN alerts, etc.)

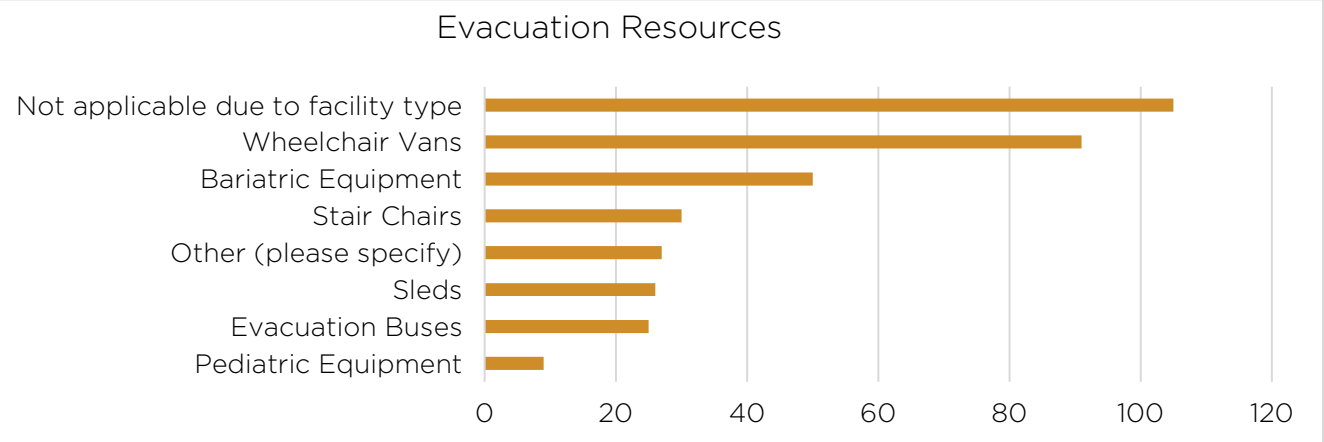


Figure 10. Statewide evacuation resources are shown as a number out of 243 total responses.

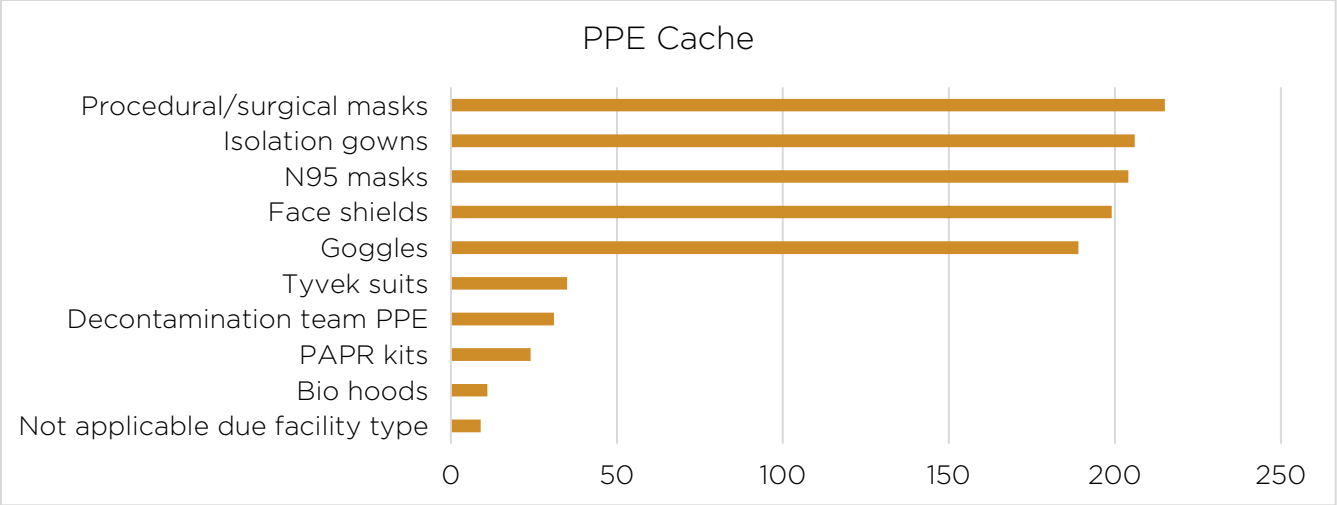


Figure 11. Statewide PPE cache resources are shown as a number out of 243 total responses.

- *Hospital Resources:* 29 (42%) hospitals have patient redress kits/dry decon kits that allow a patient to disrobe under a large bag/cover and therefore remove contaminated clothing that can then be sealed in another bag. 51 (78%) hospitals have plans for alternate care areas on hospital premises (using cots, chairs, recliners, mobile vans, tents, air mattresses, etc). 35 (54%) hospitals have PPE ensembles for the decontamination team.
    - *Ventilators:* Hospitals reported 786 adult ventilators statewide and 98 pediatric ventilators statewide.
- Public Health Resources: Four (57%) public health departments have mass mortuary/body bags and provide assistance in processing/identification/storage. Six (85%) public health departments provide Medical Countermeasures Administration/Distribution (physical assets that support Chempack, antidote, vaccination/prophylaxis, operations, and distribution of other countermeasures from SNS and state and local assets that may include databases and electronic systems as well as physical resources such as signage, badging systems, coolers, etc.)
- EMS Resources: Only five EMS organizations responded to the survey, therefore EMS resource descriptions will be available in *Appendix 4: Northern Region Survey Results* and *Appendix 6: Western Region Survey Results*. Other statewide EMS resources (i.e., air transport, ED capacity, and certified ambulance services can be found in the regional vulnerability profiles (*Appendices 7-10*).
- Skilled Nursing Facility/Long-term Care Resources: Out of the reported survey responses (75 total SNF/LTC responses), there are 2,985 long-term acute care beds statewide and 5,124 long-term beds statewide.

Appendices

Appendix 1: CHVA/RGA Survey Questions

CHVA

1. Contact information
    a. Name:
    b. Email:
    c. Organization Name:
    d. Facility Name:
2. What is the facility or member type?
    a. Hospital
        i. Acute Care
        ii. Critical Access
        iii. Rehabilitation
        iv. Specialty Care
        v. Long-term Care
        vi. Post-acute Care
        vii. Other
    b. Behavioral Health Facility
    c. Emergency Medical Services (EMS)
    d. Emergency Management
    e. Public Health Agency
    f. Home Health and/or Hospice Organization
    g. Outpatient Healthcare (select all that apply).
        i. Ambulatory Surgery Center
        ii. Dialysis Center
        iii. Outpatient Clinic
        iv. Retail Pharmacy
        v. Urgent Care Center/Freestanding Emergency Rooms
        vi. Community Health Center/Federally Qualified Health Center
    h. Skilled Nursing Facility
    i. Long-Term Care Facility
    j. Other (please specify)
3. In which county is the facility located?
    a. Apache
    b. Cochise
    c. Coconino
    d. Gila
    e. Graham
    f. Greenlee
    g. La Paz
    h. Maricopa
    i. Mohave
    j. Navajo
    k. Pima
    l. Pinal
    m. Santa Cruz
    n. Yavapai
    o. Yuma
4. In which AzCHER Region(s) does your facility participate? (select all that apply)
    a. Central
    b. Northern

c. Southern
d. Western

5. Select up to 10 vulnerabilities that are identified in your facility's most recent risk assessment (HVA, JRA, THIRA, or Multi-Jurisdictional Hazard Mitigation Plans). Below list is based on Kaiser Permanente's HVA tool.

Active Shooter/Weapon
Acute Mass Care
Bomb Threat/Explosion
Building Move/Planned Disruptions
Chemical Exposure/ Spill, External
Civil Unrest
Communication /IT Failure
Critical Infrastructure Failure
Domestic Threats
Drought
Earthquake
Environmental Exposures
Epidemic/Pandemic
Evacuation/ Shelter in Place
Fire (Internal)
Flood (External)
Flood (Internal)
Hazmat Incident
Hostage Situation
Incident/Mass Logistics
Infectious Disease Outbreak
Landslide
Mass Casualty Incident
Natural Disasters / Severe Weather
Natural Gas Leak/Failure
Power Outage
Radiation Exposure
Strikes / Labor Action / Work Stoppage
Supply Chain Shortage / Failure
Suspicious Odor
Suspicious Package / Substance
Temperature Extremes
Tornado
Transportation Failure
Trauma
VIP Situation/Event
Water Contamination
Water/Dam/Sewage Disruption
Wildfire

Workplace Violence/Threat

6. Select all of the hazardous incidents to which your facility has responded in the last five years (Jan 2016-present).

Resource Assessment

General Questions:

1. Does your facility have the necessary equipment to provide redundancy in your communication (e.g., traditional phone lines, cellular, satellite, internet-based, radios with 800MHz, amateur radio, or other, web-based system, ability to receive HAN alerts, etc.)?
    a. Yes
    b. No
    c. Comments
2. What evacuation resources do you have? Select all that apply:
    a. Sleds
    b. Stair Chairs
    c. Pediatric Equipment
    d. Bariatric Equipment
    e. Evacuation Buses
    f. Wheelchair Vans
    g. Other
    h. Not applicable due to facility type
3. Do you maintain a cache of PPE (i.e. level of PPE 20% above daily use) for the following items? Check all that apply.
    a. N95 masks
    b. Procedural/surgical masks
    c. Goggles
    d. Isolation gowns
    e. Face shields
    f. PAPR kits
    g. Tyvek suits
    h. Bio hoods
    i. Decontamination team PPE
    j. Not applicable due to facility type

EMS Resources:

4. Does your organization maintain the following plans? Check all that apply.
    a. Active Shooter/Armed Assailant/Active Threat Response Plan
    b. Alerting/Notification Plan
    c. Behavioral Health Plan
    d. COOP, Recovery/Business Continuity Plan
    e. Crisis Care/ Crisis Standards of Care Plan
    f. Evacuation Plan
    g. Exercise Plan
    h. HAZMAT/Decontamination Plan
    i. Infectious Disease Plan
    j. IS/IT System Failure/Compromise Plan
    k. Mutual Aid Plan
    l. Patient Distribution Plan
    m. Patient Tracking and Movement Plan
    n. Specialty Mass Casualty Plans (e.g., MCI, Pediatric, Burn)

5. How many ALS ambulances does your facility have available (may include scheduled and 911 assets, critical care transport, scheduled assets, reserve rigs, specialized units such as pediatric, bariatric, isolation, etc.)?
    a. Enter number
6. How many BLS ambulances does your facility have available (may include scheduled and 911)?
    a. Enter number
7. Does your facility have fixed wing units?
    a. Yes
    b. No
    c. If yes, Enter number
8. Does your facility have rotor-wing units?
    a. Yes
    b. No
    c. If yes, Enter number
9. Does your facility have HAZMAT Radiation assets (including detection/survey equipment)?
    a. Yes
    b. No
    c. Comment
10. Does your facility have HAZMAT Response Vehicle or Trailers (including the capability to identify agent, mass decontamination and throughput for ambulatory/non-ambulatory casualties, storage location, and contact info to request)?
    a. Yes
    b. No
    c. If yes, please describe.
11. Does your facility have the necessary documents to utilize Mass Transit from other entities (such as school or public busses)?
    a. Yes
    b. No
    c. If yes, please describe.
12. Does your facility have an MCI Bus or Vehicle (provide contents, number of casualties that can be treated/transported, location, and contact agency)?
    a. Yes
    b. No
    c. If yes, please describe.
13. Does your facility provide Technical/Swiftwater/Collapse Rescue?
    a. Yes
    b. No
    c. If yes, please describe.

Hospital Resources:

14. Does your hospital maintain the following plans? Check all that apply.
    a. Behavioral Health Plan
    b. Blood Bank Plan
    c. Closed POD Plans
    d. COOP, Recovery/Business Continuity Plan
    e. Crisis Care/ Crisis Standards of Care Plan
    f. Decontamination Plan
    g. Evacuation Plan
    h. Exercise Plan

i. Infectious Disease Plan
j. IS/IT System Failure/ Compromise Plan
k. Patient Tracking and Movement Plan
l. Pediatric MCI Plan
m. Security Plan
n. Staff and Resource Sharing Plan
o. Surge Capacity Plan
p. Surgical/ Burn MCI Plan
q. Volunteer Management Plan
r. Open comment box:

15. Do you have plans for implementing alternate care areas on hospital premises (using cots, chairs, recliners, mobile vans, tents, air mattresses, etc)?
16. How many patients per hour (based on exercises) can you decon (mass decontamination)?
    a. Enter number
    b. Comment box
17. Does your facility maintain patient redress kits/dry decon kits that allow a patient to disrobe under a large bag/cover and therefore remove contaminated clothing that can then be sealed in another bag?
    a. Yes
    b. No
18. Does your hospital maintain PPE ensembles for the decontamination team including respiratory protection (PPE HAZMAT)?
    a. Yes
    b. No
    c. Other comments
19. Do your hospital emergency plans incorporate the use of clinics in response and communication with clinics?
    a. Yes
    b. No
20. Do your hospital emergency plans incorporate the use of Home Health Agencies / Home Hospice?
    a. Yes
    b. No
21. How many adult ventilators do you have?
    a. Enter number
22. How many pediatric ventilators do you have?
    a. Enter number
23. How many other respiratory treatment devices (i.e. ECMO, etc.) do you have?
    a. Enter number

Public Health Resources:

24. Does your department have current agreements/MOUs/plans to provide Alternate Care System/Sites?
    a. Yes
    b. No
    c. If yes, please explain.
25. Does your department provide Mass Mortuary/Body Bags and assist in processing/identification/storage?
    a. Yes
    b. No

c. If yes, please explain.

26. Does your department provide Medical Countermeasures Administration/Distribution (physical assets that support Chempack, antidote, vaccination/prophylaxis, operations and distribution of other countermeasures from SNS and state and local assets that may include databases and electronic systems as well as physical resources such as signage, badging systems, coolers, etc.)?
    a. Yes
    b. No
    c. If yes, please explain.

Long Term Care Resources:

27. Does your organization maintain the following types of plans? Check all that apply.
    a. COOP, Recovery/Business Continuity Plan
    b. Emergency Operations Plan
    c. Evacuation Plan
    d. Exercise Plan
    e. Infectious Disease Plan
    f. Information Sharing Plan/Communications Plan
    g. Security Plan
    h. Staff and Resource Sharing Plan
    i. Surge Capacity Plan
28. How many long-term acute beds does your facility have?
    j. Enter number
29. How many long-term beds does your facility have?
    k. Enter number

Outpatient Care Resources:

30. Does your organization maintain the following types of plans? Check all that apply.
    l. COOP, Recovery/Business Continuity Plan
    m. Crisis Care/Service Prioritization Plan
    n. Emergency Operations Plan
    o. Evacuation Plan
    p. Exercise Plan
    q. Infectious Disease Plan
    r. Information Sharing Plan/Communications Plan
    s. Security Plan
    t. Staff and Resource Sharing Plan
    u. Surge Capacity Plan

Appendix 2: List of Participating Organizations

Organization Name	Facility Name
Acadia Healthcare	Sonora Behavioral Health
Accucare Home Health Services	Accucare Home Health Services
Advance Home health Care	Advance Home Health Care
Advanced Health Care	Advanced Health Care of Scottsdale
Advanced Surgical Care East	Advanced Surgical Care East
Agape Hospice	N/A
Arizona Kidney Disease and Hypertension Center (AKDHC)	Arizona Kidney Disease and Hypertension Center
American Home Health Services	American Home Health Services
Amsurg	Eye Institute at Boswell
AmSurg	Sun City Endoscopy Center
AmSurg/Envision	Gateway Surgery Center
ARA Pediatric Dialysis Center	Pediatric Dialysis Center
Arista HealthCare	Home Health/Hospice
Arizona Association for Home Care	Arizona Association for Home Care
Arizona Endoscopy Center	Arizona Endoscopy Center
Arizona Eye Institute & Cosmetic Laser Center	Arizona Eye Institute & Cosmetic Laser Center
Arizona Retirement Centers, Inc.	Sierra Winds
Arizona Spine & Joint Hospital	Arizona Spine & Joint Hospital
Arizona State Hospital	Arizona State Hospital
Aventas home health	Aventas home health
AZ Department of Veterans Services	AZ State Veterans Home Tucson
AZ Leading Age/ Covenant Health Network	Senior Living Campuses
Az Home Health LLC dba Assisteo Home Health	Az Home Health LLC dba Assisteo Home Health
Bandara Group	Camelback Post-Acute and Rehab
Bandera Healthcare	Rio Vista Post-Acute and Rehabilitation
Bandera West	Sun West Choice Healthcare and Rehabilitation-Bandera West
Beatitudes Health Care Center	Beatitudes Health Care Center-location 1
Beatitudes Health Care Center	Beatitudes Health Care Center-location 2
Benson hospital	Benson Hospital
Bodynew	Bodynew
Bristol Hospice (formerly Remita Health)	N/A
Caremedix Home Health and Hospice	Caremedix Home Health and Hospice
Carondelt Health Network	St. Mary's Hospital

Carondelt Health Network	St. Joseph's Hospital
Carondelt Health Network	Holy Cross Hospital
Catalina Healthcare	Catalina Post Acute & Rehabilitation
Cochise Eye and Laser	Cochise Eye and Laser-location 1
Cochise Eye and Laser	Cochise Eye and Laser-location 2
Community Health Center of Yavapai	Community Health Center of Yavapai
Compassus Hospice & Palliative	Compassus Hospice & Palliative
Copa Health	Various
Copper Health Oro Valley	Copper Health Oro Valley
Copper Queen Community Hospital	Copper Queen Community Hospital
Coronado Surgery Center	Coronado Surgery Center
Cottonwood Fire and Medical Department	Station 41
CuraHealth	Curahealth Tucson
DaVita	DaVita Westside Division
DCI Desert/Douglas Dialysis	DCI - Douglas Dialysis
DCI Desert/Douglas Dialysis	DCI Desert Dialysis
DCI Desert/Douglas Dialysis	DCI Desert Dialysis Sahuarita
DCI Desert/Douglas Dialysis	DCI Desert Dialysis Tucson South
Desert Blossom	Desert Blossom Health & Rehab
Desert Endoscopy Center	Desert Endoscopy Center
Desert Pain Institute	Desert Pain Institute
Devon Gables Rehabilitation Center	Devon Gables Rehabilitation Center
District Medical Group	District Medical Group
Donor Network of Arizona	Donor Network of Arizona
DSCHC	DSCHC
Eden Home Health and Hospice	Eden Home Health and Hospice
El Rio Health	El Rio Health
Encompass Health	Encompass Health of N/W Tucson
Encompass Health of N/W Tucson	Encompass Health
Encompass Health Valley of the Sun Rehabilitation Hospital	Encompass Health Valley of the Sun Rehabilitation Hospital
Ensign	Alta Mesa
Ensign	Desert Terrace Health Care
Ensign	Park Avenue Health & Rehabilitation Center
Ensign	South Mountain Post Acute
Ensign	Bella Vita
Ensign	Coronado Healthcare Center
Ensign	Horizon Post Acute and Rehab Center
Ensign	Mountain View Care Center
Ensign	Sunview Respiratory and Rehab
Ensign Group	Granite Creek Health and Rehab

Ensign Group	Lake Pleasant PARC
Ensign Services	North Mountain Medical & Rehabilitation Center
Ensign Services	Sun West Choice
Fort Defiance Indian Hospital Board, Inc.	Tsehootsooi Medical Center
Fountain View Village	Fountain View Village Skilled Nursing
Four Peaks Surgery Center	Four Peaks Surgery Center
Freedom Plaza Hemet	Freedom Plaza Care Center
Friendship Village of Tempe	Friendship Village of Tempe
Genesis Healthcare	Estrella Center
Gila County Health and Emergency Management	Gila County Health and Emergency Management
Global Healthcare Solutions LLC	Accucare Home Health Services
Good Samaritan Prescott Village	The Evangelical Good Samaritan Society Prescott Village
Good Samaritan Society - Prescott Valley	Good Samaritan Society - Prescott Valley
Good Samaritan Society Prescott Hospice	Prescott Hospice
GPS Prescott OpCo, LLC dba Sana Behavioral Hospital - Presco	Sana Behavioral Hospital - Prescott
Hacienda Healthcare	Hacienda ICF-IID
Havasu Regional Medical Center	Havasu Regional Medical Center
Haven Health	Haven of Phoenix
Haven Health	Haven of Safford
Haven Health	Haven of Safford
Haven Health	Haven of Sierra Vista
Haven Health	Haven of Phoenix
Haven Home Health	Haven Home Health
Haven Hospice	Haven Hospice
Haven Hospice	Work in homes no facility
Haven Health	Haven of Lakeside
Health group Management	Haven Health
Heartland Hospice	Heartland Hospice
HonorHealth	HonorHealth
Horizon Health and Wellness	115 2nd St. - CG
Horizon Health and Wellness	210 Cottonwood - CG
Horizon Health and Wellness	222 Cottonwood - CG
Horizon Health and Wellness	415 Baseline - Globe
Horizon Health and Wellness	Florence
Horizon Health and Wellness	Oracle
Horizon Health and Wellness	Plaza-AJ
Horizon Health and Wellness	Queen Creek
Hospice of America	Hospice of America
Hospice of Yuma	Hospice of Yuma

Indian Health Service	Hopi Health Care Center
Indian Health Service	Parker Indian Health Center
Inspiring Home Health	Inspiring Home Health
Inspiring Home Health	Phoenix Office
KPC Promise hospital	KPC Promise hospital of Phoenix
La Paz Co. Health Dept	La Paz Co. Health Dept
La Paz Regional Hospital	La Paz Regional Hospital
Life Care Services	Acacia Health Center
LifeStream Complete Senior Living	Cook Healthcare
Lifestream Complete Senior Living, Inc.	LifeStream at Cook Health Care
Lifestream Complete Senior Living, Inc.	LifeStream at Sun Ridge
Lifestream Complete Senior Living, Inc.	LifeStream at Thunderbird
Lifestream Complete Senior Living, Inc.	LifeStream at Youngtown - Assisted Living
Little Colorado Medical Center	Little Colorado Medical center
Los Ninos Hospital, Inc	Los Ninos Hospital Innovative Home Health Care
Los Ninos Hospital, Inc	Los Ninos Hospital Innovative Home Health Care
Los Ninos Hospital, Inc	Los Ninos Hospital Innovative Home Health Care
Marana Health Center	Marana Health Centers
Mayo Clinic Hospital	Mayo Clinic Hospital
Maricopa County Department of Public Health	MCDPH
Medical Reserve Corps of Southern Arizona	Medical Reserve Corps of Southern Arizona
Minimally Invasive Spine Surgery Center	Minimally Invasive Spine Surgery Center
Mirabella at ASU	Mirabella at ASU
Mohave County Department of Public Health	Mohave County Department of Public Health PHEP Program
Montecito Post Acute and Rehab	Montecito Post Acute and Rehab
Mountain Park Health Centers	Mountain Park Health Centers
Mountain Vista Medical Center/Florence Hospital (Steward Healthcare)	Mountain Vista Medical Center/Florence Hospital
Mt Graham Regional Medical Center	Mt Graham Regional Medical Center
Navajo County PHEP	Navajo County PHEP
North Valley Endoscopy Center	North Valley Endoscopy Center
Northern Arizona Healthcare	Flagstaff Medical Center
Northern Arizona Healthcare	Verde Valley Medical Center
Northern Cochise Community Hospital	Northern Cochise Community Hospital
Northwest Eye Specialists	Northwest Eye Specialists

Northwest Eye Specialists	Northwest Eye Specialists
Northwest Medical Center	Northwest Medical Center
Northwest Medical Center Sahaurtia	Northwest Medical Center Sahaurtia
NurseCore	NurseCore
Nursing Solutions	Nursing Solutions
Nursing Solutions of Southern Arizona	Nursing Solutions of Southern Arizona
Oasis Pavilion Nursing And Rehab	Oasis Pavilion Nursing And Rehab
Oro Valley Hospital	Oro Valley Hospital
Outpatient Surgical Care, LTD.	Outpatient Surgical Care, LTD.
Patient Care Advocates	Patient Care Advocates
Patient Care Advocates	Patient Care Advocates
Patient Care Advocates, LLC	Patient Care Advocates, LLC
Patient Care Advocates, LLC	Patient Care Advocates, LLC
Peoria Post Acute & Rehabilitation	Peoria Post Acute & rehabilitation
Phoenix Endoscopy, LLC	Phoenix Endoscopy, LLC
Phoenix VAHCS	Carl T Hayden VA Health Care System
Premier Endoscopy Center	Premier Endoscopy Center
Prescott Nursing and Rehab	Prescott Nursing and Rehabilitation Center
Prescott Urocenter	Prescott Urocenter
Prestige Home Health Care	Prestige Home Health Care LLC
Providence Place at Glencroft Center for Modern Aging	Providence Place
Quechan Indian Tribe	Office of Emergency Management
River Medical / AMR	River Medical Inc.
Rummel Eye Care Eye Surgery Services	Rummel Eye Care Eye Surgery Services
Santa Rosa Care Center	Santa Rosa Care Center
Sante	Sante Of North Scottsdale
Sante of Mesa	Sante of mesa
Sapphire Estate	Sapphire
Scottsdale Eye Institute	Scottsdale Eye Institute
Scottsdale Surgical Center	Scottsdale Surgical Center
Shanti Hospice	Shanti Hospice
Skilled Nursing	Yuma Nursing Center
Solace Hospice	Solace Hospice
Solaris Hospice	Solaris Hospice
Solutions Home Health	Solutions Home Health
Soreo Pathways, LLC	Soreo DBA Aria Hospice Comfort Care
Soulistic Hospice	Soulistic Hospice
South Mountain Surgery Center	South Mountain Surgery Center
Sovereign Healthcare- Arizona facilities	North Valley Surgery Center

Splendido at Rancho Vistoso	Splendido at Rancho Vistoso
Steward Healthcare	Mountain Vista Medical Center & Florence Hospital a Campus of Mountain Vista Medical Center
Steward Healthcare	Tempe St. Luke's Hospital
Stoneridge Hospice LLC	N/A
Summit Healthcare	Summit Healthcare
Summit Healthcare Association	Summit Healthcare
Sun Health Grandview Terrace	Grandview Terrace Assisted Living
Sun Health Grandview Terrace	Grandview Terrace Health and Rehabilitation
Suncrest Health Care Inc	Suncrest Health Care
Sunrise Senior Living	Sunrise at River Road
Sunrise Senior Living	Sunrise at River Road
Sunset Health	Sunset Health
SurgCenter of Deer Valley LLC	SurgCenter of Deer Valley
SurgCenter of Greater Phoenix	SurgCenter of Greater Phoenix
Surgical Centers of Arizona	Surgical Centers of Arizona
Surprise health and Rehabilitation center	Surprise health and Rehabilitation center
Swan Surgery Center	Swan Surgery Center
Swan Surgery Center	Swan Surgery Center
Tenet Health	Abrazo West Campus
Tenet Health	Abrazo West Campus
The CORE Institute Specialty Hospital	The CORE Institute Specialty Hospital
The Evangelical Good Samaritan Society	GSS Prescott Village
The Eye Clinic	The Eye Clinic Surgery Center
The Guidance Center, Inc.	The Guidance Center
TMC Healthcare	Tucson Medical Center
Tohono O'odham Nation	TON Department of Health and Human Services
Tri City Surgery Center	Tri City Surgery Center
UHS of Phoenix, LLC dba Quail Run Behavioral Health	Quail Run Behavioral Health
United Community Health Center	United Community Health Center
United Hospice & Palliative Care of Arizona	United Hospice & Palliative Care of Arizona
United Hospice & Palliative Care of AZ	United Hospice & Palliative Care of AZ
United Hospice & Palliative Care of AZ	United Hospice & Palliative Care of AZ
United Hospice & Palliative Care of AZ	United Hospice & Palliative Care of AZ
Unity Hospice	Unity Hospice
UPSI	Arizona Specialty Surgery Center
USPI	Dignity Health Arizona Specialty Hospital
USPI	Surgery Center of Peoria
USPI	Westgate Surgery Center

Valleywise Health	Valleywise Health Medical Center
Valor Hospice	Valor Hospice
Veterans Health Affairs	Southern AZ Veterans Health Care System
Villa Maria Care Center	Villa Maria Care Center
Wellbrook Senior Living	Ridgeview Transitional Rehabilitation
Wellsprings of Phoenix	Wellsprings Therapy Centers
White Mountain Regional Medical Center	White Mountain Regional Medical Center
White Mountain Regional Medical Center	White Mountain Regional Medical Center
Yavapai Regional Medical Center	Yavapai Regional Medical Center

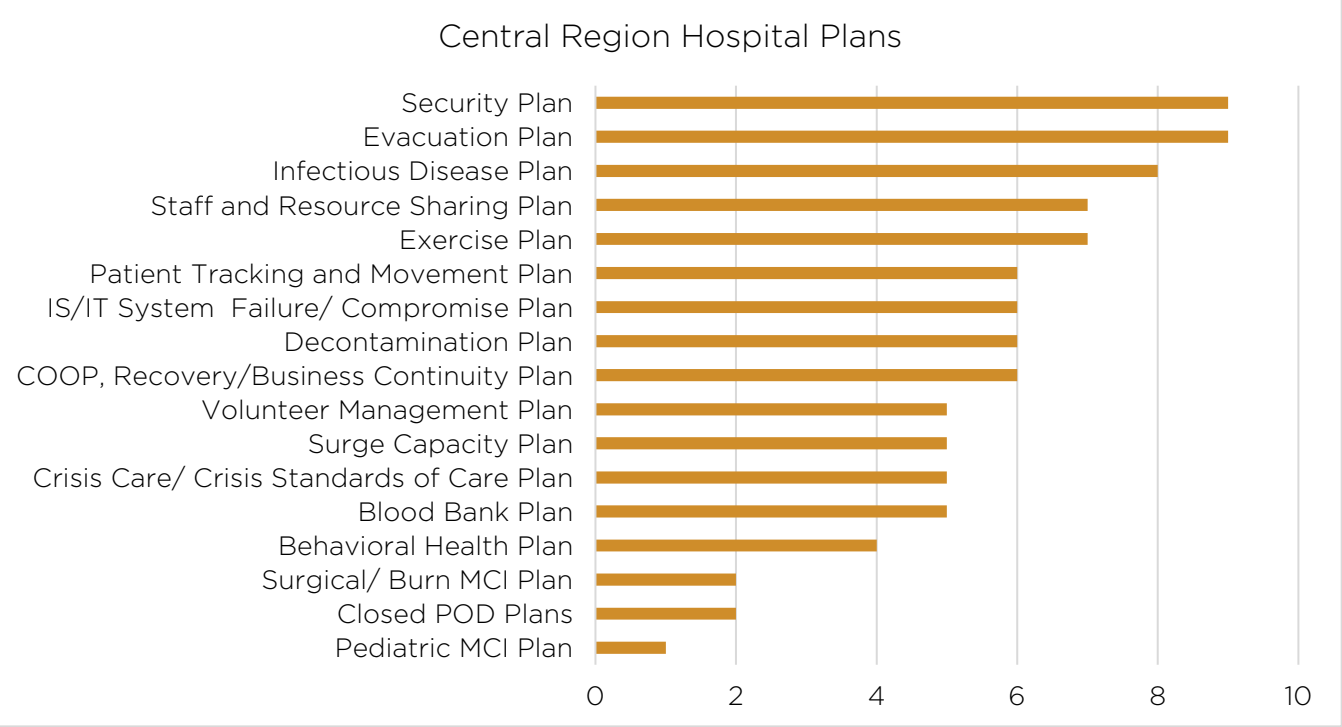
Appendix 3: Central Region Survey Results

CHVA/RGA Decision-Making

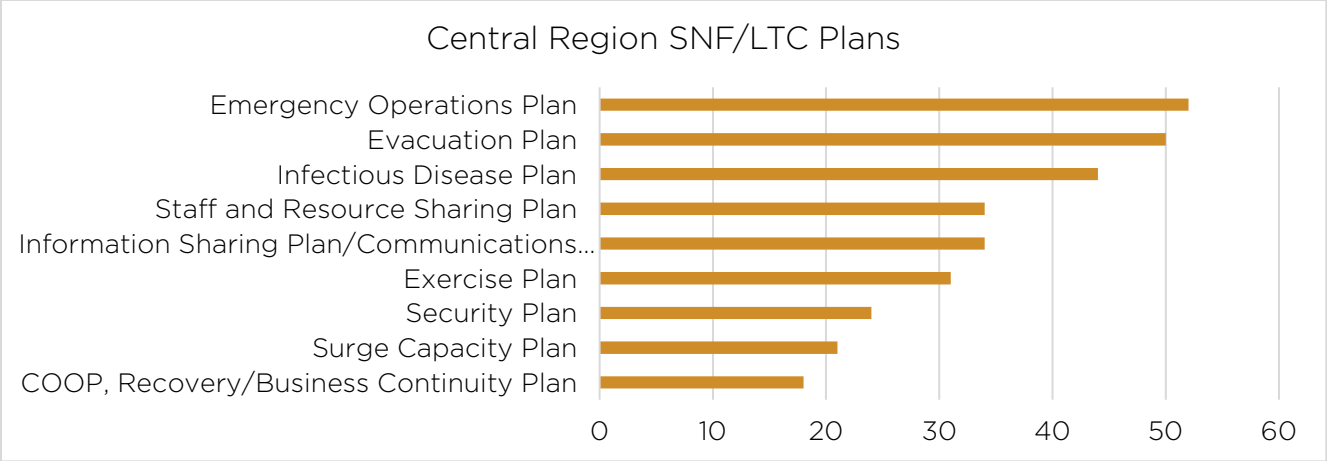
The Central Region CHVA/RGA Work group agreed that the survey results capture the region's vulnerabilities and resource gaps. Some questions, such as the number of extracorporeal membrane oxygenation (ECMO) and patient decontamination rate were not understood by all members, so they are not reflective of the region. The work group recommended considering substance use clinics, narcotic and opioid overdoses (a top threat for Gila County) and contact tracer capacity. Additionally, the work group recommended including questions to assess the supply chain capacity for staffing and other COVID-19 related supplies.

Highlighted RGA Regional Results

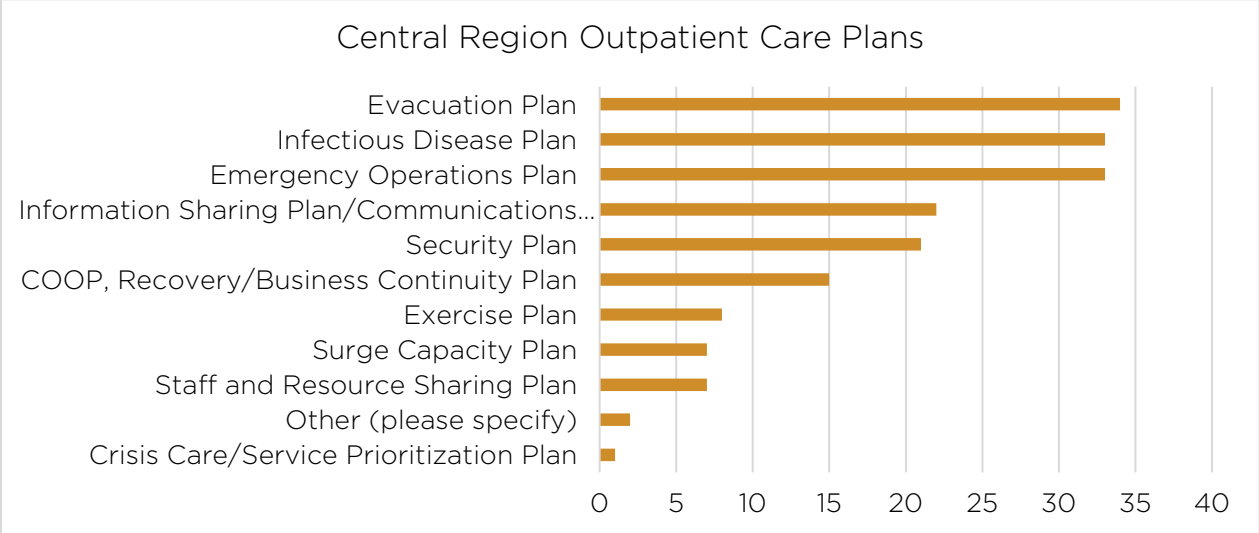
Central Region Plan Elements



Statewide plan responses are displayed for a total of 14 hospitals.



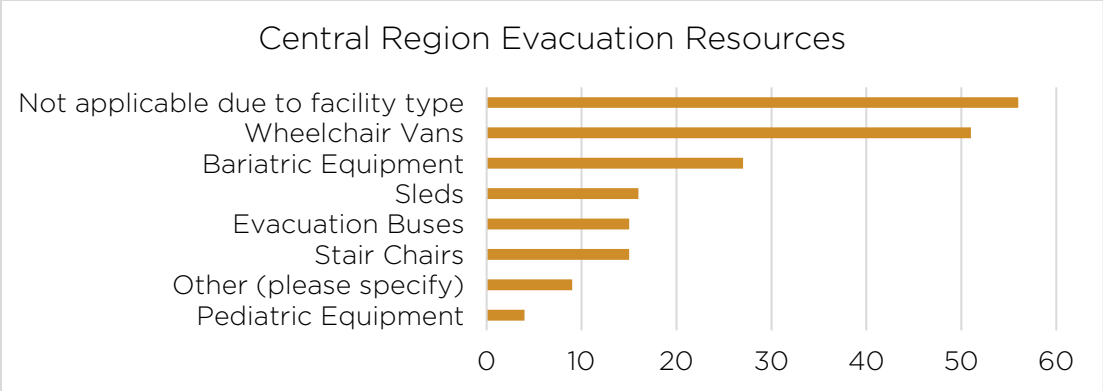
Statewide plan responses for skilled nursing facilities and long-term care organizations are shown as a percentage out of 53 total responses.

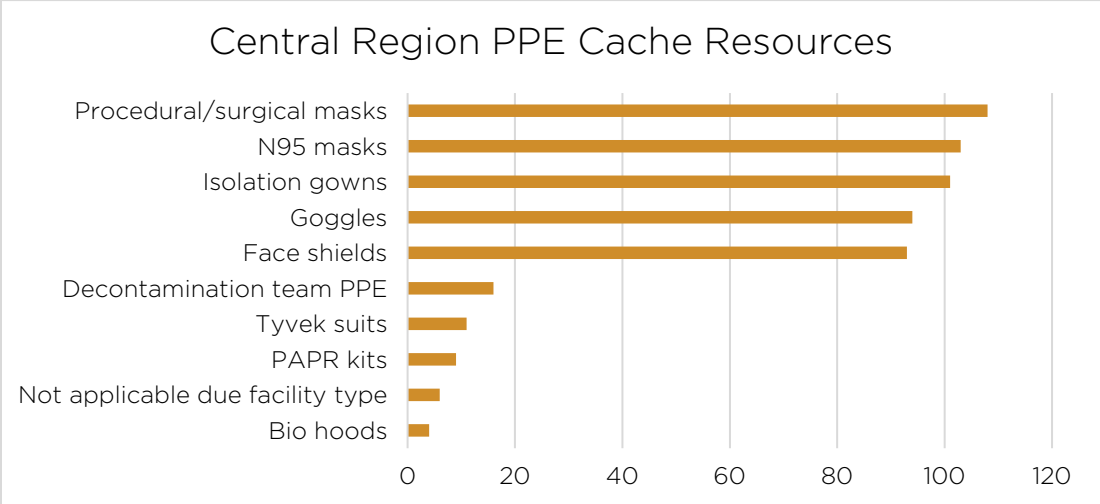


Statewide plan responses for outpatient care facilities are shown as a number out of 37 total responses.

Central Region Assets

- *Redundant Communications*: 111 survey participants (89%) have the necessary equipment to provide redundancy in their communication (e.g., traditional phone lines, cellular, satellite, internet-based, radios with 800mhz, amateur radio, or other, web-based system, ability to receive HAN alerts, etc.)





- *Hospital Resources:* 5 (36%) hospitals have patient redress kits/dry decon kits that allow a patient to disrobe under a large bag/cover and therefore remove contaminated clothing that can then be sealed in another bag. 8 (57%) of hospitals have plans for alternate care areas on hospital premises (using cots, chairs, recliners, mobile vans, tents, air mattresses, etc).
    - *Ventilators:* 345 total adult ventilators in the region and 47 total pediatric ventilators.
- Public Health Resources: 2 (100%) public health departments have mass mortuary/body bags and provide assistance in processing/identification/storage. 2 (100%) public health departments provide Medical Countermeasures Administration/Distribution (physical assets that support Chempack, antidote, vaccination/prophylaxis, operations, and distribution of other countermeasures from SNS and state and local assets that may include databases and electronic systems as well as physical resources such as signage, badging systems, coolers, etc.)
- EMS Resources: No EMS agencies responded to the survey in the Central Region. Other statewide EMS resources (i.e. air transport, ED capacity, and certified ambulance services can be found in the regional vulnerability profiles (*Appendices 7-10*).
- Skilled Nursing Facility/Long-term Care Resources: Out of the reported survey responses (75 total SNF/LTC responses), there are 1,904 long-term acute care beds statewide and 3,484 long-term beds statewide.

Appendix 4: Northern Region Survey Results

CHVA/RGA Decision-Making

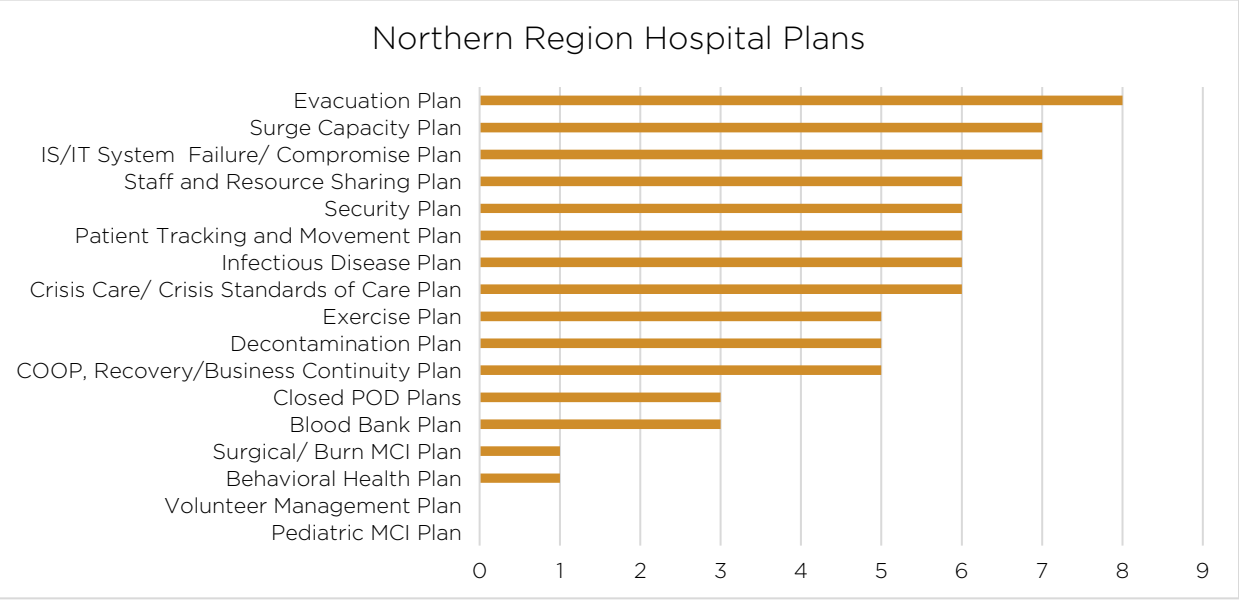
The Northern Region CHVA/RGA Workgroup agreed these survey results are representative of their region. The workgroup recommended removing power outages as a hazard vulnerability due to the common occurrence of power outages in the Northern Region that do not always result in a response or plan activation. However, the workgroup identified the need to train staff to respond to power outages as a disaster if a power outage lasts more than 30 minutes. The workgroup noted a lack of mobile service and/or assistance from limited mobile carriers during COVID-19. Satellite phones will help in the event of a power outage and are necessary for healthcare system preparedness.

The workgroup identified additional plan elements that should be asked in the survey; Fatality Management Plan, Pandemic Plan, and Alternate Care Site Plan. The workgroup identified the Evacuation Plan among hospitals as a gap and concluded that the region needs to plan better for where to send patients (i.e. COVID positive patients) in the event of an emergency. As a result of the COVID-19 pandemic, the workgroup discussed assessing the number of healthcare workers to include full-time/part-time information and additional staff required by disease type.

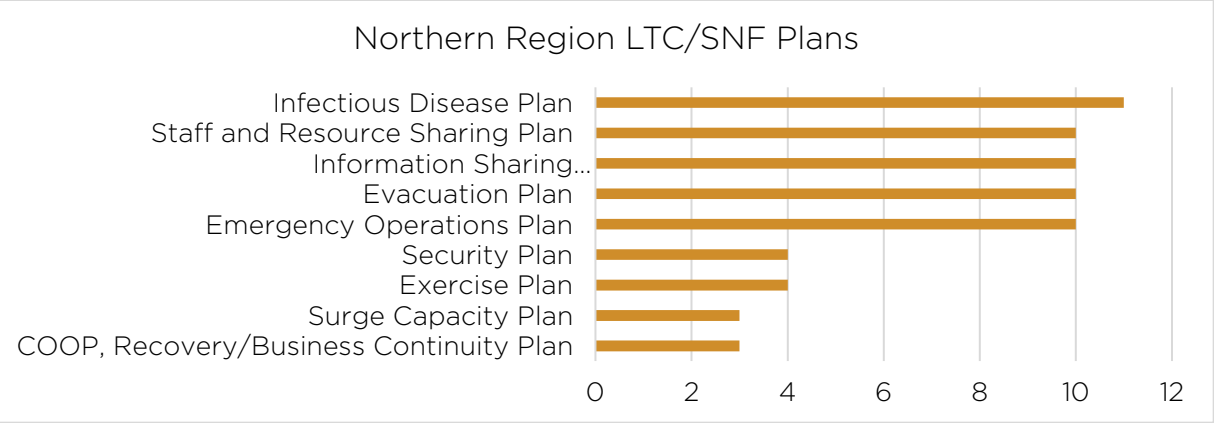
Of note, the Northern Region had the most EMS agencies (3) respond to the survey. Therefore, the Northern Region EMS information is reflective of the EMS resources in the region. Additionally, most hospitals in the Northern Region do not include Home Health/Hospice in their plans due to the limited number of facilities in the region. For instance, Apache County receives hospice services from Navajo County.

Highlighted RGA Regional Results

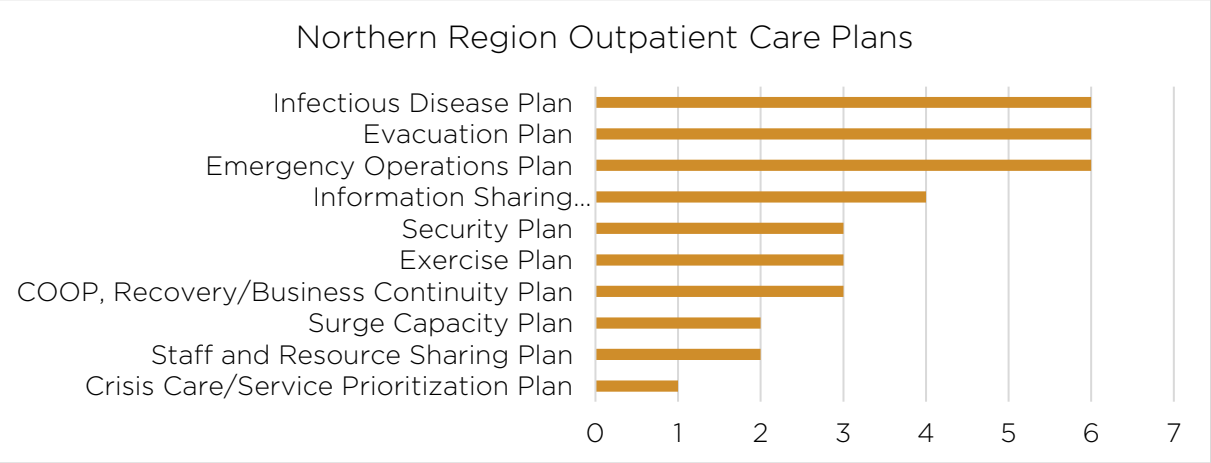
Northern Region Plan Elements



Statewide plan responses are displayed for a total of 8 hospitals.



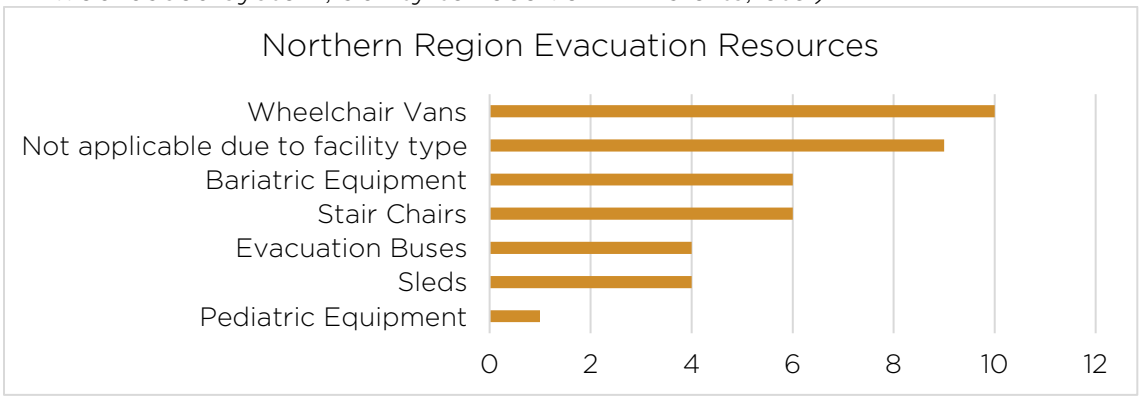
Statewide plan responses for skilled nursing facilities and long-term care organizations are shown as a percentage out of 11 total responses.

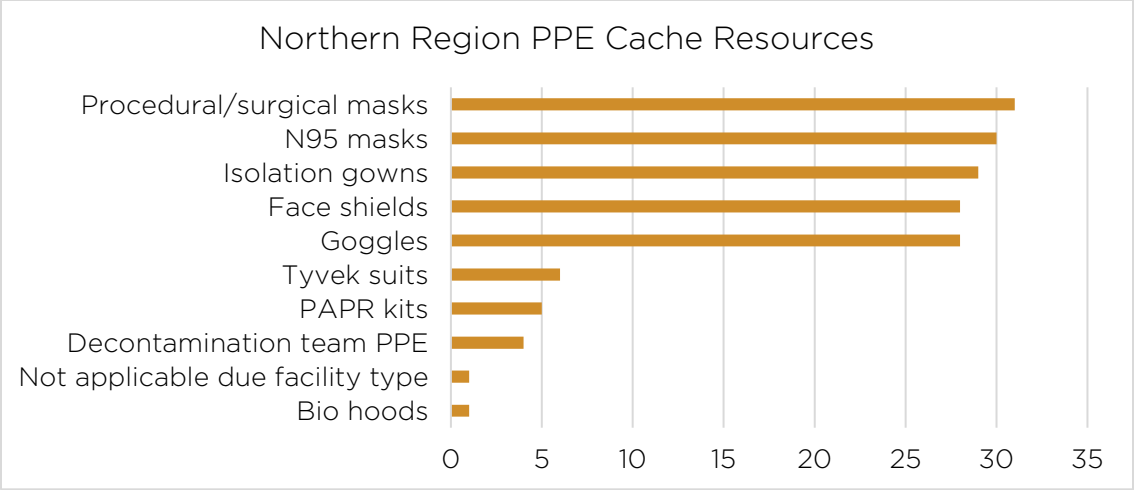


Statewide plan responses for outpatient care facilities are shown as a number out of 6 total responses.

Northern Region Assets

- *Redundant Communications*: 31 survey participants (93%) have the necessary equipment to provide redundancy in their communication (e.g. traditional phone lines, cellular, satellite, internet-based, radios with 800mhz, amateur radio, or other, web-based system, ability to receive HAN alerts, etc.)





- *Hospital Resources:* 4 (50%) hospitals have patient redress kits/dry decon kits that allow a patient to disrobe under a large bag/cover and therefore remove contaminated clothing that can then be sealed in another bag. 6 (75%) hospitals have plans for alternate care areas on hospital premises (using cots, chairs, recliners, mobile vans, tents, air mattresses, etc).
    - *Ventilators:* Northern region hospitals reported 127 adult ventilators 41 pediatric ventilators.
- Public Health Resources: 1 (100%) public health department has mass mortuary/body bags and provides assistance in processing/identification/storage. 1 (100%) public health department provides Medical Countermeasures Administration/Distribution (physical assets that support Chempack, antidote, vaccination/prophylaxis, operations, and distribution of other countermeasures from SNS and state and local assets that may include databases and electronic systems as well as physical resources such as signage, badging systems, coolers, etc.)
- EMS Resources: 3 EMS agencies responded to the survey for the Northern Region, but did not complete the specific EMS resource questions. Other statewide EMS resources (i.e. air transport, emergency department (ED) capacity, and certified ambulance services can be found in the regional vulnerability profiles (*Appendices 7-10*).
- Skilled Nursing Facility/Long-term Care Resources: Out of the reported survey responses (11 total SNF/LTC responses), there are 267 long-term acute care beds statewide and long-term beds statewide.

Appendix 5: Southern Region Survey Results

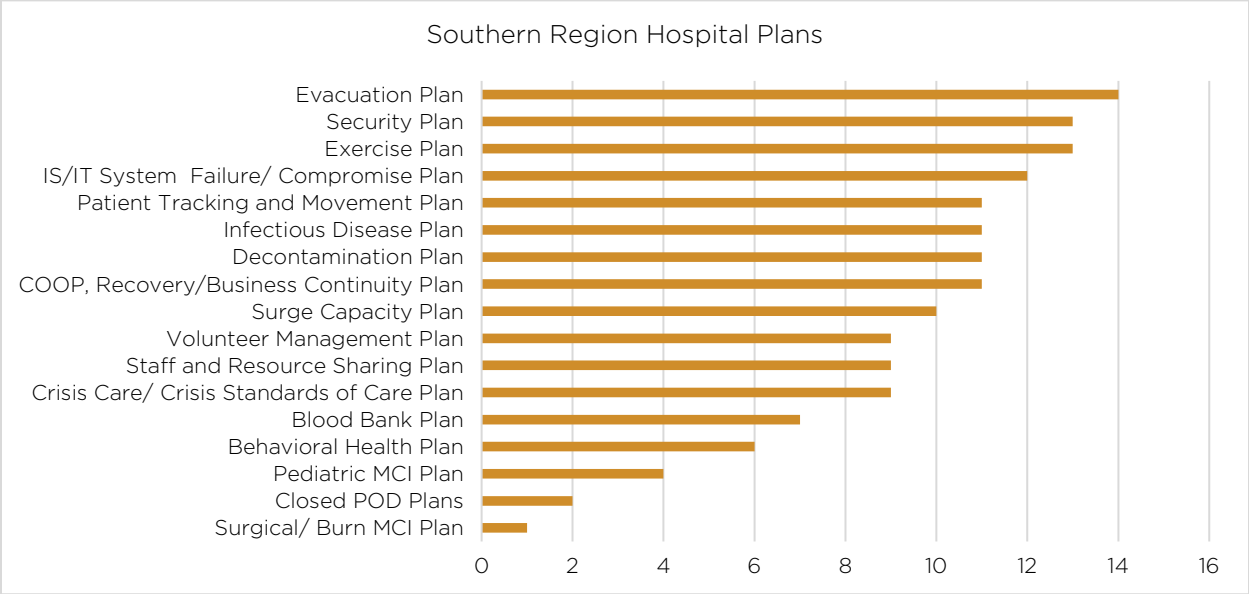
CHVA/RGA Workgroup Decision-Making

The Southern Region CHVA Workgroup began by identifying hazards in the survey data that could be replaced if the hazard primarily affected individual facilities and would typically not require coalition activation. The workgroup decided to eliminate Power Outages from the final list of hazards because it was concluded to be facility-specific rather than a coalition-wide hazard.

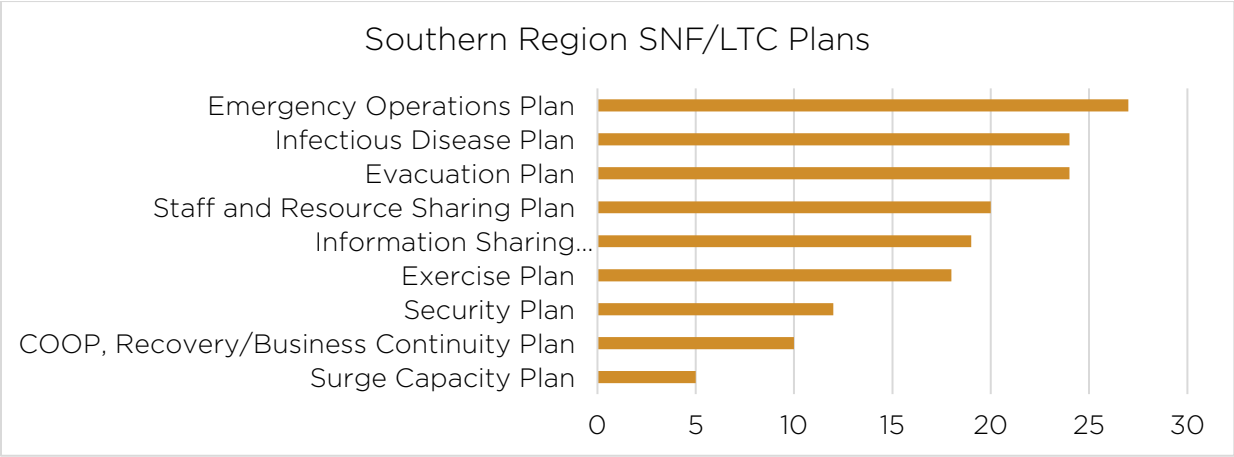
The workgroup recommended developing templates for plans where gaps have been identified. Additionally, the workgroup requested to assess staffing resources in the future.

Highlighted RGA Regional Results

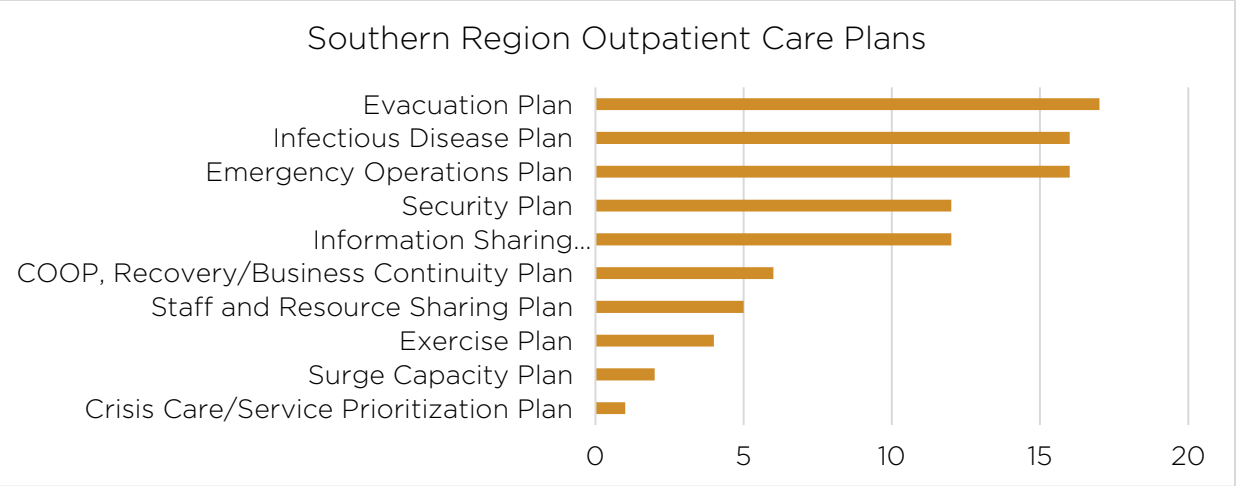
Southern Region Plan Elements



Statewide plan responses are displayed for a total of 14 hospitals.



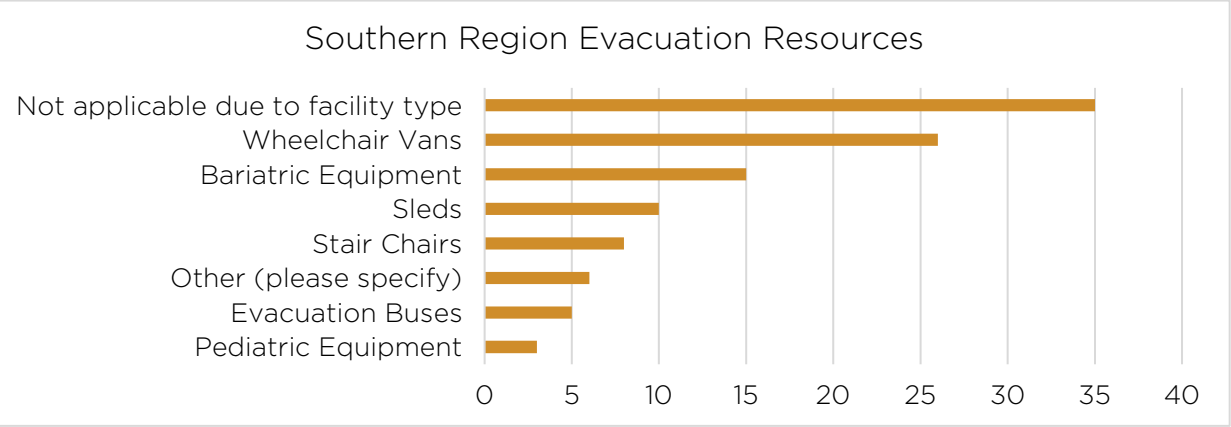
Statewide plan responses for skilled nursing facilities and long-term care organizations are shown as a percentage out of 29 total responses.



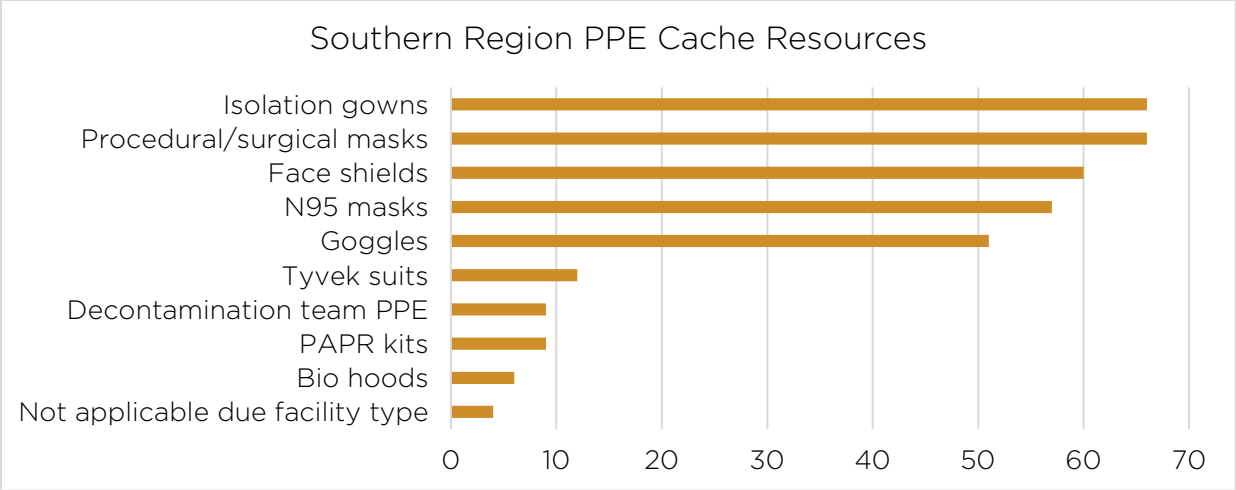
Statewide plan responses for outpatient care facilities are shown as a number out of 17 total responses.

Southern Region Assets

- *Redundant Communications*: 63 survey participants (87%) have the necessary equipment to provide redundancy in their communication (e.g. traditional phone lines, cellular, satellite, internet-based, radios with 800mhz, amateur radio, or other, web-based system, ability to receive HAN alerts, etc.)



The Southern Region workgroup discussed that in response to an evacuation, they would use anything at their disposal to evacuate patients (i.e. stretchers, wheelchairs, staff vehicles, bicycles, alternate work van, Ajo Transportation, Emergency Operations Center (EOC) assistance with transportation).



Note: Pima County Health Department conducted their own PPE survey during the COVID-19 pandemic, which reported 30% of agencies had less than 2 weeks of PPE available.

- *Hospital Resources:* 7 (50%) hospitals have patient redress kits/dry decon kits that allow a patient to disrobe under a large bag/cover and therefore remove contaminated clothing that can then be sealed in another bag. 13 (92%) hospitals have plans for alternate care areas on hospital premises (using cots, chairs, recliners, mobile vans, tents, air mattresses, etc). 8 (57%) hospitals have PPE ensembles for the decontamination team.
    - *Ventilators:* Hospitals reported 284 adult ventilators statewide. Hospitals reported 31 pediatric ventilators statewide.
- Public Health Resources: 2 (100%) public/tribal health departments have mass mortuary/body bags and provide assistance in processing/identification/storage. 2 (100%) public health departments provide Medical Countermeasures Administration/Distribution (physical assets that support Chempack, antidote, vaccination/prophylaxis, operations, and distribution of other countermeasures from SNS and state and local assets that may include databases and electronic systems as well as physical resources such as signage, badging systems, coolers, etc.)
- EMS Resources: No EMS agencies responded to the survey in the Southern Region. Other statewide EMS resources (i.e. air transport, ED capacity, and certified ambulance services can be found in the regional vulnerability profiles (*Appendices 7-10*).
- Skilled Nursing Facility/Long-term Care Resources: Out of the reported survey responses (29 total SNF/LTC responses), there are 330 long-term acute care beds statewide and 968 long-term beds statewide.

Appendix 6: Western Region Survey Results

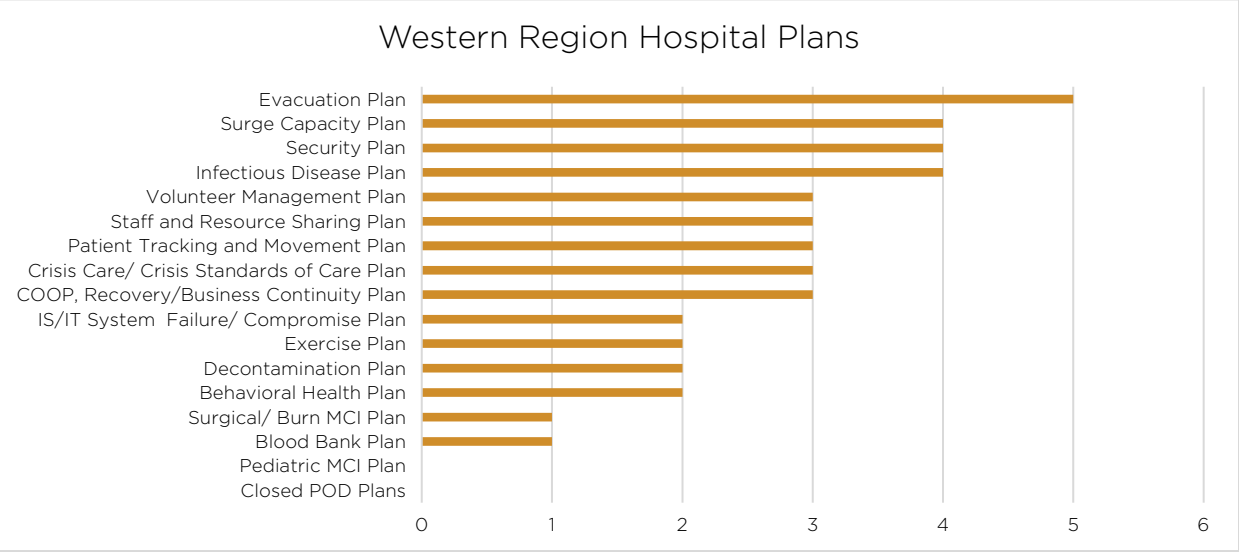
CHVA/RGA Workgroup Decision Making

The Western Region CHVA/RGA Workgroup reviewed the top ten identified vulnerabilities and agreed the survey results captured the current regional vulnerabilities and gap in resources. While only one Western Region EMS agency responded to the survey, the EMS agency transports the majority of patients within the region (Mohave and La Paz Counties). Therefore, the EMS information remains reflective of EMS resources for the region. The Western Region did not receive survey responses from county emergency management departments and recognized this as a communication gap to address.

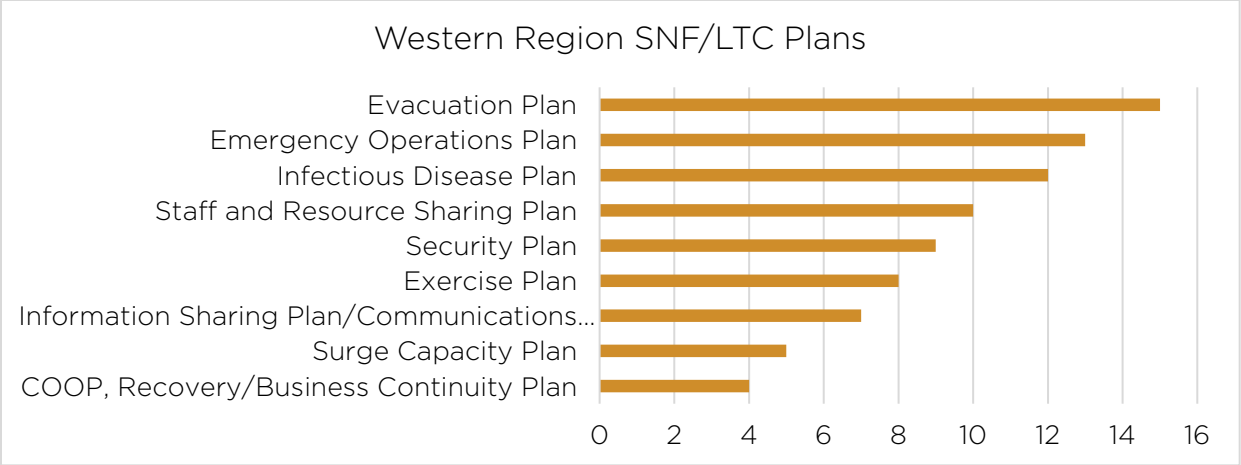
The workgroup identified a need for preparation and training within the long-term care and skilled nursing facilities COOP, Surge Capacity, Information Sharing/Communications, and Exercise Plans. This gap will be addressed through coalition training and exercises. Survey results for the Western Region identified that most facilities have the necessary equipment to provide redundancy in their communication. However, the workgroup identified a gap in evacuation resources, specifically for pediatrics. The workgroup recommended the development of contracts, MOUs, or IAGs between facilities and government agencies, schools, or other facilities that can provide mass transportation.

Highlighted RGA Regional Results

Western Region Plan Elements



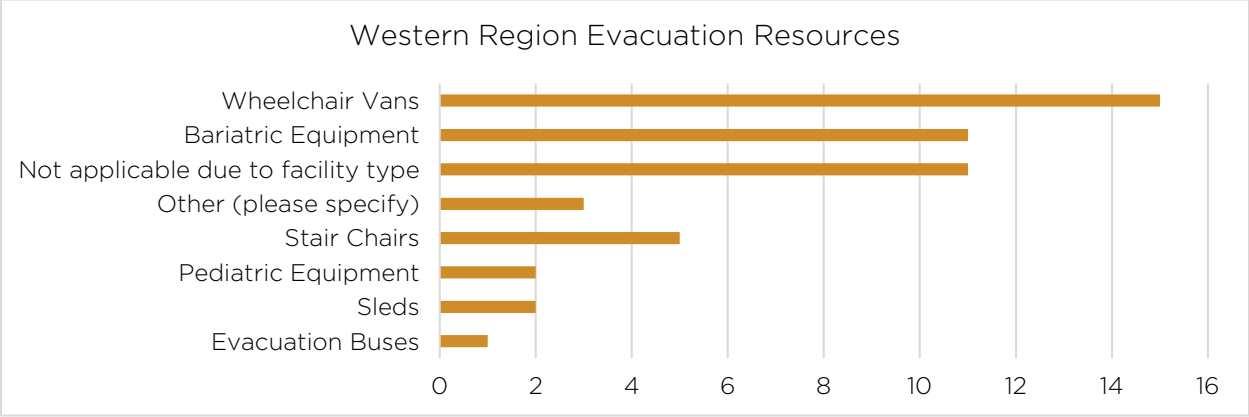
Statewide plan responses are displayed for a total of 6 hospitals.

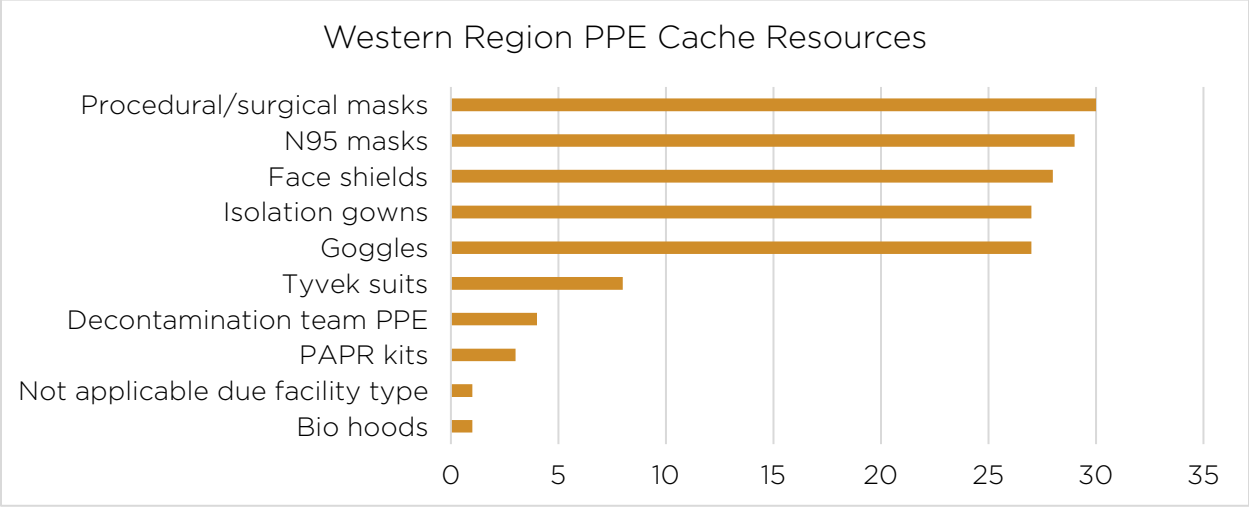


Statewide plan responses for skilled nursing facilities and long-term care organizations are shown as a percentage out of 18 total responses.

Western Region Assets

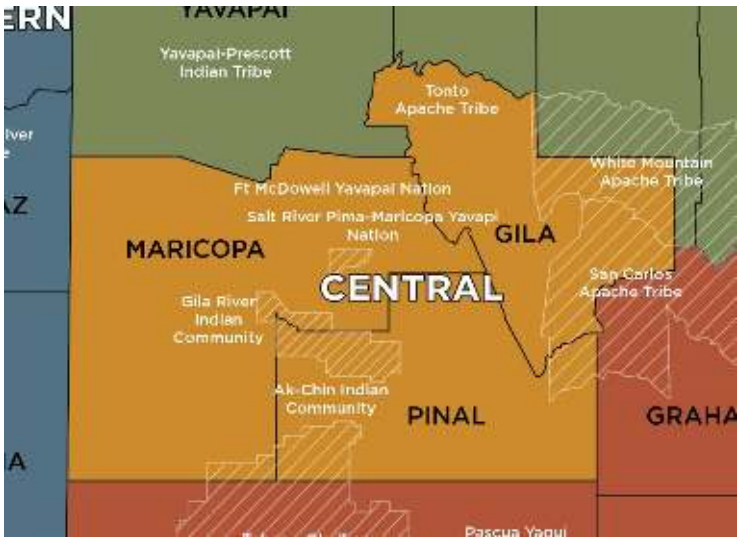
- *Redundant Communications*: 28 survey participants (84%) have the necessary equipment to provide redundancy in their communication (e.g. traditional phone lines, cellular, satellite, internet-based, radios with 800mhz, amateur radio, or other, web-based system, ability to receive HAN alerts, etc.)





- *Hospital Resources:* 4 (66%) hospitals have patient redress kits/dry decon kits that allow a patient to disrobe under a large bag/cover and therefore remove contaminated clothing that can then be sealed in another bag. 5 (83%) hospitals have plans for alternate care areas on hospital premises (using cots, chairs, recliners, mobile vans, tents, air mattresses, etc). 2 (33%) hospitals have PPE ensembles for the decontamination team.
    - *Ventilators:* Southern Region hospitals reported 30 adult ventilators 0 pediatric ventilators.
- Public Health Resources: 1 (50%) public health department has mass mortuary/body bags and provides assistance in processing/identification/storage. 2 (100%) public health departments provide Medical Countermeasures Administration/Distribution (physical assets that support Chempack, antidote, vaccination/prophylaxis, operations, and distribution of other countermeasures from SNS and state and local assets that may include databases and electronic systems as well as physical resources such as signage, badging systems, coolers, etc.)
- EMS Resources: 1 EMS agency responded to the survey for the Western Region. Other statewide EMS resources (i.e. air transport, Emergency Department (ED) capacity, and certified ambulance services can be found in the regional vulnerability profiles (*Appendices 7-10*).
    - 1 EMS agency does not have an MCI Bus or Vehicle (provide contents, number of casualties that can be treated/transported, location, and contact agency).
    - 1 EMS agency does not have the necessary documents to utilize Mass Transit from other entities (such as school or public buses).
    - 1 EMS agency does not have a HAZMAT Response Vehicle or Trailers (including the capability to identify agent, mass decontamination and throughput for ambulatory/non-ambulatory casualties, storage location, and contact info to request).
    - 1 EMS agency does not have HAZMAT Radiation assets (including detection/survey equipment).
    - 1 EMS agency does not have rotor-wing units.
    - 1 EMS agency has 35 ALS ambulances (may include scheduled and 911 assets, critical care transport, scheduled assets, reserve rigs, specialized units such as pediatric, bariatric, isolation, etc.)
    - 1 EMS agency does not have fixed wing units.
    - 1 EMS agency had 35 BLS ambulances (may include scheduled and 911).
- Skilled Nursing Facility/Long-term Care Resources: Out of the reported survey responses (18 total SNF/LTC responses), there are 966 long-term acute care beds statewide and 870 long-term beds statewide.

Appendix 7: Central Region Vulnerability Profile



Jurisdictions

The Central Region includes 7 Tribal Nations and 3 Arizona counties. There are 12 rural and 4 Indian census-recognized primary care areas (PCAs). These PCAs include multiple medically underserved areas and are geographically isolated from healthcare services.

Tribal Nations: Ak-Chin Indian Community, Fort McDowell Yavapai Nation, Gila River Indian Community, Salt River Pima-Maricopa Indian Community, San Carlos Apache Indian Reservation, Tohono O'odham Nation, Tonto Apache Reservation

Counties: Gila, Maricopa, Pinal

Rural and Indian PCAs:

Gila County – Payson, Globe, San Carlos Apache Tribe

Maricopa County – North Gateway/Rio Vista Village, Desert View Village, Laveen Village, Surprise North & Wickenburg, New River/Cave Creek, Anthem, Fountain Hills/Rio Verde, Fort McDowell Yavapai Nation, Sun City and Sun City West, Glendale West, El Mirage and Youngtown, Paradise Valley, Salt River Pima -Maricopa Indian Community, Tempe South, Queen Creek, Sun Lakes

Pinal County - Apache Junction, Gila River Indian Community, Gold Canyon, Florence, San Tan Valley, Saddlebrooke, Maricopa, Coolidge, Eloy, Casa Grande

Population and Vulnerable Demographics

About 4,878,204 people live in the Central Region. The population varies seasonally with 46,910 winter residents and 18,153 migrant/agricultural workers coming into the community transiently.

During a disaster, individuals with disabilities and others with access and functional needs may require special assistance from the emergency management system. In the Central region, there are demographic disparities between rural and urban counties where the former record higher proportions of persons living below the FPL (including children <12) and those who are Medicare beneficiaries. This is also the case with the Persons with Disabilities where the figure reflects the largest county but is doubled in the smallest county.

Considerations for those who are very old or very young, live in rural settings, have transportation challenges, have limited English proficiency, have low-socioeconomic status, or face challenges accessing health services should be included as well. 33.3% of the population lives below 200% of the federal poverty level; 18.7% of children under age 12 also live in poverty. The inmate population is vulnerable due to access to care and congregate living conditions. The Central Region houses 56% of the total prison inmate population of Arizona.

Risk Factors	Central Region	Arizona
Persons with Disabilities	12.1%	12.2%

AHCCCS (Medicaid) Population (%)	1,339,805 (63.6%)	2,106,979
Medicare Beneficiaries (%)	805,923 (60.0%)	1,343,029
Electricity-Dependent Medicare Beneficiaries (%)	30,634 (53.0%)	57,780
Medically Uninsured (%)	10.9%	11.0%
Population below 200% FPL (%)	33.3%	35.8%
Children <12 Living in Poverty (%)	18.7%	20.0%
Correctional Facilities (%)	9 (50%)	18
Correctional Facility Inmate Capacity-prisons only (%)	20,846 (56.0%)	37,250

Healthcare Utilization

The Central region has one provider for every 385 residents, totaling 70.2% of the total number of primary care providers in Arizona. Ambulatory care sensitive conditions - care that if delivered properly would not result in hospitalization – relieves the burden on the hospital system. The Central Region communities have slightly higher proportions of ambulatory care sites per resident over 65 years at a ratio of 42.2 sites per 1000 residents.

Utilization	Central Region	Arizona
Total Primary Care Providers (%)	12,667 (70.2%)	18,027
Total Ambulatory Care Sites (%)	132 (69.1%)	191
ACSs/1000 Residents Age <65	42.2	42.4
Total Emergency Room Visits (%)	1,570,334 (67.8%)	2,316,583
Total Hospital Beds (%)	9,890 (65.1)	15,197
Hospital Inpatient Days/1000 Residents Age <65	579	572
Hospital Beds/1000 Residents	1.8	1.9

Regional Healthcare Infrastructure

Twenty-five of the thirty-five general hospitals in the Central Region are sole providers of short-stay, acute care, inpatient services within their PCA.

Diverse regional facilities and resources that serve specific populations, including pediatrics, are critical to the whole community response. The Central Region has 2,951 specialty beds, 91 skilled nursing facilities, 10,267 nursing beds, 145 licensed home health agencies, 925 licensed pharmacies, and 36 certified ambulance services.

Healthcare Infrastructure	Central Region	Arizona
General Hospitals	35 (54.7%)	64
Critical Access Hospitals	4 (26.6%)	15
Behavioral Health Hospitals	14 (63.6%)	22
Long-term Care Hospitals	11 (57.9%)	19
Specialty beds	2,951 (80.8%)	3,653
ICU bed capacity	1,047 (63.5%)	1,649
ED bed capacity	1,393 (58.9%)	2,367
Skilled Nursing Facilities	91 (61.5%)	148
Nursing Beds	10,267 (63.3%)	16,230
Licensed Home Health Agencies	145 (67.1%)	216
Licensed Pharmacies	925 (68.9%)	1,343
Certified Ambulance Services	36 (34.3%)	105
Air Transport	11 (40.7%)	27

County Hazard Identification Summary

County Multi-Jurisdictional Hazard Mitigation Plans are administered once every five years to identify the greatest risk of loss to people and critical facilities. Hazards were identified through a Threats and Hazard Identification Risk Assessment (THIRA). Experiential knowledge of the planning team, considerations of relative risk, historic context, potential for mitigation, alignment with state plans, and duplication of effects for each hazard influenced each County's process.

Central Region Hazard Lists (Referenced from County Multi-Jurisdictional Hazard Mitigation Plans and 2019 AzCHER CHVA):

Gila County (2019)	Maricopa (2015)	Pinal (2016)	Central Region (2019)
• Climate Change • Drought • Flood/Flash Flooding • HAZMAT • Severe Wind	• Dam Inundation • Drought • Extreme Heat • Fissure • Flood/Flash Flooding • Levee Failure	• Dam Failure • Drought • Fissure • Flood/Flash Flooding • Levee Failure • Severe Wind	• Power Outage • Communication /IT Failure • Temperature Extremes • Active Shooter/Weapon

• Transportation Accident • Wildfire • Winter Storm	• Severe Wind • Subsidence • Wildfires	• Subsidence • Wildfires	• Natural Disasters/ Severe Weather

Appendix 8: Northern Region Vulnerability Profile

Jurisdictions

The Northern Region includes 4 Tribal nations and four Arizona counties.[1] There are 8 rural and 4 frontier census-recognized primary care areas (PCAs).[1] These PCAs include multiple medically underserved areas and are geographically isolated from healthcare services. Frontier designations represent the most isolated rural areas.

Tribal Nations: Hopi Tribe, Kaibab-Paiute, Navajo Nation, White Mountain Apache Tribe, Yavapai Prescott Tribe and the Yavapai Apache Nation

Counties: Apache, Coconino, Navajo, Yavapai

Rural PCAs: Black Canyon City, Cottonwood\Sedona, Chino Valley, Prescott Valley, Winslow, Snowflake/Heber, Show Low, Flagstaff

Frontier PCAs: Grand Canyon Village, Page, Springerville/Eager, Williamson

Population and Vulnerable Demographics

About 564,294 people live in the Northern Region. The population varies seasonally with the roughly 120 winter residents and 842 migrant/agricultural workers coming into the community transiently. The Northern Region is geographically the largest region in Arizona and has a wide range of climate zones which makes it possible to have heat and cold related illnesses on the same day.

During a disaster, individuals with disabilities and others with access and functional needs may require special assistance from the emergency management system. In the Northern region, there are higher proportions of persons living with disabilities (16.1%) and who are Medicare beneficiaries (16.6%) than the state average.

Considerations for those who are very old or very young, live in rural settings, have transportation challenges, have limited English proficiency, have low-socioeconomic status, or face challenges accessing health services should be included as well. 42.9% of the population in the Northern region lives below 200% of the federal poverty level; about one in three children under age 12 also live in poverty. The inmate population is vulnerable due to access to care and congregate living conditions. The Northern Region houses 3.4% of the total prison inmate population of Arizona.

Risk Factors	Northern Region	Arizona
Persons with Disabilities (%)	16.1%	12.2%
AHCCCS (Medicaid) Population	193,076 (9.2%)	2,106,979
Medicare Beneficiaries (%)	141,090 (10.5%)	1,343,029
Electricity-Dependent Medicare Beneficiaries (%)	10,451 (18.1%)	57,780

Medically Uninsured (%)	13.2%	11.0%
Population below 200% FPL (%)	42.9%	35.8%
Children < age 12 in Poverty (%)	30.1%	24.2%
Correctional Facilities (%)	1 (5.6%)	18
Correctional Facility Inmate Capacity-prisons only (%)	1,282 (3.4%)	37,250

Healthcare Utilization

The Northern region has one provider for every 451 residents. Ambulatory care sensitive conditions - care that if delivered properly would not result in hospitalization – relieves the burden on the hospital system. Our communities have lower proportions of ambulatory care sites per resident over 65 years and lower hospital inpatient days per resident than the rest of the state.

Utilization	Northern Region	Arizona
Total Primary Care Providers (%)	1,251 (6.9%)	18,027
Total Ambulatory Care Sites (%)	21 (11.0%)	191
ACSs/1000 Residents Age <65	40.0	42.4
Total Emergency Room Visits (%)	184,143 (7.9%)	2,316,583
Total Hospital Beds (%)	1,215 (8.0%)	15,197
Hospital Inpatient Days/1000 Residents Age <65	518	572
Hospital Beds/1000 Residents	1.3	1.9

Regional Healthcare Infrastructure

All of the general hospitals in the Northern Region are sole providers of short-stay, acute care, inpatient services within their PCA.

Diverse regional facilities and resources that serve specific populations, including pediatrics, are critical to the whole community response. The Northern Region has 132 specialty beds, 16 skilled nursing facilities, 1,222 nursing beds, 18 licensed home health agencies, 89 licensed pharmacies, and 25 certified ambulance services.

Healthcare Infrastructure	Northern Region	Arizona
General Hospitals	9 (14.1%)	64
Critical Access Hospitals	5 (33.3%)	15

Behavioral Health Hospitals	4 (18.2%)	22
Long-term Care Hospitals	2 (10.5%)	19
Specialty beds	132 (3.6%)	3,653
ICU bed capacity	129 (7.8%)	1,649
ED bed capacity	287 (12.1%)	2,367
Skilled Nursing Facilities	16 (10.8%)	148
Nursing Beds	1,222 (7.5%)	16,230
Licensed Home Health Agencies	18 (8.33%)	216
Licensed Pharmacies	89 (6.6%)	1,343
Certified Ambulance Services	25 (23.8%)	105
Air Transport	6 (22.2%)	27

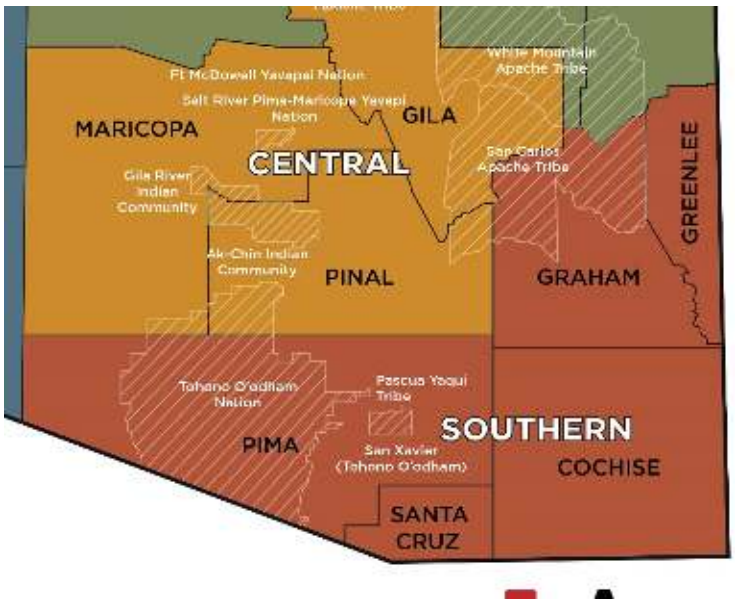
County Hazard Identification Summary

County Multi-Jurisdictional Hazard Mitigation Plans are administered once every five years to identify the greatest risk of loss to people and critical facilities. Hazards were identified through a Threats and Hazard Identification Risk Assessment (THIRA). Experiential knowledge of the planning team, considerations of relative risk, historic context, potential for mitigation, alignment with state plans, and duplication of effects for each hazard influenced each County's process.

Northern Region Hazard Lists (Referenced from County Multi-Jurisdictional Hazard Mitigation Plans and 2019 AzCHER CHVA):

Yavapai (2018)	Coconino (2015)	Navajo (2017)	Apache (2017)	Northern Region (2019)
• Earthquake • Flood • Landslide/ Mudslide • Severe Wind • Wildfires • Winter Storm	• Dam Failure • Drought • Earthquake • Flood • Hazardous Materials Incidents • Severe Wind • Transportation Accidents • Wildfire • Winter Storm	• Dam Failure • Drought • Flood/Flash Flood • Hazardous Materials Incidents • Levee Failure • Severe Wind • Wildfire • Winter Storm	• Flood/Flash Flood • Severe Wind • Wildfire • Winter Storm	• Power Outage • Natural Disasters/ Severe Weather • Wildfire • Communication /IT Failure • Active Shooter/ Weapon

Appendix 9: Southern Region Vulnerability Profile



Jurisdictions

The Southern Region includes three Tribal nations and five Arizona counties. There are 20 rural and 3 frontier census-recognized primary care areas (PCAs).[1] These PCAs include multiple medically underserved areas and are geographically isolated from healthcare services. Frontier designations represent the most isolated rural areas.

Tribal Nations: Pascua Yaqui, San Xavier, Tohono O'odham

Counties: Pima, Santa Cruz, Cochise, Graham, Greenlee

Rural PCAs: Tanque Verde, Oro Valley, Marana, Picture Rocks, Vail, Tucson West, Flowing Wells, Tucson Estates, Drexel Heights, Valencia West, Green Valley, Sahuarita, Rio Rico, Nogales, Benson, Douglas & Pirtleville, Sierra Vista, Bisbee, Thatcher, Safford

Indian PCAs: Tohono O'odham Nation, Pascua Yaqui Tribe, Ajo, Morenci, Wilcox & Bowie

Frontier PCAs: Ajo, Wilcox & Bowie, Morenci

Population and Vulnerable Demographics

About 1,276,465 people live in the Southern Region. The population varies seasonally with the roughly 9,510 winter residents and 4,492 migrant/agricultural workers coming into the community transiently.

During a disaster, individuals with disabilities and others with access and functional needs may require special assistance from the emergency management system. In the Southern region, there are higher proportions of persons living with disabilities (15%) and who are Medicare beneficiaries (15.7%) than the state average.

Considerations for those who are very old or very young, live in rural settings, have transportation challenges, have limited English proficiency, have low-socioeconomic status, or face challenges accessing health services should be included as well. 40% of the population in the Southern region lives below 200% of the federal poverty level; about one in three children under age 12 also live in poverty. The inmate population is vulnerable due to access to care and congregate living conditions. The Southern Region houses 23.5% of the total prison inmate population of Arizona.

Risk Factors	Southern Region	Arizona
Persons with Disabilities (%)	15%	12.6%
AHCCCS (Medicaid) Population	403,568 (19.2%)	2,106,979
Medicare Beneficiaries (%)	285,956 (21.3%)	1,343,029
Electricity-Dependent Medicare Beneficiaries (%)	12,075 (20.9%)	57,780

Medically Uninsured (%)	9.7%	11.0%
Population below 200% FPL (%)	38.9%	35.8%
Children < age 12 in Poverty (%)	27.2%	25.4%
Correctional Facilities (%)	4 (22.2%)	18
Correctional Facility Inmate Capacity-prisons only (%)	8,758 (23.5%)	37,250

Healthcare Utilization

The Southern region has 1 primary care providers for every 384 residents, which is less than the Arizona average of 1 primary care physician for every 399 residents. Ambulatory care sensitive conditions - care that if delivered properly would not result in hospitalization – relieves the burden on the hospital system. Our communities have lower proportions of ambulatory care sites per resident over 65 years and higher hospital inpatient days per resident than the rest of the state, indicating higher overall utilization throughout the region.

Utilization	Southern Region	Arizona
Total Primary Care Providers (%)	3,324 (18.4%)	18,027
Total Ambulatory Care Sites (%)	30 (15.7%)	191
ACSs/1000 Residents Age <65	43.5	42.4
Total Emergency Room Visits (%)	404,291 (17.5%)	2,316,583
Total Hospital Beds (%)	3,392 (22.3%)	15,197
Hospital Inpatient Days/1000 Residents Age <65	578	572
Hospital Beds/1000 Residents	2.3	1.9

Regional Healthcare Infrastructure

All fourteen of the general hospitals in the Southern Region are sole providers of short-stay, acute care, inpatient services within their PCA.

Diverse regional facilities and resources that serve specific populations, including pediatrics, are critical to the whole community response. The Southern Region has 501 specialty beds, 30 skilled nursing facilities, 3,541 nursing beds, 38 licensed home health agencies, 252 licensed pharmacies, and 31 certified ambulance services.

Healthcare Infrastructure	Southern Region	Arizona
General Hospitals	14 (21.9%)	64

Critical Access Hospitals	4 (26.7%)	15
Behavioral Health Hospitals	3 (13.6%)	22
Long-term Care Hospitals	4 (21.1%)	19
Specialty beds	501 (13.7%)	3,653
ICU bed capacity	362 (22.0%)	1,649
ED bed capacity	491 (20.7%)	2,367
Skilled Nursing Facilities	30 (20.3%)	148
Nursing Beds	3,541 (21.8%)	16,230
Licensed Home Health Agencies	38 (17.6%)	216
Licensed Pharmacies	252 (18.8%)	1,343
Certified Ambulance Services	31 (29.5%)	105
Air Transport	7 (25.9%)	27

County Hazard Identification Summary

County Multi-Jurisdictional Hazard Mitigation Plans are administered once every five years to identify the greatest risk of loss to people and critical facilities. Hazards were identified through a Threats and Hazard Identification Risk Assessment (THIRA). Experiential knowledge of the planning team, considerations of relative risk, historic context, potential for mitigation, alignment with state plans, and duplication of effects for each hazard influenced each County's process.

Southern Region Hazard Lists (Referenced from County Multi-Jurisdictional Hazard Mitigation Plans and 2019 AzCHER CHVA):

Cochise County (2017)	Graham County (2018)	Greenlee County (2016)	Pima County (2017)	Santa Cruz County (2018)	Southern Region (2019)
• Building Collapse/ Mine Subsidence • Drought • Earthquake • Fissure • Flood/Flash Flood • Severe Wind • Wildfire	• Dam Failure • Drought • Fissure • Flood/Flash Flood • Severe Wind • Wildfire	• Drought • Flood/Flash Flood • Levee Failure • Wildfire	• Drought • Earthquake • Extreme Cold • Extreme Heat • Flood • Landslide • Severe Wind • Wildfire	• Dam Failure • Drought • Flooding • HazMat • Wildfire	• Power Outage • Communication /IT Failure • Temperature Extremes • Natural Disasters/ Severe Weather • Flood (External)

Regional Considerations

Proximity to border with Mexico.

Appendix 10: Western Region Vulnerability Profile

Jurisdictions

The Western Region includes 7 Tribal Nations and 3 Arizona counties. There are 9 rural and 2 frontier census-recognized primary care areas (PCAs).[1] These PCAs include multiple medically underserved areas and are geographically isolated from healthcare services. Frontier designations represent the most isolated rural areas.

Tribal Nations: Hualapai Tribe, Kaibab-Paiute Tribe, Fort Mojave Indian Tribe, Colorado River Indian Tribe, Fort Yuma, Quechen Tribe, Cocopah Tribe

Counties: Mohave, La Paz, Yuma

Rural PCAs: Bullhead City, Fortuna Foothills, Golden Valley, Parker, Kingman, Lake Havasu City, San Luis, Somerton, Yuma

Frontier PCAs: Colorado City, Quartzsite

Population and Vulnerable Demographics

About 469,027 people live in the Western Region.[2] The population varies seasonally with the roughly 19,130 winter residents and 44,217 migrant/agricultural workers coming into the community transiently.2 During a disaster, individuals with disabilities and others with access and functional needs may require special assistance from the emergency management system. In the Western region, there are higher proportions of persons living with disabilities (16.7%) and who are Medicare beneficiaries (20.7%) than the state average.

Considerations for those who are very old or very young, live in rural settings, have transportation challenges, have limited English proficiency, have low-socioeconomic status, or face challenges accessing health services should be included as well. 46.3% of the population lives below 200% of the federal poverty level; about 1 in 3 children under age 12 also live in poverty. The inmate population is vulnerable due to access to care and congregate living conditions. The Western Region houses 19.3% of the total prison inmate population of Arizona.

Risk Factors	Western Region	Arizona
Persons with Disabilities (%)	16.7%	12.6%
AHCCCS (Medicaid) Population	170,530 (8.1%)	2,106,979
Medicare Beneficiaries (%)	110,075 (8.2%)	1,343,029
Electricity-Dependent Medicare Beneficiaries (%)	4,882 (8.4%)	57,780
Medically Uninsured (%)	12.0%	11.0%
Population below 200% FPL (%)	45.8%	35.8%
Children < age 12 in Poverty (%)	29.0%	24.2%

Correctional Facilities (%)	2 (4.2%)	48
Correctional Facility Inmate Capacity-prisons only (%)	7,200 (19.3%)	37,250

Healthcare Utilization

The Western region has one provider for every 597 residents. Ambulatory care sensitive conditions - care that if delivered properly would not result in hospitalization – relieves the burden on the hospital system. The Western Region communities have higher proportions of ambulatory care sites per resident over 65 years, yet higher hospital inpatient days per resident than the rest of the state.

Utilization	Western Region	Arizona
Total Primary Care Providers (%)	717 (4.2%)	16,947
Total Ambulatory Care Sites (%)	8 (4.2%)	191
ACSs/1000 Residents Age <65	44.9	42.4
Total Emergency Room Visits (%)	157,614 (6.8%)	2,316,583
Total Hospital Beds (%)	850 (5.6%)	15,197
Hospital Inpatient Days/1000 Residents Age <65	547	572
Hospital Beds/1000 Residents	2.2	1.9

Regional Healthcare Infrastructure

All six of the general hospitals in the Western Region are sole providers of short-stay, acute care, inpatient services within their PCA.

Diverse regional facilities and resources that serve specific populations, including pediatrics, are critical to the whole community response. The Western Region has 69 specialty beds, 11 skilled nursing facilities, 1,200 nursing beds, 15 licensed home health agencies, 77 licensed pharmacies, and 13 certified ambulance services.

Healthcare Infrastructure	Western Region	Arizona
General Hospitals	6 (9.4%)	64
Critical Access Hospitals	2 (13.3%)	15
Behavioral Health Hospitals	1 (4.5%)	22
Long-term Care Hospitals	2 (10.5%)	19
Specialty beds	69 (1.9%)	3,653

ICU bed capacity	111 (6.7%)	1,649
ED bed capacity	196 (8.3%)	2,367
Skilled Nursing Facilities	11 (7.4%)	148
Nursing Beds	1,200 (7.4%)	16,230
Licensed Home Health Agencies	15 (6.9%)	216
Licensed Pharmacies	77 (5.7%)	1,343
Certified Ambulance Services	13 (12.4%)	105
Air Transport Services	5 (18.5%)	27

County Hazard Identification Summary

County Multi-Jurisdictional Hazard Mitigation Plans are administered once every five years to identify the greatest risk of loss to people and critical facilities. Hazards were identified through a Threats and Hazard Identification Risk Assessment (THIRA). Experiential knowledge of the planning team, considerations of relative risk, historic context, potential for mitigation, alignment with state plans, and duplication of effects for each hazard influenced each County's process.

Western Region Hazard Lists (Referenced from County Multi-Jurisdictional Hazard Mitigation Plans and 2019 AzCHER CHVA):

La Paz County (2020)	Mohave County (2016)	Yuma County (2018)	Western Region (2019)
• Dam Failure • Drought • Flooding/Flash Flooding • Hazardous Materials Incident • Severe Wind • Wildfire	• Biological • Dam Failure • Drought • Extreme Heat • Flooding • Hazardous Material Incident • Power/Utility Outage • Severe Wind • Wildfire	• Drought • Earthquake • Extreme Heat (Power Outage) • Flooding • Severe Wind/Dust Storms • Wildfire	• Power Outage • Temperature Extremes • Active Shooter/Weapon • Communication /IT Failure • Infectious Disease Outbreak

Regional Considerations

-Hoover Dam (Mohave County)
-Military Bases (Yuma County)

Appendix 11: References

1. 2019 Arizona Coalition for Healthcare Emergency Response (AzCHER) Statewide Community Hazard Vulnerability Assessment. 12 December 2019.
2. Arizona Department of Health Services. (2020). AZDHS: Data Reports and Maps: Primary Care Area Statistical Profiles. Retrieved from https://www.azdhs.gov/prevention/health-systems- development/data-reports-maps/index.php#statistical-profiles-pca.
3. Arizona Department of Health Services. (2020). AZDHS: Data Reports and Maps: Frontier, Rural, Urban Profile. Retrieved from https://www.azdhs.gov/prevention/health-systems- development/data-reports-maps/index.php#reports
4. Boege, S.L., Lauer, E.A., & Houtenville, A.J., 2019. 2017 State Report for Arizona County-Level Data: Prevalence. Durham, NH: University of New Hampshire, Institute on Disability. Retrieved from https://disabilitycompendium.org/compendium/2017-state-report-for-county-level-data- prevalence/AZ
5. Campbell, P., Trockman, S.J., and Walker, A.R. (2011). Strengthening Hazard Vulnerability Analysis: Results of Recent Research in Maine. Public Health Reports. 126(2):290-293.
6. Community Hazard Vulnerability Assessment – 2018/2019. Arizona Coalition for Healthcare Emergency Response – Central Region.
7. Community Hazard Vulnerability Assessment: Statewide Summary Report, 2019-2020. Arizona Coalition for Healthcare Emergency Response.
8. Coordinated Consulting Services, LLC. Final Draft Regional Hazard Vulnerability Analysis. Arizona Coalition for Healthcare Emergency Response - Northern Region. December 2017.
9. Federal Emergency Management Agency. (2018). Comprehensive Preparedness Guide (CPG) 201: Threat and Hazard Identification and Risk Assessment (THIRA) and Stakeholder Preparedness Review (SPR) Guide. (Third Edition.)
10. Kaiser Permanente. (2017). Kaiser Permanente Hazard Vulnerability Analysis (HVA) Tool. https://www.calhospitalprepare.org/hazard-vulnerability-analysis

Appendix 12: Glossary

Access and Functional Needs Plan	This plan defines populations in the community at risk of potential access/care based on emPOWER and other databases, demographic information, coordination with renal and other patient networks, liaison with cultural and advocacy groups, and defining challenges.
Active Shooter/Armed Assailant/Active Threat Plan	This plan documents integration with law enforcement during a response to active shooter/blast event scenes prioritizing access to victims, the role of EMS providers, mass triage, rapid interventions including hemorrhage control, early evacuation, and treatment/transport.
Alerting /Notification Plan	This plan describes alert and notification of the following during an incident for public safety and private sector-based systems: 911 PSAP/dispatch centers, area hospitals, and EMS supervisors/management/ medical direction staff. Should include any indicators/triggers for activation of MCI plan.
ALS Ambulance	Advanced life support, level 1 (ALS1) is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including the provision of an ALS assessment or at least one ALS intervention. They may include scheduled and 911 assets, critical care transport, scheduled assets, reserve rigs, specialized units (pediatric, bariatric, isolation, etc.).
Alternate Care Systems/Site	In the event of a disaster or public health emergency, Alternate Care Sites (ACS) may be created to enable healthcare providers to provide medical care for injured or sick patients or continue care for chronic conditions in non-traditional environments. It can include telephonic/telemedicine, screening/early treatment, and non-ambulatory care - EM and hospitals will have contributing responsibilities.
Alternate Care Systems/Sites Plan	An ACS plan that includes telephonic/telemedicine, screening/early treatment, and non-ambulatory care – EM and hospitals will have contributing responsibilities.
Ambulatory Surgery Centers	Ambulatory surgery centers—known as ASCs—are modern healthcare facilities focused on providing same-day surgical care, including diagnostic and preventive procedures. ASCs may be used for overflow acute care, overflow outpatient care.
Assisted Living Facilities	Facilities that include the continuity of long-term care services and provide housing, personal care services, and healthcare designed to respond to individuals who need assistance with normal daily activities.
Behavioral Health Plan	This plan includes critical incident stress support, access to information about normal stress responses, psychological first aid training, and professional behavioral health support to providers. Ideally, this should also include tracking and follow up of at-risk employees after critical incidents.
Blood Bank Plan	This plan details support for hospitals during a mass casualty incident including delivery during access-controlled situations.
BLS Ambulance	Basic life support (BLS) is transportation by ground ambulance vehicle and the provision of medically necessary supplies and services, including BLS ambulance services as defined by the state. These may include scheduled and 911 assets.

Burn Center Beds	A burn recovery bed or burn bed is a special type of bed designed for hospital patients who have suffered severe skin burns across large portions of their body. These are dedicated burn beds.
Chempack/SNS Plan	In jurisdictions hosting Chempack assets, the plan should document hospital and EMS actions related to storage, maintenance, notification mechanism of need for release of assets and authority by whom to release them, accompanying security to a distribution point, resupply method. All jurisdictions should have an SNS receipt and distribution plan. Include SNS receipt, distribution, and replacement.
Closed POD Plans	Plans for internal vaccination/prophylaxis of healthcare personnel. May be helpful to quantify the number of employees who would require vaccination or prophylaxis depending on role/job class.
Communication Assets	These assets may include traditional phone lines, radios, cellular, satellite, internet-based – at least one primary and one redundant system.* Radios (800mhz, amateur radio, other), web-based system, ability to receive HAN alerts, etc.
Community Paramedics	This includes other community-based EMS personnel that may assume alternate roles in a disaster (e.g., paramedics are also firefighters, volunteer or paid reserve personnel who can be called to assist with an MCI; those who are BLS or ACLS trained). In large metro areas may summarize / list agencies rather than specific resources.
COOP, Recovery/Business Continuity Plan	Recovery activities and continuity of operations (COOP) response functions including backup for personnel, communication systems, and logistical support (assets).
Crisis Care	Number of cots that could be appropriately placed in flat space areas on hospital premises to create alternate care areas and including utilizing space where patients can be held awaiting treatment, actual treatment space (using cots, chairs, recliners, mobile vans, tents, air mattresses, etc.).
Crisis Standards of Care Plan	This plan details facility and regional approach to coordination of service and resource management, interface with State plans, and plans for on-site and community-based alternate care systems/sites. Including relevant facility and regional triggers where defined. Should also address 1135 waivers, and modifications of other pertinent local/state rules and regulations to address surge issues, ACS, volunteers, etc.
Decontamination Capacity - Ambulatory	Patients / hour based on exercises - assume 10 minutes/person through process (e.g. 6 patients/hour per decon station)
Decontamination Capacity - Non-Ambulatory	Patients/hour based on exercises - assume 10 minutes/person at each decon station
Dialysis Centers	Dialysis does the work of the kidneys by cleansing the blood – removing waste and excess water. There are two types of dialysis: hemodialysis and peritoneal dialysis. In hemodialysis, the patient's blood is passed through an artificial kidney

	machine, and the procedure is performed in a hospital or similar facility.
Dry Decontamination Kits	Redress kits that allow a patient to disrobe under a large bag/cover and therefore remove contaminated clothing that can then be sealed in another bag. Limits continued exposure and potential for secondary contamination of EMS/hospital assets.
Emergency Department (ED) Capacity	Bed capacity based on usual spaces used for patient care for hospital-based EDs.
ED Isolation (AIIR) Rooms	ED Isolation rooms may be ED Positive /Negative pressure rooms. Formerly, negative pressure isolation room, an AIIR is a single-occupancy patient-care room used to isolate persons with a suspected or confirmed airborne infectious disease.
ED Surge Beds	These are beds in addition to usual ED beds – overflow/surge capacity only – may include adjacent procedure or other areas used for ED care.
Emergency Operations Plan	The jurisdictional emergency management plan should specify the lead agency for health and medical issues. Either this plan or the Public Health Emergency Operations Plan should specify the integration of the hospitals and EMS into the jurisdictional plan. This should include how information is shared with and between agencies, the process for resource requests, and the role of Public Health and Emergency Management relative to the coalition partners.
EMS Agencies	Emergency Medical Services (EMS) transport agencies – includes all emergency transport agencies, may consider including scheduled BLS provider services if applicable.
Evacuation Plan	This plan describes the role and coordination efforts during an evacuation of a healthcare facility and its repatriation (when needed).
Evacuation Resources	Equipment (facility or cache-based) including patient movement, triage/tracking supplies (NOTE: this may only apply to ambulatory surgery centers and freestanding emergency rooms for non-ambulatory patients).
Evaluation Resources (Sleds, Stair Chairs, Pediatric Equipment, Evaluation Buses)	These resources may be listed in the Evacuation Plan annex from above. Equipment (facility or cache-based) including patient movement, triage/tracking supplies. Include availability of adult, child, and infant evacuation equipment.
Exercise Plan	Exercises should meet the needs of regulatory agencies/accrediting bodies and are coordinated between the coalition disciplines to assure a community-based exercise at least yearly involves the four core coalition stakeholders and ideally more.
Family Assistance Center Plan	This plan is integrated with hospitals, EOCs, and support organizations (e.g. ARC) – may include physical and virtual operations for re-unification and notifications.
Fixed-Wing Units	Fixed wing units can respond within 60 minutes response time to the area, specific for flight time to scene/facility. Assure contact information is available for all agencies.

Group Homes	A home where a small number of unrelated people in need of care, support, or supervision can live together, such as those who are elderly or have disabilities and access/functional needs.
Hardware/Connectivity	Computers and other material resources to facilitate virtual or physical coordination center activities, including internet/data access.
HAZMAT Radiation Assets	Assets that include radiation detection/survey equipment.
HAZMAT Response Vehicle/Trailer	HAZMAT response vehicles/trailers include capabilities for agent identification, mass decontamination and throughput for ambulatory/non-ambulatory casualties, storage location, and contact info to request. Consider antidote availability.
HAZMAT/ Decontamination Plan	This plan describes roles of EMS and Fire including agent identification, setting up hot, warm and cold zones, capability for mass decontamination, and use of medical countermeasures for chemical, biological, and radiological incidents. Include use of available antidotes (including CHEMPACK reference). Addresses delivery of contaminated patients to specialty care hospitals when needed and available.
Home Health Agencies / Home Hospice	A Home Health Agency (HHA) is an agency or organization which: Meets the federal requirements in the interest of the health and safety of individuals who are furnished services by the HHA; and. Meets additional CMS requirements necessary for the effective and efficient operation of the program. May approximate in large metro areas.
Infectious Disease Plan	This plan includes guidelines for situational awareness and notification of outbreaks associated with seasonal and emerging infectious disease agents, dispatch communication to crews, hospitals, and PH, personal protective equipment, infection prevention, and control measures, specialized transport and response protocols to tiered levels of treatment facilities.
Inpatient Isolation (AIIR) Rooms	Formerly, negative pressure isolation room, an AIIR is a single-occupancy patient-care room used to isolate persons with a suspected or confirmed airborne infectious disease. Include capacity for AIIR's and cohorting.
Inpatient Psychiatry Beds	Include capacity including for adults and pediatric patients.
Intensive Care Bed Adult	Beds that have availability of mechanical ventilation and some form of renal support and other organ support for adult patients.
Intensive Care Bed Pediatric	Beds that have availability of mechanical ventilation and some form of renal support and other organ support for pediatric patients.
Intensive Care Surge Beds	Intensive care surge beds may include doubling, use of step-down areas (therefore may count stepdown and some monitored beds twice), and procedure areas. Must have dedicated cardiac monitors, appropriate medical gases, etc. Include capacity for NICU, PICU, and Adult beds. Do not include PACU space here (list under PACU-specific line) – include both PICU and adult ICU potential surge beds.

Intensive Care Unit	Bed and staff can support above plus mechanical ventilation, sedation, hemodynamic support (pressor agents), and similar advanced care for unstable or dangerously ill patients. There is not an expectation that the facility has ventilators for each identified ICU surge bed but monitors are expected. Adult and pediatric beds are bundled together as a listed resource for disaster planning purposes. Coalitions may wish to break out pediatric ICU beds for their regional planning efforts to understand conventional capabilities.
IS/IT System Failure/Compromise Plan	This plan outlines response to downtime, cyberattacks (e.g. denial of service attack on 911), redundancy measures, training, PHI substitutions, and recovery measures.
Legal Regulatory Plan	This plan defines powers of State vs. local jurisdictions and local ordinances that may affect disaster response (e.g. disaster declarations, emergency orders, seizure powers, isolation and quarantine, changes to usual rules/requirements in disasters).
Level 1 / Level 2 Trauma Centers	Level I Trauma Center is a comprehensive regional resource that is a tertiary care facility central to the trauma system. A Level I Trauma Center is capable of providing total care for every aspect of injury – from prevention through rehabilitation. A Level II Trauma Center is able to initiate definitive care for all injured patients.
Level 3 / Level 4 Trauma Centers	A Level III Trauma Center has demonstrated an ability to provide prompt assessment, resuscitation, surgery, intensive care and stabilization of injured patients and emergency operations. May include other/non-designated in this category if receive trauma. A Level IV Trauma Center has demonstrated an ability to provide advanced trauma life support (ATLS) prior to transfer of patients to a higher level trauma center. It provides evaluation, stabilization, and diagnostic capabilities for injured patients.
Long-Term Acute Care Facilities	Long-term acute care hospitals (LTACs) provide inpatient services for patients with complex medical problems requiring extended hospital stays. LTACs are defined by their average duration of stay, not by the type of patients admitted or the services provided. For prolonged, high-intensity management of chronic conditions.
Long-Term-Care Beds	Long-term care beds in skilled nursing facilities are hospital beds accommodating patients requiring long-term care due to chronic impairments and a reduced degree of independence in activities of daily living.
MAC/EOC	Emergency Operations Centers (EOCs) are the entity from which the coordination of information and resources to support incident management at the Incident Command Post (on-scene or field level activities) occurs. Multi-Agency Coordinating (MAC) Groups are policy setting entities typically comprised of agency administrators/executives, or their designees. Physical and back-up location for coordination efforts.
Mass Mortuary / Body Bags	A body bag, also known as a cadaver pouch or human remains pouch, is a non-porous bag designed to contain a human body, used for the storage and transportation of shrouded corpses. Body bags can also be used for the storage of corpses within morgues, including processing / identification / storage.

Mass Mortuary / Fatality Plan	This plan includes role of the facilities, medical examiner/coroner and roles and responsibilities of the local agencies.
Mass Transit	Buses (school, public) and other contingencies should be documented – does not require a specific number. Assure points of contact and timeframe available. Include mass transit and paratransit assets and their capacities, contact info, and potential timeframe to mobilize them.
MCI Bus/Vehicle	Mass Casualty Incident (MCI) Bus/Vehicles include contents, the estimated number of casualties that can be treated/transported, location, contact agency.
MCI Trailers	Mass Casualty Incident (MCI) trailers include contents, the estimated number of casualties that can be treated, location, contact agency.
Medical Countermeasures Administration/Distribution	Physical assets that support Chempack, antidote, vaccination/prophylaxis operations, and distribution of other countermeasures from SNS and state and local assets that may include databases and electronic systems as well as physical resources (signage, badging systems, coolers, etc.).
Medical Countermeasures Plan	This plan includes mass vaccination/prophylaxis (closed and open PODs), Chempack, and plans for receipt and distribution of other countermeasures from the SNS and other assets.
Medical/Surgical Beds	General medical/surgical ward bed - bed and staff can provide basic interval vital sign monitoring, oxygen, inhaled, oral, and intravenous or intramuscular medications. Patients on these units are generally stable with limited potential for acute deterioration. Pediatric and adult beds are bundled together.
Mental Health Providers	Mental health providers are professionals who diagnose mental health conditions and provide treatment. Most have at least a master's degree or more-advanced education, training and credentials. Document interface of major associations/provider groups/MRC or other assets with coalition activities.
Military Assets	Include assets that can be state or federally activated to support a medical response (National Guard, ground/air assets including ambulances, CERF-P units, CST, etc.). Key resources may be activated by the state.
Mutual Aid Plan	This plan specifies request process, commitment, notification, etc. between agencies and details other services/assets. Include any written MOA/MOU and other agreements.
NICU Beds	Beds that provide neonatal intensive care unit (NICU) care. Consider Level in the case of evacuating NICU to other NICUs.
Notification Platform	Electronic systems that provide notification to leadership and partners. These systems are designed for event notification only, distinct from communication platforms listed below which are designed for ongoing, interactive information sharing.
Number of Hospitals Include Critical Access Hospitals	Total hospitals in coalition providing emergency care/acute care services.
Operating Rooms	Operating rooms are specially equipped rooms, usually in a hospital, where surgical procedures are performed.

Other Response Vehicles	Other response vehicles may include, supervisor, physician, 'jump' vehicles, etc. In large metro areas may summarize/list agencies rather than specific resources.
Outpatient Clinics	An outpatient department or outpatient clinic is the part of a hospital designed for the treatment of outpatients, people with health problems who visit the hospital for diagnosis or treatment, but do not at this time require a bed or to be admitted for overnight care. These also include clinics not at hospitals.
Patient Distribution Plan	This plan specifies role in conducting inter-facility transports and patient distribution to hospitals and other healthcare facilities – coordinated to minimize overload on a single facility when possible. Integrated with hospital MCI plans.
Patient Redress/Dry Decon Kits	Redress kits allow a patient to disrobe under a large bag/cover and therefore remove contaminated clothing that can then be sealed in another bag. Limits continued exposure and potential for secondary contamination of EMS/hospital assets.
Patient Tracking and Movement Plan	This plan documents the responsibilities of EMS/PH/Hospitals/EM for tracking incident-related patient tracking during field triage, emergency evacuation, and transport. Includes patient redistribution activities to minimize surge and promote load-balancing among reception and treatment facilities. Include planning for activation by NDMS as a host or reception site. Specify process to obtain multimodal patient transport assets including ground, vehicular, and marine options.
Pediatric MCI Plan	This plan includes local and regional supplies and patient distribution, pediatric referral centers, and resources. Detail the hospital's level of preparedness to manage pediatric casualties.
Personal Protective Equipment (PPE) - Infectious Disease	Infectious disease PPE includes baseline stocks that should be maintained and identify resources/caches that could be used and/or purchase caches if reasonable. Consider an acceptable par level of 20% above daily use. Includes surgical masks and N-95 masks. Consider adding the number of PAPR kits (Butyl and Biospecific), spare Tyvek suits of various sizes, and Bio hoods.
PPE HAZMAT	PPE ensembles for the decontamination team including respiratory protection.
Pre/Post Anesthesia Beds (PACU)	To be used for trauma, ICU overflow/boarding.
Public Health Agencies	A Public Health Authority is: an agency or authority of the United States Government, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, that is responsible for public health matters as a part of is official mandate.
Resource Plan/Annex	This plan describes the resource request and sharing process. This includes a list of specific assets purchased with federal or state funds or under the direct control of HCC partner members. Includes cache materials, response resources for CBRNE, MCI's or emergency evacuation, specific adult and pediatric patient care items, and other assets to support facility operations.

Response Equipment and Supplies (e.g., PPE, Evacuation, Medications, ventilators, mass casualty and specialty equipment)	These resources may be tracked through inventory management systems – this should be coalition owned/managed resources.
Response Plan	This plan describes who will be notified, how, and when (specifying indicators and triggers) during a community incident; specific mechanisms for information sharing and coordination among coalition partners; responsibilities of coalition members, response partners, and HCC "Response Team" members. Document Regional Patient Tracking and Mutual Aid Plans or agreements (e.g., MOU, MOA, MAA) between coalition members or partners.
Retail Pharmacy	A pharmacy in which drugs are sold to patients, as opposed to a hospital pharmacy. Also known as a community pharmacy. Number optional – document major chains and interface with coalition activities.
Risk Communications Plan	A plan that is integrated with community/state JIS and coalition partners
Rotor-Wing Units	Rotor-wing units respond within 60 minutes response time to the area, specific for flight time to scene/facility. List contact information/agencies and priority ring down based.
Security Plan	Facility Security plans may be supported by jurisdictional EM and law enforcement. Facility plans must include access controls and policies (for example, media and family access), as well as policies and training for workplace violence, active shooter, suspected explosive devices, and civil unrest.
Shelter Support Plan	This plan outlines provision of medical care/support in shelter environments.
Skilled Nursing Facilities	A skilled nursing facility is an in-patient rehabilitation and medical treatment center staffed with trained medical professionals.
Skilled Nursing Facility as Part of Hospital	SNF (included in the total above) that are physically connected to an acute care hospital.
Specialty Hospitals	Specialty hospitals include long-term care hospitals, psychiatric or other specialty hospitals that do not provide emergency services.
Specialty Mass Casualty Plans (e.g., MCI, Pediatrics, Burn)	Plans for specialty situations should specify coordination, patient distribution, primary and surge facilities and resources, and coordination with specialty centers.
Staff and Resource Sharing Plan	This plan details how staff and resources will be shared between facilities and policies/protocols. Include a written plan for how needed assistance will be reported to others (phone, information-sharing platform, etc.) and the hospital's role in HCC MOU/MAA to support emergency staffing and resource support.
Stepdown	Stepdown beds and staff can provide cardiorespiratory monitoring (cardiac monitor, oxygen saturation monitoring) and intravenous medications and fluid support for currently stable patients with significant oxygen or other needs and potential for dangerous rhythm disturbances and deterioration. Pediatric and adult beds are bundled together.

Stepdown (Intermediate Care) Beds	Stepdown (intermediate care) beds refer to intermediate care including cardiovascular drip medications, potentially BiPAP but not mechanical ventilation or pressor support.
Stepdown Surge Beds	Stepdown beds that can be used during a disaster event. These must include cardiorespiratory monitoring capability including remote telemetry.
Surge Beds	Beds that can be used during a disaster event. This may involve making appropriate single rooms double, using observation, pre or post-anesthesia care areas, or opening closed units. The facility should only declare the number of beds it has on hand and could achieve within 24 hours, though the Coalition may wish to track potential additional beds that could be opened with leased/supplied beds and over a longer timeframe (e.g. some remodeling / temporary walls would be constructed, etc.).
Surge Discharge Potential (beds)	The number of beds that could be made available via early discharge based on exercises or real-world events.
Surge Discharge Potential (patients)	The number of patients that could safely be moved to a discharge holding area/out of their usual rooms pending discharge to make room for incoming patients. A hospital needs to have a process for selecting these patients and generate a point estimate of the number of beds that could be made available based on exercises or real-world activation of the process. The aggregate number of beds made available across the coalition hospitals should be listed.
Surge Supplies	Surge supplies do not need to include specifics of facility supplies but each facility should be accountable to be prepared according to their role in a disaster.
Surgical/Burn MCI Plan	This plan includes local and regional supplies and patient distribution and protocols and training policies. Surgical burn mass casualty incident (MCI) plans can address events such as active shooter or bombings.
Technical/Swiftwater/Collapse Rescue	Resources and agencies that may be engaged locally or regionally to assist with technical / US&R situations. List point of contact and timeframe for rescue missions.
Telephone / Web-Based Care	Local system providers are documented and describe how they interface with coalition activities.
Urgent Care Center / Freestanding Emergency Rooms	Urgent care is a category of walk-in clinic in the United States focused on the delivery of ambulatory care in a dedicated medical facility outside of a traditional emergency department. They are not at hospitals and can be approximated in large metro areas – note they may have significant differences in the level of service/capabilities particularly for imaging. May also include the number of ORs.
Ventilators (Hospital Owned)	A ventilator is a machine that provides mechanical ventilation by moving breathable air into and out of the lungs, to deliver breaths to a patient who is physically unable to breathe, or breathing insufficiently. Do not include anesthesia machines in OR. Include transport ventilators with high/low pressure and other alarms suitable for longer-duration simple ventilation situations. Quantify adult & pediatric vents. Also ECMO.

Virtual Coordination	A platform for virtual coordination.
Volunteer Management Plan	This plan includes capabilities, deployment parameters/priorities, and processes inclusive of Medical Reserve Corps as applicable.
Wheelchair Vans	Wheelchair vans should include private services.