AzCHER
ARIZONA COALITION FOR
HEALTHCARE EMERGENCY RESPONSE

Community Hazard Vulnerability Assessment (CHVA) and Resource Gap Analysis (RGA) 2021-2022

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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 2021 to January 2022 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 2021-22 CHVA/RGA results inform AzCHER's preparedness priorities in training, exercising, and planning. Our members can benefit by incorporating these results into their plans and exercises.

AzCHER Community Hazard Vulnerability List 2021-22

Statewide Top 10 Hazards Most Likely to Occur:	Statewide Top 10 Hazards Most Likely to Require a Response:
1. Pandemic Coronavirus	1. Pandemic Coronavirus
2. Dust Storm	2. Nuclear Incident
3. Wildfire	3. Biological Incident
4. High Winds	4. Mass Casualty (trauma)
5. Staffing Shortage	5. Highly/Acute Infectious Disease Outbreak
6. Cyber Attack	6. Radiological Incident
7. Supply Chain Failure	7. Flood/Flash Flood
8. Temperature Extreme (Heat)	8. Mass Electrical Failure
9. Tornado	9. Pandemic Influenza
10. Pandemic Influenza	10. Staffing Shortage

AzCHER Top Gaps in Planning and Resources

Statewide Planning Gaps:	Statewide Resource Gaps:
• AzCHER Response Plan and Annexes	• Statewide notification platform
• Hospital Crisis Care/ Crisis Standards of Care Plan	• Pediatric Evacuation Equipment
• Healthcare Emergency Operations Plan	• HAZMAT supplies (patient redress kits, radiation assets)
• Healthcare Training and Exercise Plan	•Documentation of transportation resources across all member types

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 (Appendix 1). Aggregated HVA survey data was then entered into the AzCHER CHVA tool for a comprehensive community analysis that included an in-depth analysis of relative risk scores. Similarly, the summarized RGA plan data was entered into the ASPR TRACIE Resource and Gap Analysis tool to include composite risk scores. Results from both tools and aggregated resource data were presented to regional work groups, who led the process of identifying and prioritizing the likely hazards the region could face and discussed any gaps in plans and resources. Across the state, the CHVA/RGA process engaged 198 members of the general body and consulted a CHVA/RGA work group from each region and is representative of the main healthcare sectors.

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 –that are most likely to have an impact on the demand for healthcare services or the healthcare delivery system's ability to provide these services. As the healthcare coalition (HCC) serving the state of Arizona, the 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 and planning 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, training, and exercises.

The outcome of this project is the AzCHER Healthcare Community Hazard Vulnerability Assessment and Resource Gap Analysis Summary Report that serves as a baseline for future healthcare delivery system planning, training, mitigation, response, and recovery activities.

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 weigh 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 (see Figure 1 below).

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 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 data is different for various AzCHER member types but addresses resources required to care for all populations during an emergency, such as pediatric equipment and long-term care beds. The RGA represents the second step in assessing regional healthcare resources (Figure 1).

Figure 1. Preparedness Planning Sequence. 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 full process is outlined in the AzCHER Preparedness Plan.

1.4 Planning Assumptions

- While there is likely significant overlap between the CHVA for AzCHER and the HVA for an individual healthcare organization or jurisdiction, these are separate and distinct processes.
- A specific vulnerability may not exist across all Coalition member organizations; however, Coalition members will generally face many of the same hazards.
- The CHVA/RGA is not a replacement for an organization- or facility-specific HVA or resource assessment.
- The CHVA/RGA is based upon responses received by participants and is not a comprehensive assessment of all partners. Survey respondents, while invited to complete the surveys via email, were self-selected based on interest. The data provided by these participants are influenced by their own organizational experience and planning efforts.
- The assessment of hazards and planning gaps across the regions and state are based on a combination of quantitative data (such as the occurrence of naturally occurring events) and qualitative estimations (such as Low-Medium-High consequence scales).
- This assessment does not provide details regarding the unique attributes and risks for individual counties. Threats and vulnerabilities in this assessment may appear to be more homogenous throughout the state than they are at the local level.
- It must be recognized that this score alone cannot represent the Coalition's knowledge of the state of plans, threats, and issues in an area and should only be used as a guide, with local leaders and subject matter experts having significant input into the decisions on priority gaps and actions.
- This CHVA/RGA process incorporates state and local emergency management organization assessments and other public health hazard assessments, though the primary focus of this assessment is the impact on healthcare.

1.5 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.[1] ASPR requires core healthcare coalition capabilities for AzCHER, which informs the healthcare coalition's purpose and function.[1] 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.

2.0 Methods

2.1 AzCHER Staff and Work Group Responsibilities

The CHVA/RGA data collection was administered regionally by staff via emails and the monthly AzCHER newsletter. Staff recruited a statewide 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.

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. 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 agreeing on the survey results and CHVA tool analysis. 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 impacting Arizona's healthcare delivery system.

2.2 CHVA/RGA Process

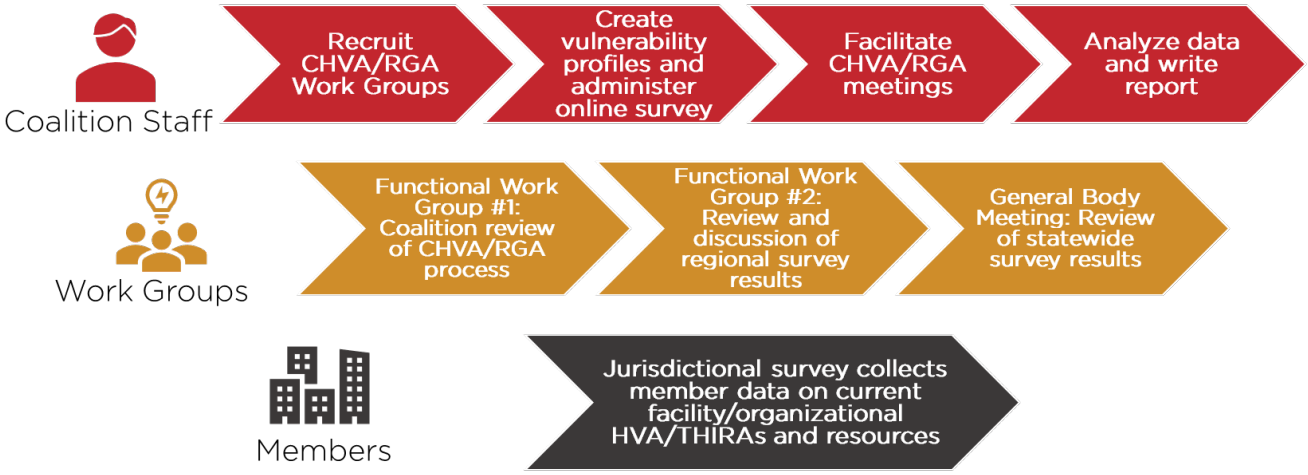

Figure 3. The CHVA/RGA process involves input from staff, work groups, and the general membership.

2.3 Data Inputs

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

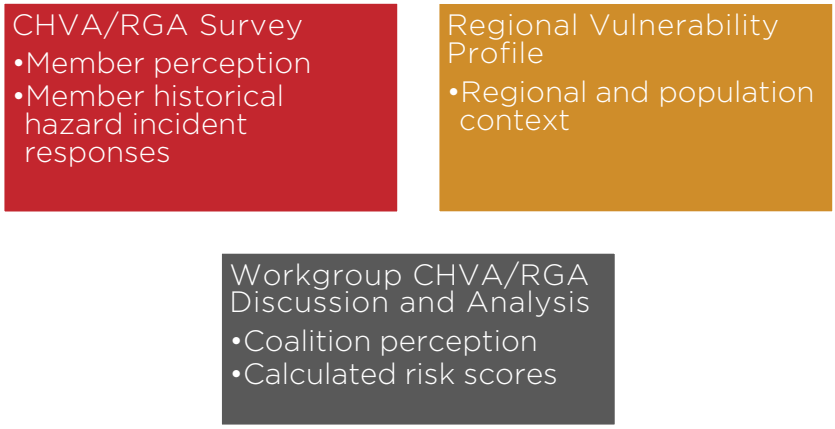

Figure 4. CHVA/RGA data inputs include feedback from all coalition partners and the CHVA functional work groups and include a systematic review of multi-jurisdictional hazard information.

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
- 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 representative from each 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) and

Joint Commission requirements for a healthcare facility's participation in a *Community* HVA.

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 and provide a Coalition-based perspective.

The survey was administered to designated member representatives through SurveyMonkey from October 15, 2021, to November 15, 2021. 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 (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 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 statewide CHVA/RGA Functional Work Group was recruited from the general membership and the regional steering committees. The group met twice to review 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 group 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 group then considered the survey data, regional considerations/unique priorities, and the vulnerability profile to produce a list of top

statewide hazards and a list of planning and resource priorities. Additional survey data listed by region are 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:

- Coconino County PH
- Phoenix VA
- Nana Hope Hospice and Serenity House
- Community Hospice Inpatient Unit
- The Guidance Center
- Yavapai County
- The Gardens Rehab and Care Center
- Maricopa County PH
- Desert Dialysis
- Archstone Care Center
- Tucson Medical Center
- Yuma County
- Tohono O'Odham Nation EMS
- Devon Gables Rehabilitation Center
- Archstone Care Center
- Southern Arizona VA
- Beatitudes Home Health
- Valleywise Medical Center
- Southern Arizona VA
- Surgical Elite of Avondale
- Arizona Health Care Association
- El Rio Health Center
- Encompass Health
- Mountain Vista Medical Center
- Good Samaritan
- Patient Care Advocates

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 ten hazards by the risk of occurrence and risk of response. Additionally, the available resources and gaps were averaged by the number and type of responses at the regional and statewide levels.

2.9 Prioritization of Resource Gaps and Mitigation Strategies

A comparison between available resources and the current CHVA will identify gaps and help prioritize future 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 198 participants out of 491 member organizations, representing a 40% response rate. Diverse healthcare sectors are represented including outpatient healthcare delivery (1%), skilled nursing/ long-term care facility (28%), acute care hospital (12%), home health/hospice organization (18%), public health agency (5.5%), and emergency management (4%). There are strengths and gaps based on the variety of responses collected by member type. Strengths identified in survey responses are 38 Hospitals, 56 LTC/SNF, and 34 Ambulatory Surgery Centers. Gaps identified are 6 Emergency Medical Services (EMS) agencies and 8 Emergency Management (EM) organizations. Additionally, 66 hospitals responded in 2020 and only 38 hospitals responded in 2021. AzCHER will work to recruit additional members and develop partnerships with the member types missing from the survey responses.

Statewide Responses by Sector Type

Coalition Sector Type	Percent	Number
Skilled Nursing or Long-Term Care Facility	28.28%	56
Ambulatory Surgery Center	17.17%	34
Hospital-Acute Care	12.12%	24
Home Health Agency	9.60%	19
Hospice	8.08%	16
Public Health Agency	5.56%	11
Behavioral Health Facility	5.05%	10
Community Health Center / Federally Qualified Health Center	5.05%	10
Emergency Management Organization	4.04%	8
Emergency Medical Services (EMS)	3.03%	6
Hospital-Critical Access	2.53%	5
Health Care Clinic	2.53%	5
End-Stage Renal Disease Facility	2.53%	5
Hospital-Behavioral Health	1.52%	3
Hospital-Post Acute Care	1.52%	3
Hospital-Rehabilitation	1.52%	3
Hospital-Specialty	1.52%	3
Hospital-Post-acute Care	1.52%	3
Outpatient Clinic	1.01%	2
CERT or MRC Organization	0.51%	1
Correctional Health Facility	0.51%	1
Hospital-Long-term Acute Care	0.51%	1
Non-Governmental Organization	0.51%	1

Coalition Sector Type	Percent	Number
Professional Association/Organization	0.51%	1
Freestanding Emergency Department	0.51%	1
Retail Pharmacy	0.00%	0
Tribal Administrative Unit	0.00%	0

Table 1. Statewide responses by sector 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 57% of respondents representing the Central Region (Gila, Maricopa, and Pinal counties), 31% from the Southern Region (Cochise, Graham, Greenlee, Santa Cruz, and Pima counties), 12% from the Northern Region (Apache, Coconino, Navajo, and Yavapai counties), and 9% from the Western Region (La Paz, Mohave, and Yuma counties).

County	Percent	Number
Central (Gila, Maricopa, Pinal)	57.58%	114
Northern (Apache, Coconino, Navajo, Yavapai)	12.12%	24
Southern (Cochise, Graham, Greenlee, Pima, Santa Cruz)	31.31%	62
Western (La Paz, Mohave, Yuma)	9.09%	18
	Answered	198

Table 2. Responses by coalition region are shown as a percentage out of the total number of statewide responses.

3.3 Statewide CHVA Results

The hazards below are weighted by risk response and risk occurrence to reflect the estimated priority for a statewide Coalition response and the likelihood of event occurrence, respectively (Table 3). A total of 198 members rated hazards based on the following Likert scales:

- Occurrence: Likelihood of incident to occur
  - 0 Rare or N/A
  - 1 Low (Every 10-50 years)
  - 2 Moderate (Every 1-10 years)
  - 3 High (Annually)
- Response: Likelihood there would be a regional response
  - 0 No regional response expected
  - 1 Low
  - 2 Moderate
  - 3 High
- Healthcare Impact: Possibility of impact to regional healthcare services
  - 0 No impact expected
  - 1 Low (causes minimal disruption; managed at daily level)
  - 2 Moderate (causes disruption outside of normal means but does not

threaten regional healthcare service delivery)

3 High (causes significant disruption and threatens regional service delivery)

In addition to the survey data, the hazard rankings were further developed with input from member-based work groups with an emphasis on healthcare partners. As such, it is not a comprehensive assessment of all members or disciplines and does not provide details regarding the unique attributes and risks for individual counties or facilities. The CHVA is not a replacement for an organization- or facility-specific HVA.

AzCHER Community Hazard Vulnerability List 2021-22

	Risk Occurrence		*Risk Response*
1	Pandemic Coronavirus	1	Pandemic Coronavirus
2	Dust Storm	2	Nuclear Incident
3	Wildfire	3	Biological Incident
4	High Winds	4	Mass Casualty (Trauma)
5	Staffing Shortage	5	Highly/Acute Infectious Disease Outbreak
6	Cyber Attack	6	Radiological Incident
7	Supply Chain Failure	7	Flood/Flash Flood
8	Temperature Extreme (Heat)	8	Mass Electrical Failure
9	Tornado	9	Pandemic Influenza
10	Pandemic Influenza	10	Staffing Shortage

Table 3. List of Coalition-based hazards in order of highest risk of occurrence and highest risk of response. These risk scores are weighted.

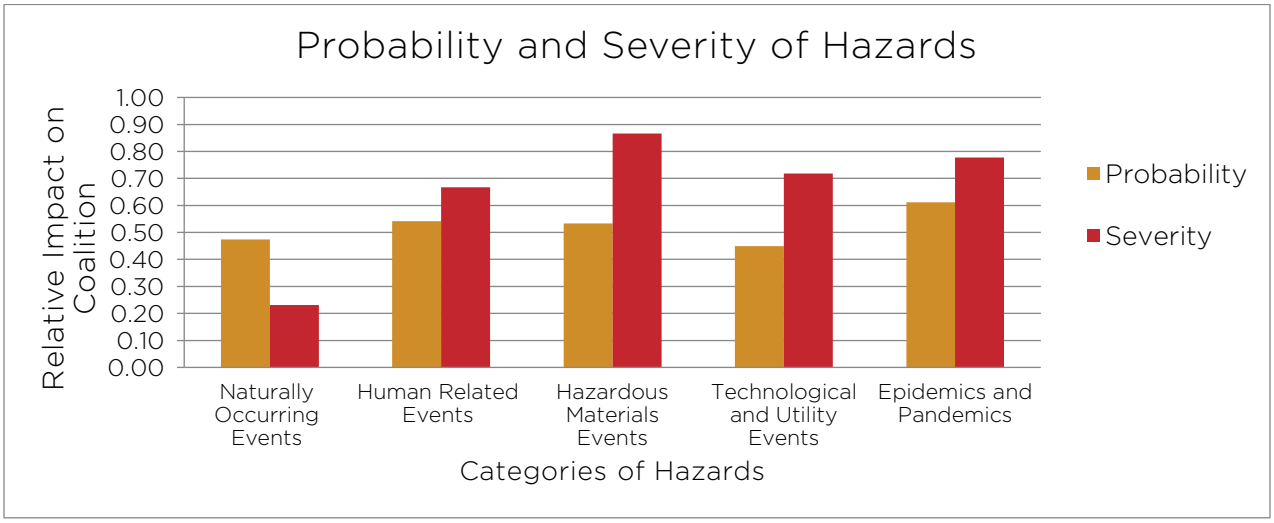

Figure 5. Graphical representation of the probability and severity of the five categories of hazards that could potentially impact the Coalition.

3.4 Regional CHVA Results

Region-Specific Top 5 Hazard Vulnerabilities:

Statewide	AzCHER-Central	AzCHER-Northern	AzCHER-Southern	AzCHER-Western
1) Pandemic Coronavirus	1) Pandemic Coronavirus	1) Pandemic Coronavirus	1) Pandemic Coronavirus	1) Pandemic Coronavirus
2) Staffing Shortage	2) Staffing Shortage	2) Staffing Shortage	2) Temperature Extreme (Hot)	2) Temperature Extreme (Hot)
3) Supply Chain Failure	3) Supply Chain Failure	3) Highly/Acute Infectious Disease Outbreak	3) Staffing Shortage	3) Dam Failure
4) Mass Casualty (trauma)	4) Highly/Acute Infectious Disease Outbreak	4) Wildfire	4) Cyber Attack	4) Supply Chain Failure
5) Highly/Acute Infectious Disease Outbreak	5) Cyber Attack	5) Supply Chain Failure	5) Flood/Flash Flood	5) Mass Electrical Failure

Table 4. Top five hazards for each region. These are ranked based on non-weighted risk scores from a total of 114 responses across all member types.

3.5 Statewide RGA Results

The analysis of the statewide RGA results will be organized into two categories: plan elements and resources. 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:

- AzCHER Response Plan and Annexes
- Hospital Crisis Care/ Crisis Standards of Care Plan
- Healthcare Emergency Operations Plan
- Healthcare Training and Exercise Plan

Statewide Resource Gaps:

- Statewide notification platform
- Pediatric Evacuation Equipment
- HAZMAT supplies (patient redress kits, radiation assets)
- Documentation of transportation resources across all member types

Plan Elements

Survey participants rated current plans for healthcare system response by likelihood of use, impact to organization or facility, and work remaining (Table 5 below). A work group comprised of key stakeholders confirmed the list of plans and composite score rankings. 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 2022. A composite score was generated by adding the "Likelihood, Impact, and

Work" scores together to create an overall risk for that plan. The higher the score, the higher the vulnerability or gap. A total of 198 members rated hazards based on the following Likert scales:

- Likelihood of Use: On a 0-3 scale how likely it is that the plan will be needed during a response.
  - 0 Rare - the plan is not needed
  - 1 Unlikely - the plan has been used rarely (in the last 10 years or has a low chance of being needed in the next 10)
  - 2 Possible - the plan has been used a few times in the last 10 years and has a reasonable chance of being used in the next few years
  - 3 Likely - the plan is used roughly every other year or yearly

- Impact: On a 0-3 scale, assign a score that illustrates the consequence if the plan was inadequate or absent. This impact may consider human injury/death, coordination/information issues, and property damage/economic impact.
  - 0 Negligible - no impact (rare minor injury, no significant effects from information compromise, minor property/economic damage to the area/asset)
  - 1 Moderate - a few major injuries/hospitalizations in the community, compromise of information with limited impact on facility/agency operations, moderate property damage/economic impact (e.g. 1-20% of assets damaged or lost)
  - 2 Significant - few deaths but multiple major injuries/hospitalizations in the community, compromise of information with significant impact on facility/agency operations, significant property damage/economic impact (e.g. temporary closure, remediation of portions of the facility, 25-50% of assets damaged or lost)
  - 3 Extensive - multiple deaths, compromise of information with significant ongoing impact, extensive property damage/economic impact (e.g. potential permanent closure of facility, >50% loss of assets)

- Work Remaining: On a 0-3 scale assign a score appropriate to the amount of work remaining to operationalize the planning capability in terms of equipping, training, and exercising.
  - 0 No plan currently exists or plan no applicable
  - 1 Inadequate plan or possibly adequate plan (i.e. plan has not been evaluated, tested, and/or incomplete training)
  - 2 Adequate plan requires minor modifications based on exercises, events, or other evaluation
  - 3 Sustainability only- strong capability in place, with regular ongoing testing/training

Coalition-Level Plan Elements						
Item	**Notes**	**Likelihood of Use**	**Impact**	**Work Remaining**	**Composite Risk (L+I+W)**	**Gaps/ Challenges**
AzCHER Training and Exercise Plan	Includes engagement in community/coalition level exercises. 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.	5 = Almost Certain	5 = Extensive	2 = Adequate Plans/Assets	12	In-person vs. virtual, participation from all member types, continuous updates, and maintenance
AzCHER Resource Policies and Procedures	Describes the resource request and sharing process including the coalition interface with EM/PH. Includes results from the annual Resource Gap Analysis	5 = Almost Certain	4 = Significant	3 = Possibly Adequate Plans/Assets	12	Coordination with state and local public health resources, visibility into the Strategic National Stockpile
AzCHER Specialty Mass Casualty Plans (e.g., MCI, Pediatric, Burn)	Coalition-level plans for specialty situations should specify coordination, patient distribution, primary and surge facilities and resources, and coordination with specialty centers.	3 = Possible	4 = Significant	3 = Possibly Adequate Plans/Assets	10	Ensure continued maintenance and exercise
AzCHER Response 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.	4 = Likely	4 = Significant	1 = Sustainability Only	9	Document updates during an ongoing pandemic response
AzCHER COOP, Recovery/Business Continuity Plan	Coalition role and coordination of recovery activities and continuity of operations (COOP) of Coalition response functions (not a healthcare facility or agency) including backup for personnel, communication systems, and logistical support (assets).	4 = Likely	3 = Moderate	1 = Sustainability Only	8	Assist healthcare facilities with their own COOP, develop AzCHER Recovery Plan

Member-Level Plan Elements						
Item	**Notes**	**Likelihood of Use (L)**	**Impact (I)**	**Work Remaining (W)**	**Composite Risk (L+I+W)**	**Challenges**
Hospital Crisis Care/ 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.	3 = Possible	4 = Significant	3 = Possibly Adequate Plans/Assets	10	Assist hospitals to develop their own plans, in alignment with the ADHS CSC plan, host workshop with subject matter experts
Emergency Operations Plan	All-hazards response plan for the facility/organization. Include appropriate incident management system (NIMS, modified HICS) and relevant training. This should include documentation of information sharing and coordination process with the healthcare coalition and its partners.	3 = Possible	3 = Moderate	3 = Possibly Adequate Plans/Assets	9	Consistent National Incident Management language
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.	3 = Possible	3 = Moderate	3 = Possibly Adequate Plans/Assets	9	Ensure exercises and trainings continue to address infectious disease objectives
Staff and Resource Sharing Plan	Details how staff and resources will be shared between facilities and policies/protocols. Include written plan for how needed assistance will be reported to others (phone, information sharing platform, etc.) and hospital's role in HCC MOU/MAA to support emergency staffing and resource support.	4 = Likely	3 = Moderate	2 = Adequate Plans/Assets	9	Align member plans with Coalition-level plans

Surge Capacity Plan	Describe how the hospital will prepare for a surge of patients requiring medical treatment beyond normal operating capacity. Include immediate bed availability as a means to provide adequate levels of care to all patients during a disaster as applicable.	4 = Likely	3 = Moderate	2 = Adequate Plans/Assets	9	46/198 members indicate they have possible adequate or inadequate surge capacity plans
Evacuation Plan	This plan describes the role and coordination efforts during an evacuation of a healthcare facility and its repatriation (when needed).	2 = Unlikely	3 = Moderate	3 = Possibly Adequate Plans/Assets	8	102/198 members indicate they have possible adequate or inadequate evacuation plans
Training and 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.	3 = Possible	2 = Insignificant	3 = Possibly Adequate Plans/Assets	8	Ensure training and exercise plans meet HSEEP requirements
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.	3 = Possible	2 = Insignificant	2 = Adequate Plans/Assets	7	Limited available behavioral health 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).	2 = Unlikely	3 = Moderate	2 = Adequate Plans/Assets	7	Limited available training and one-on-one support
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.	2 = Unlikely	3 = Moderate	2 = Adequate Plans/Assets	7	Need to assess potential risk and ever-evolving threats
Active Shooter/ Armed Assailant/ Active Threat Response 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.	2 = Unlikely	3 = Moderate	2 = Adequate Plans/Assets	7	Facilitation of training or exercises

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.	2 = Unlikely	2 = Insignificant	2 = Adequate Plans/Assets	6	Training and exercise of plans at hospital level
Information Sharing Plan/ Communications Plan	This plan includes communications protocols between healthcare organizations/ facilities and with the Coalition and public health partners during preparedness and response activities.	3 = Possible	2 = Insignificant	1 = Sustainability Only	6	Alignment with state and Coalition communications
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.	1 = Rare	2 = Insignificant	2 = Adequate Plans/Assets	5	Large fire departments including Tucson, Phoenix, Mesa, flagstaff, do have HAZMAT teams. Capabilities for decontamination in rural areas include mutual aid agreements through their county for decontamination purposes.
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.	2 = Unlikely	1 = Negligible	2 = Adequate Plans/Assets	5	Managers of these plans typically wear multiple hats
Volunteer Management Plan	Includes capabilities, deployment parameters/priorities, and process inclusive of Medical Reserve Corps as applicable.	1 = Rare	2 = Insignificant	2 = Adequate Plans/Assets	5	Limited capacity to pull volunteers from MRC, CERT, and ESAR-VHP

Table 5. List of Coalition-level and member-level plans ranked by highest to lowest composite risk score.

Resources and Assets

The below assets are identified by ASPR's Resource and Gap Analysis Tool as important when preparing for a healthcare system response. Due to unforeseen complications with the survey, only 156/198 (79%) participants completed this section.

Coalition Assets and Member Resources				
Item	**Number (%)**	**Definition**	**Comments**	**Gaps/Challenges**
Coalition Assets				
Communication Assets	137/156 (88%)	Number of survey participants that 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.)	Total responses = 156	Interoperability among sectors and member types
Funding	annual amount varies	Grant funding from the ASPR HPP funding opportunity	N/A	Limited amount of grant funding available, Coalition is in the process of developing additional revenue streams
HERT Equipment (for training only)	3 kits	Kits for each regional manager to use when conducting HERT training for their members	Since COVID-19 staffing turnover has been higher than normal, and HERT requirement is slowly moving in a positive area. Cancellation of in-person training has also affected the current hospital team, until COVID restriction is lifted, training at the hospitals has stopped	HERT equipment with some of the facilities is aging and cannot be replaced due to lack of funding. This includes filter, suits and replace part for decontamination tents.
Notification Platform	3 platforms	Electronic systems that provide notification to coalition leadership and partners. These systems are designed for event notification only.	AzCHER uses the Health Alert Network (HAN), AzCHER Connect listserv, Microsoft Outlook email lists	Compatibility of HAN platform to generate useful reports and contact information, ability to generate custom reports in AzCHER Connect
Staff	5 team members	Designated coalition response staff/team.	AzCHER has a staff of 5 full-time employees	Limited staff equals limited response capabilities
Virtual Coordination	3 platforms	Platform for virtual coordination.	Phone (FirstNet access, GETS card, Verizon wireless service),	Consistent connectivity across all regions of the state

			computer-based Zoom web-based platform, Microsoft Teams	
EMS/Fire Resources				
HAZMAT Response Vehicle/Trailer	2/5 (40%)	Includes capabilities for agent identification, mass decontamination and throughput for ambulatory/non-ambulatory casualties, storage location, and contact info to request	The EMS agencies that don't have this resource are smaller, rural organizations	EMS agencies collaborate to provide this limited resource to fill in gaps
Community Paramedics	3/5 (60%)	Represents 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)	Community paramedics are more common in rural locations, have been used in vaccine clinics and as National Guard volunteers	How to provide training and engage community paramedics in Coalition
Technical/ Swiftwater/ Collapse Rescue	4/5 (80%)	Resources that may be engaged locally or regionally to assist with technical / US&R situations	Agencies share this resource with each other	How to offer training or assistance, if any needed
HAZMAT Radiation Assets	2/5 (40%)	Includes detection/survey equipment	No comments	Training, planning, documentation of resources
Evacuation Resources (Sleds, Stair Chairs, Pediatric Equipment, Evacuation Buses)	4/5 (80%)	Documents what assets are available to support hospital evacuation, based on the EMS agencies/Fire Departments that responded to survey. Equipment (may be facility or cache-based) including patient movement, triage/tracking supplies.	Participants report a variety of evacuation resources: sleds, stair chairs, pediatric and bariatric equipment. There are no reports of wheelchair vans or evacuation buses.	Lack of pediatric equipment, lack of agreements to use equipment with long-term care, skilled nursing, etc.
Hospital Resources				
ED Isolation (AIIR) Rooms	97 total rooms	Alternate may be ED Positive /Negative pressure rooms.	16/26 (61%) hospitals have these rooms, those that do not have these rooms are older, rural, and IHS hospitals	High consequence infectious disease resources and planning
Inpatient Isolation (AIIR) Rooms	313 total rooms	Include capacity for AIIR's and for cohorting.	15/26 (57%) hospitals have these rooms, those that do not have these rooms are older, rural, and IHS hospitals	High consequence infectious disease resources and planning
Burn Center Beds	80 total beds	Dedicated burn beds	2 total burn centers in the state, 7 hospitals have burn treatment capacity	Seeking additional revenue streams to support
Crisis Care Supplies	11/26 (42%)	Possession 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	Many hospitals relied on state crisis standards of care (CSC) plan and alternate care site resources	Hospital-based CSC planning

		cots, chairs, recliners, mobile vans, tents, air mattresses etc.).		
Morgue Capacity	260 spaces	Number of spaces to store decedents	14/26 (54%) hospitals reported	Address communication and available resources with community partners (including public health)
Decontamination Capacity - Ambulatory	15 patients/hour on average	Patients / hour based on exercises - assume 10 minutes/person through process (e.g. 6 patients/hour per decon station)	16/26 (61%) hospitals have this capability	Additional HERT-trained staff and exercises
Decontamination Capacity – Non-ambulatory	10 patients/hour on average	Patients/hour based on exercises - assume 10 minutes/person at each decon station	16/26 (61%) hospitals have this capability	Additional HERT-trained staff and exercises
Patient Redress / Dry Decon Kits	10/26 (38%)	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.	N/A	Needs assessment for this type of resource
Evacuation Resources (Sleds, Stair Chairs, Pediatric Equipment, Evacuation Buses)	26/26 (100%)	May be listed in Evacuation Plan annex from above. Equipment (may be facility or cache-based) including patient movement, triage/tracking supplies. Include availability of adult, child and infant evacuation equipment.	3 hospitals have wheelchair vans, 2 hospitals have evacuation buses	Lack of pediatric equipment, lack of agreements to use equipment with long-term care, skilled nursing, etc.
Personal Protective Equipment (PPE)	26/26 (100%)	Baseline stock of PPE that is maintained as a resource/cache that could be used and/or purchase caches if reasonable. Consider an acceptable par level of 20% above daily use. Includes surgical masks, N-95 masks, gowns, gloves.	N/A	Maintenance of PPE caches after the pandemic response ends, how will hospitals adapt their ordering process and supply chain management
PPE - Infectious Disease	14/26 (54%)	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.	7 hospitals have decontamination team supplies, 8 hospitals have biohoods	High consequence infectious disease resources and planning
PPE HAZMAT	20/26 (77%)	PPE ensembles for the decontamination team including respiratory protection.	20/26 hospitals have PPE HAZMAT	Assess agreements with Fire/EMS if a hospital does not have HAZMAT PPE
Public Health Resources				
Mass Mortuary / Body Bags	6/10 (60%)	Plans and/or resources for processing / identification / storage	Most local public health has a fatality/morgue	Documentation of resources and

			plan as it relates to public health only	agreements with community partners
Alternate Care Sites	3/10 (30%)	Includes materials for alternate care sites – may be managed by hospitals or EM	Some PH can open up an alternate care site, most have plans to work with their local hospitals or ADHS	Assess hospital capability for ACS
PPE Stockpile	10/10 (100%)	Available supplies and storage capacity, PPE stockpile	PH is well-stockpiled due to the pandemic response	Warehousing is limited, plan for PPE turnover after pandemic ends
Medical Countermeasures Administration/ Distribution	6/10 (60%)	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.)	Use federal assets when they don't have their own	Lack of trained and certified staff to administer MCM
Long Term Care/Skilled Nursing Facility Resources				
Evacuation Resources (Sleds, Stair Chairs, Bariatric Equipment, Evacuation Buses)	34/39 (87%)	Equipment (may be facility or cache-based) including patient movement, triage/tracking supplies	25 LTC/SNF have wheelchair vans, 22 have bariatric equipment, 6 have sleds	Agreements to share equipment and transportation (with hospitals and EMS)
Long-term Acute Care Beds	2266 total beds	Total number of long-term acute care beds reported by survey participants	Total responses = 34	How to document bed availability, bed polls
LTC Beds	3422 total beds	May approximate in large metro areas – skilled nursing facility only	Total responses = 39	How to document bed availability, bed polls
PPE Cache	36/39 (92%)	Including N95 masks, training/fit-testing. Do not need to track masks at individual facilities but should reflect overall situation as well as any caches / specific assets	3/39 LTC/SNF have PAPR kits, 2/39 have Tyvek suits, the majority possess N95 masks, surgical masks, isolation gowns, and face shields	How to maintain PPE cache after pandemic ends, supply chain management
Outpatient Care Resources				
PPE Cache	42/46 (91%)	Including N95 masks, training/fit-testing. Do not need to track masks at individual facilities but should reflect overall situation as well as any caches / specific assets	4 outpatient care facilities reported no PPE cache due to type of facility (e.g. ophthalmic centers, eye care), 4 facilities report PPE for decontamination teams	Visibility into PPE availability

Table 6. List of Coalition and member-specific resources.

Appendices

Appendix 1: CHVA/RGA Survey Questions

[see attached document]

Appendix 2: List of Participating Organizations

Organization Name	Facility Name
Abrazo Health	Abrazo Mesa Micro Hospital
Adelante	Adelante Healthcare
AKDHC	AKDHC Surgery Center
Allegiant Healthcare of Mesa	Allegiant Healthcare of Mesa
American Premier Hospice	American Premier Hospice
American Vision Partners	American Vision Partners
American Vision Partners	American Vision Partners
Angel's Care Home Health/Angmar Companies	Angel's Care Home Health
Apache County	Emergency Management
Apache Junction Health Center	Apache Junction Health Center
Apex Home Health	Apex Home Health
Aria Hospice	Aria Hospice
Arizona Advanced Endoscopy	Arizona Advanced Endoscopy
Arizona Autism United, Inc.	Arizona Autism United, Inc.
Arizona Eye Institute & Cosmetic Laser Center	Arizona Eye Institute & Cosmetic Laser Center
Arizona Fire & Medical Authority	Arizona Fire & Medical Authority
Arizona Ophthalmic Outpatient Surgery	Arizona Ophthalmic Outpatient Surgery
Arizona Skin Cancer Surgery Center, P.C.	Arizona Skin Cancer Surgery Center, P.C.
Arizona Spine & Joint Hospital	Arizona Spine & Joint Hospital
Arizona State Hospital	Arizona State Hospital
Arizona State Veterans Home - Tucson	Arizona State Veterans Home - Tucson
Assisted Home Health and Hospice	Assisted Home Health
Aventas Home Health, LLC	Aventas Home Health, LLC
AZBio	AZBio
Bandara	Bella Vita Healthcare
Bandera	Coronado Healthcare Center
Bandera Healthcare	Bandera Healthcare
Banner Health	Banner Health Arizona Market
Beatitudes Campus	Beatitudes Health Care Center
Benson Hospital	Benson Hospital
Bristol Hospice	Bristol Hospice
Cancer Treatment Centers of America	Comprehensive Care and Research Center Phoenix
Canyon Surgery Center	Canyon Surgery Center
Canyon Vista Medical Center	Canyon Vista Medical Center
Carondelet Health Network	St. Mary's, St. Joseph's, Holy Cross and Marana Hospitals
Christian Care	Christian Care Nursing Center
City of Phoenix	City of Phoenix
Coconino County Health and Human Services - Public Health Emergency Preparedness program	Health and Human Services
Colorado River Indian Tribes	CRIT Homeland Security Department
Copa Health	Various

Organization Name	Facility Name
Copper Queen Community Hospital	Copper Queen Community Hospital
Coronado Surgery Center	Coronado Surgery Center
Covenant Health Network	AZLA/ CHN EP COLLABORATIVE
DaVita	DaVita
DaVita	Gilbert Dialysis
DCI Desert and Douglas Dialysis	DCI Desert Dialysis Center - Sahuarita
Desert Pain Institute	Desert Pain Institute
Desert Ridge Outpatient Surgery Center	Desert Ridge Outpatient Surgery Center
Desert Senita Community Health Center	Ajo Community Health Center
Devon Gables Rehabilitation Center	Devon Gables Rehabilitation
Dignity Health Arizona	St Joseph's Hospital & Medical Center /St Joseph's Hospital Westgate/St joseph's Cancer Center/ Dignity Arizona General Hospital Laveen/Mesa and DH FSED's
Dignity Health Arizona	St. Joseph's Hospital Medical Center St. Joseph's Hospital Westgate
El Rio Health Center	El Rio Health Center
Emblem Home Health	Emblem Home Health
Encompass Health of Northwest Tucson	Encompass Health of Northwest Tucson
Ensign	North Mountain Medical and Rehabilitation center
Ensign	Alta Mesa Health and Rehab
Ensign	La Canada Care Center
Ensign	Peoria Post Acute & Rehabilitation
Ensign	Casas Adobes Post Acute
Ensign	Sabino Canyon Rehab/Pueblo Springs Rehab
Ensign	Chandler Post Acute
Ensign Services	Park Avenue Health & Rehabilitation Center
Ensign Services	Osborn Health and Rehabilitation
Ensign Services	Shea Post Acute Rehab Center
Ensign Services	Shea Post Acute Rehab Center
Ensign Services	Mission Palms Post-Acute
Ernest Health	Rehabilitation Hospital of Northern Arizona
Fire Dept.	Maricopa Fire & Medical Dept.
Fort Defiance Indian Hospital Board, Inc.	Tsehootsooi Medical Center
Four Peaks Surgery Center	Four Peaks Surgery Center
Friendship Village of Tempe	Friendship Village of Tempe
Friendship Village -Tempe	Friendship Village - Tempe Health Care Center
Frontline Management	North Chandler Place
Gila County Health & Emergency Management	Gila County Health & Emergency Management

Organization Name	Facility Name
Global Healthcare Solutions LLC dba Accucare Home Health Services	Accucare Home Health Services
Good Samaritan Society	Prescott Village
Good Samaritan Society	Quiburi Mission
Handmaker	Handmaker
Haven Health	Haven of Lakeside
Haven Health	Haven of Phoenix
Haven Health Group	Haven of Sierra Vista
Haven Hospice	Haven Hospice
Haven Hospice	NA
Health Care	Desert Blossom Health & Rehab
Health Department	Gila County Public Health
Heartland Hospice	Heartland Hospice- Tucson
HonorHealth	Network
Horizon Health and Wellness	HHW - Yuma
Horizon Health and Wellness	HHW - Gila County
Horizon Health and Wellness	HHW - Casa Grande
Horizon Health and Wellness	HHW Apache Junction
Hospice of America LLC	Hospice of America LLC
Hospice of the Valley	Hospice of the Valley
Hospice of Yuma	Hospice of Yuma
HumanGood - The Terraces of Phoenix	The Terraces of Phoenix
Inbalance Home Health LLC	Inbalance Home Health
Inspiring Home Health	Inspiring Home Health
La Paz Co. Health Dept	LPCHD
La Paz Regional Hospital	La Paz Regional Hospital
Laser Surgery Center	Laser Surgery Center
LHC Group	Northern Arizona Home Health
Life Care Centers of America	Payson Care Center
Life Care Centers of America	Life Care Center of North Glendale
Los Niños Hospital	Innovative Home Health Care
Marana Health Center, Inc.	MHC Healthcare
Maricopa County Department of Public Health	Office of Preparedness and Response
Maricopa County Department of Public Health	Maricopa County Department of Public Health
Medical Reserve Corps of Southern Arizona	Medical Reserve Corps of Southern Arizona
Metro Surgery Center	Metro Surgery Center
Minimally Invasive Spine Surgery Center of Paradise Valley	Minimally Invasive Spine Surgery Center of Paradise Valley
Mohave County	Mohave County Department of Public Health
Mohave County Risk and Emergency Management	Mohave County
Montecito Post Acute	Montecito Post Acute
Mosharrafa Outpatient Surgery Center	Mosharrafa Outpatient Surgery Center
Mountain Park Health Centers	Mountain Park Health Centers
Mt Graham Regional Medical Center	Mt Graham Regional Medical Center
Navajo County	Navajo County

Organization Name	Facility Name
New Life Health Care	New Life Health Care
Nightingale Homecare	Nightingale Homecare
Nogales Fire Department	Nogales Fire Department
North Valley Endoscopy Center	North Valley Endoscopy Center
North Valley Orthopedics	The Orthopedic Surgery Center of Arizona
Northern Arizona Healthcare	Verde Valley Medical Center
Northern Arizona Healthcare	Flagstaff Medical Center
Northern Arizona SurgiCenter	Northern Arizona SurgiCenter
Northern Cochise Communty Hospital	Northern Cochise Communty Hospital
Nursing Solutions of Southern Arizona (aka Angels of Care Home Health)	Nursing Solutions of Southern Arizona (aka Angels of Care Home Health)
Nursing Solutions of Southern Arizona and Nursing Solutions (aka Angels of Care Home Health)	Nursing Solutions of Southern Arizona and Nursing Solutions (aka Angels of Care Home Health)
Northwest Medical Center	Tucson Surgery Center
Northwest Medical	Northwest Medical Healthcare Hospitals
Outpatient Surgical Care, Ltd.	Outpatient Surgical Care, Ltd.
Patient Care Advocates, LLC	Patient Care Advocates
Pecos Healthcare Limited Partnership, LLC	Archstone Care Center
Phoenix Children's Hospital	Phoenix Children's Hospital
Phoenix VA Health Care System	Carl T Hayden VA Health Care System
Pima County Health Department	Pima County Health Department
Pima County Office of Emergency Management	Pima County Office of Emergency Management
Plaza Healthcare	Plaza Healthcare
Premier Endoscopy Center	Premier Endoscopy Center
Providence Place at Glencroft Center for Modern Aging	Glencroft Center for Modern Aging
Regional Center for Border Health, Inc.	RCBH/San Luis Walk In Clinic, Inc. (RHC)
Regional Center for Border Health, Inc./San Luis Walk In Clinic, Inc. (RHC)	Regional Center for Border Health, Inc.
Reliable Staffing Solutions	Reliable Staffing Solutions
Rincon Valley Fire District	Rincon Valley Fire District
Rio Rico Medical & Fire District	Rio Rico Fire Headquarters
Rummel Eye Care, P.C.	Rummel Eye Care
San Carlos Apache Healthcare	Peridot Hospital
Santa Cruz Valley Regional Hospital	Santa Cruz Valley Regional Hospital
Santa Rita Home Health	Santa Rita Home Health
Santa Rita Nursing and Rehabilitation Center	Santa Rita Nursing and Rehabilitation Center
Santa Rosa Care Center	Santa Rosa Care Center
Santé of Mesa	Sante of Mesa
Scottsdale Eye Institute	Scottsdale Eye Institute
Shanti Hospice	Shanti Hospice
Solari Crisis & Human Services	Solari Crisis & Human Services
Solutions Home Health	Solutions Home Health

Organization Name	Facility Name
Soulistic Medical Institute dba Soulistic Hospice	Soulistic Hospice
Southwest Kidney Davita	Phoenix
Southwest Kidney DaVita	Phoenix Dialysis
SovereignHealthcare	North Valley Surgery Center
Spectra Eye Institute	Spectra Eye Institute
Spectrum Retirement Communities	Enclave at Anthem, Enclave at Chandler, Gardens at Ocotillo, Enclave at Gilbert, Las Palomas Senior Living, Lone Mountain Memory Care, Mountain Park Senior Living, Palos Verdes Senior Living
Splendido at Rancho Vistoso	Splendido at Rancho Vistoso
Steward Healthcare	Mountain Vista Medical Center/Florence Hospital
SummitHealthcare Association	SummitHealthcare Regional Medical Center
Sun Valley Lodge	Sun Valley Lodge
Suncrest Health Care Inc	Suncrest Health Care
Swan Surgery Center	Swan Surgery Center
The Legacy Rehab & Care Center	The Legacy Rehab & Care Center
The Mesa AZ Endoscopy ASC, LLC	Desert Endoscopy Center
The Orthopedic Surgery Center of Arizona	The Orthopedic Surgery Center of Arizona
Timber Mesa Fire and Medical District	Fire District
Tohono O'odham Nation	Community Health Services
Tohono O'odham Nation Health Care	Tohono O'odham Nation Health Care
TONHC-EMS	Tohono O'odham Nation Health Care/Sells Hospital
Tuba City Regional Health Care Corp	Tuba City Regional Health Care
Tucson Indian Center	Tucson Indian Center
Tucson Medical Center Healthcare	Tucson Medical Center
United Health Services	Quail Run Behavioral Health
United Hospice and Palliative Care of Arizona	United Hospice and Palliative Care of Arizona
Unity Hospice	N/A
USPI	Metro Surgery Center
USPI	Arizona Digestive Institute
USPI/ Surgery Center of Peoria	Surgery Center of Peoria
Valleywise Health	Valleywise Health
Verde Community Healthcare LLC	Verde Community Healthcare LLC
Veterans Health Affairs	Southern VA Health Care System
Virtuous Management group	VHC I
Welbrook Yuma OPCO	Ridgeview Transitional Rehabilitation
Wellsprings of Phoenix Therapy	Wellsprings of Phoenix Therapy
WELLSPRINGS THERAPY CENTER OF GILBERT	Wellsprings Therapy Center of Gilbert
Western Canal Healthcare	Tempe Post Acute
Winslow Convalescent Center	Winslow Campus of Care

Organization Name	Facility Name
Yavapai County Community Health Services	Prescott
Yuma Nursing Center	Yuma Nursing Center

Appendix 3: Central Region Survey Results

Highlighted CHVA Regional Results

This table lists the Central Region hazards in order of highest risk of occurrence and highest risk of response. These risk scores are weighted out of a total of 114 responses.

	Risk Occurrence		*Risk Response*
1	Staffing Shortage	1	Pandemic Coronavirus
2	Supply Chain Failure	2	Staffing Shortage
3	Highly/Acute Infectious Disease Outbreak	3	Supply Chain Failure
4	Pandemic Coronavirus	4	Highly/Acute Infectious Disease Outbreak
5	Flood/Flash Flood	5	Radiological Incident
6	Communications/Telephone Failure	6	Flood/Flash Flood
7	Informations Systems Failure	7	Information Systems Failure
8	Temperature Extreme (Heat)	8	Cyber Attack
9	Cyber Attack	9	Pandemic Influenza
10	Pandemic Influenza	10	Active Threat

Unique Regional Hazard Considerations:

- Temperature extremes: While most hazards are reasonably addressed, the potential for rising temperatures leading to worse droughts and wildfires is the most worrisome.
    - We are affected mostly by extreme temperatures, especially when the grid fails or there are power outages.
    - While most are reasonably addressed, the potential for rising temperatures leading to worse droughts and wildfires is the most worrisome.
- Central location: Neighboring counties and the state's natural incident can impact Central region by influx of persons entering the area seeking help, supplies, etc. So it's not just what the region is exposed to that can impact infrastructure but also what impacts the other regions, too.
- Water disruptions: Water and water-related infrastructure is an evolving concern.
- Staffing shortages: Regarding "Staffing" - this will become more acute and the ability to receive any regional response will be difficult as we are all in the same situation.
- Active threats: This last year with rioting, there have been unnecessary burdens placed on public servants.
- Supply chain failure: Arizona and counties should work together to have supply storage- something we have learned in this pandemic as a problem.
- Climate change: The inter-relationship of epidemics and pandemics caused

by climate change should be a state and regional priority.

- International airport and travel:
    - Plane Crash SJH Westgate is in the flight path of Glendale airport

Highlighted RGA Regional Results

This table lists the region-wide assets and member-specific resources available within the Central Region. A total of 73 responses were collected from this part of the survey.

Central Region Assets and Resources			
Item	**Number (%)**	**Definition**	**Comments/Highlights**
Region-wide Assets			
Communication Assets	67/73 (92%)	Number of survey participants that 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.)	Total responses = 73
Hospital Resources			
ED Isolation (AIIR) Rooms	54 total rooms	Alternate may be ED Positive /Negative pressure rooms.	6/9 hospitals have these rooms
Inpatient Isolation (AIIR) Rooms	151 total rooms	Include capacity for AIIR's and for cohorting.	6/9 hospitals have these rooms
Burn Center Beds	44 total beds	Dedicated burn beds	All Central Region burn beds are located at the Arizona Burn Center at Valleywise Hospital
Crisis Care	7/9 (78%)	Possession 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.).	Not all hospitals have crisis care resources, but should still have a crisis standards of care plan specific to their facility
Morgue Capacity	230 spaces	Number of spaces to store decedents	5/9 hospitals reported
Decontamination Capacity - Ambulatory	15 patients/hour on average	Patients / hour based on exercises - assume 10 minutes/person through process (e.g. 6 patients/hour per decon station)	7/9 hospitals have this capability
Decontamination Capacity – Non-ambulatory	10 patients/hour on average	Patients/hour based on exercises - assume 10 minutes/person at each decon station	7/9 hospitals have this capability

Central Region Assets and Resources			
Item	**Number (%)**	**Definition**	**Comments/Highlights**
Patient Redress / Dry Decon Kits	7/9 (78%)	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.	N/A
Evacuation Resources (Sleds, Stair Chairs, Pediatric Equipment, Evacuation Buses)	9/9 (100%)	May be listed in Evacuation Plan annex from above. Equipment (may be facility or cache-based) including patient movement, triage/tracking supplies. Include availability of adult, child and infant evacuation equipment.	8 hospitals have sleds, 2 hospitals have bariatric and pediatric equipment, 3 hospitals have evacuation buses, 2 have helipads
Personal Protective Equipment (PPE)	9/9 (100%)	Please note a report of inventory is not expected, but that facilities should agree on 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 Bio specific), spare Tyvek suits of various sizes, and Bio hoods.	5 hospitals have decontamination team PPE, 4 hospitals have biohoods
PPE – Infectious Disease	8/9 (89%)	Includes PPE suitable for standard, contact and droplet precaution	Has implications for high consequence infectious disease response
PPE HAZMAT	7/9 (78%)	PPE ensembles for the decontamination team including respiratory protection.	Hospitals in rural areas have agreements with EMS/Fire to use HAZMAT supplies
Public Health Resources			
Mass Mortuary / Body Bags	0/3 (0%)	Plans and/or resources for processing / identification / storage	The Office of Medical Examiner is separate from public health and maintains their own cache of supplies. They do not have additional supplies mass casualty events.
Alternate Care Sites	0/3 (0%)	Includes materials for alternate care sites – may be managed by hospitals or EM	Local public health has no resources for ACS. They do not have licensing authority or the ability to stand up ACS. This is done at the hospital and state level.

Central Region Assets and Resources			
Item	**Number (%)**	**Definition**	**Comments/Highlights**
PPE Stockpile	3/3 (100%)	Available supplies and storage capacity	Note the capacity might change after the pandemic response ends
Medical Countermeasures Administration/Distribution	3/3 (100%)	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.)	Public health maintains adequate vaccine and vaccine storage. Chempack assets are with the local Metropolitan Medical Response System.
Long Term Care/Skilled Nursing Facility Resources			
Evacuation Resources (Sleds, Stair Chairs, Pediatric Equipment, Evacuation Buses)	26/27 (96%)	Equipment (may be facility or cache-based) including patient movement, triage/tracking supplies	17/27 LTC/SNF have wheelchair vans, 6/27 have evacuation buses, 13/27 have bariatric equipment, 6/27 have sleds
Long-term Acute Care Beds	2009 total beds	Total number of long-term acute care beds reported by survey participants	Total responses = 20
LTC Beds	2162 total beds	May approximate in large metro areas – skilled nursing facility only	Total responses = 22
PPE Cache	25/27 (92%)	Including N95 masks, training/fit-testing. Do not need to track masks at individual facilities but should reflect overall situation as well as any caches / specific assets	The majority possess N95 masks, surgical masks, isolation gowns, and face shields, 1/27 LTC/SNF have PAPR kits, 1/27 have Tyvek suits
Outpatient Care Resources			
PPE Cache	30/34 (88%)	Including N95 masks, training/fit-testing. Do not need to track masks at individual facilities but should reflect overall situation as well as any caches / specific assets	4 outpatient care facilities reported no PPE cache due to type of facility, 4 facilities report PPE for decontamination teams

Note: 0 EMS agencies responded to the survey in the Central Region, so this table does not accurately reflect regional EMS/Fire resources.

Appendix 4: Northern Region Survey Results

Highlighted CHVA Regional Results

This table lists the Northern Region hazards in order of highest risk of occurrence and highest risk of response. These risk scores are weighted out of a total of 24 responses.

	Risk Occurrence		*Risk Response*
1	Staffing Shortage	1	Pandemic Coronavirus
2	Pandemic Coronavirus	2	Staffing Shortage
3	Highly/Acute Infectious Disease Outbreak	3	Highly/Acute Infectious Disease Outbreak
4	Wildfire	4	Supply Chain Failure
5	Severe Blizzard/Snow Fall	5	Wildfire
6	Active Threat	6	Flood/Flash Flood
7	Supply Chain Failure	7	Information Systems Failure
8	Cyber Attack	8	Cyber Attack
9	Transportation Disruption	9	Pandemic Influenza
10	Pandemic Influenza	10	Active Threat

Unique Regional Hazard Considerations:

- On the Navajo Nation, we don't have a lot of paved roads and as a result, we do experience a lot of mud conditions disrupting transportation.
- Pandemics are thankfully rare but will become more frequent in our highly connected world. Epidemics are more frequent. The rise in vaccine hesitancy in Arizona is a significant concern. This is our best defense against vaccine-preventable diseases.
- Water and Water-related infrastructure is an evolving concern.

Highlighted RGA Regional Results

Coalition Assets and Member Resources			
Item	**Number (%)**	**Definition**	**Comments**
Coalition Assets			
Communication Assets	19/21 (90%)	Number of survey participants that 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.)	Total responses = 21
Hospital Resources			
ED Isolation (AIIR) Rooms	11 total rooms	Alternate may be ED Positive /Negative pressure rooms.	3/6 hospitals have these rooms

Coalition Assets and Member Resources			
Item	**Number (%)**	**Definition**	**Comments**
Inpatient Isolation (AIIR) Rooms	41 total rooms	Include capacity for AIIR's and for cohorting.	3/6 hospitals have these rooms
Burn Center Beds	0 total beds	Dedicated burn beds	Region does not have a designated burn center
Crisis Care Supplies	3/6 (50%)	Possession 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.).	One hospital is unsure of this resource. Not all hospitals have crisis care resources, but should still have a crisis standards of care plan specific to their facility.
Morgue Capacity	0 spaces	Number of spaces to store decedents	6/6 hospitals reported
Decontamination Capacity - Ambulatory	11 patients/hour on average	Patients / hour based on exercises - assume 10 minutes/person through process (e.g. 6 patients/hour per decon station)	4/6 hospitals have this capability
Decontamination Capacity – Non-ambulatory	7 patients/hour on average	Patients/hour based on exercises - assume 10 minutes/person at each decon station	4/6 hospitals have this capability
Patient Redress / Dry Decon Kits	1/6 (17%)	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.	3 hospitals are unsure of this resource
Evacuation Resources (Sleds, Stair Chairs, Pediatric Equipment, Evacuation Buses)	4/6 (67%)	May be listed in Evacuation Plan annex from above. Equipment (may be facility or cache-based) including patient movement, triage/tracking supplies. Include availability of adult, child and infant evacuation equipment.	4 hospitals have helipads, only 1 hospital has pediatric equipment, 2 hospitals have bariatric equipment
Personal Protective Equipment (PPE)	5/6 (83%)	Please note a report of inventory is not expected, but that facilities should agree on 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 Bio specific), spare Tyvek suits of various sizes, and Bio hoods.	2 hospitals have biohoods, 3 have decontamination team PPE
PPE – Infectious Disease	5/6 (83%)	Includes PPE suitable for standard, contact and droplet precaution	This resource has implications for high consequence infectious disease response
PPE HAZMAT	4/6 (67%)	PPE ensembles for the decontamination team including respiratory protection.	The hospitals that do not have this resource, have agreements with EMS/Fire.
Public Health Resources			

Coalition Assets and Member Resources			
Item	**Number (%)**	**Definition**	**Comments**
Mass Mortuary / Body Bags	2/3 (67%)	Plans and/or resources for processing / identification / storage	2 counties have body bags and the ability to set up temporary decedent storage
Alternate Care Sites	1/3 (33%)	Includes materials for alternate care sites – may be managed by hospitals or EM	1 county public health department has materials to set up an ACS
PPE Stockpile	3/3 (100%)	Available supplies and storage capacity, PPE stockpile	PH is currently renting storage and it may be temporary once the pandemic response ends
Medical Countermeasures Administration/ Distribution	2/3 (67%)	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.)	2/3 public health departments report refrigeration and storage capacity
Long Term Care/Skilled Nursing Facility Resources			
Evacuation Resources (Sleds, Stair Chairs, Pediatric Equipment, Evacuation Buses)	2/2 (100%)	Equipment (may be facility or cache-based) including patient movement, triage/tracking supplies	2 facilities have stair chairs and wheelchair vans, but no other specialized evacuation equipment
Long-term Acute Care Beds	150 total beds	Total number of long-term acute care beds reported by survey participants	Total responses = 1
LTC Beds	417 total beds	May approximate in large metro areas – skilled nursing facility only	Total responses = 2
PPE Cache	2/2 (100%)	Including N95 masks, training/fit-testing. Do not need to track masks at individual facilities but should reflect overall situation as well as any caches / specific assets	0/2 LTC/SNF have PAPR kits and Tyvek suits, 2/2 possess N95 masks, surgical masks, isolation gowns, and face shields
Outpatient Care Resources			
PPE Cache	4/5 (80%)	Including N95 masks, training/fit-testing. Do not need to track masks at individual facilities but should reflect overall situation as well as any caches / specific assets	1 outpatient care facility reported no PPE cache due to type of facility, 4 facilities report N95 masks, surgical masks, goggle, and isolation gowns

Note: Only 1 EMS agency responded to the survey in the Northern Region, so this table does not accurately reflect regional EMS/Fire resources. However, the one agency that responded possesses 5 BLS ambulances, 5 ALS ambulances, utilizes community paramedics, and has technical/swiftwater rescue capabilities.

Appendix 5: Southern Region Survey Results

Highlighted CHVA Regional Results

This table lists the Southern Region hazards in order of highest risk of occurrence and highest risk of response. These risk scores are weighted out of a total of 62 responses.

	Risk Occurrence		*Risk Response*
1	Pandemic Coronavirus	1	Pandemic Coronavirus
2	Temperature Extreme (Hot)	2	Staffing Shortage
3	Staffing Shortage	3	Flood/ Flash Flood
4	Flood/ Flash Flood	4	Wildfire
5	Wildfire	5	Radiological Incident
6	Supply Chain Failure	6	Mass Casualty (trauma)
7	Informations Systems Failure	7	Information Systems Failure
8	Highly/Acute Infectious Disease Outbreak	8	Cyber Attack
9	Cyber Attack	9	Pandemic Influenza
10	Active Threat	10	Mass Electrical Failure

Unique Regional Hazard Considerations:

- Hazardous Materials Events:
  - HAZMAT is the number one risk in most rural areas, especially in highly agricultural-centered industries. Interstate, rail transportation and fertilizer plant are less than a mile from one hospital. Averaging three real HAZMAT decontamination responses annually.
- Radiological events:
  - There are some facilities located near a nuclear power plant.
- Consider adding Behavioral Health Caused Incidents
- Pandemic events:
  - Pandemics are thankfully rare but will become more frequent in our highly connected world. Epidemics are more frequent. The rise in vaccine hesitancy in Arizona is a significant concern. This is our best defense against vaccine-preventable diseases.
  - We prepared for an epidemic & pandemic prior to the coronavirus outbreak and then we failed to implement all the rules and policies designed to counteract the pandemic.
- Flood events:
  - It seems they are occurring more often. For instance, we had more swift water rescues in 2021 than we did for all of the preceding 9 years.
- Natural disasters:
  - Impacts can increase through cascading effects, such as a power failure related to a natural incident, etc…
- Climate change:

- Climate change is a fact and will have a significant impact on individuals, communities, and resultant infectious diseases.

Highlighted RGA Regional Results

Southern Region Assets and Resources			
Item	**Number (%)**	**Definition**	**Comments/Highlights**
Region-wide Assets			
Communication Assets	49/52 (94%)	Number of survey participants that 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.)	Total responses = 52
EMS/Fire Resources			
HAZMAT Response Vehicle/Trailer	2/4 (50%)	Includes capabilities for agent identification, mass decontamination and throughput for ambulatory/non-ambulatory casualties, storage location, and contact info to request	The EMS agencies that don't have this resource are smaller, rural organizations.
Community Paramedics	3/4 (75%)	Represents 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)	Community paramedics are more common in rural locations
Technical/ Swiftwater/ Collapse Rescue	3/4 (75%)	Resources that may be engaged locally or regionally to assist with technical / US&R situations	Additional assets include: 2 quick response rescue vehicles and 1 heavy rescue with swift water, extrication, and rope rescue equipment
HAZMAT Radiation Assets	2/4 (50%)	Includes detection/survey equipment	This resource will be evaluated further next year
Evacuation Resources (Sleds, Stair Chairs, Pediatric Equipment, Evacuation Buses)	2/4 (50%)	Documents what assets are available to support hospital evacuation, based on the EMS agencies/Fire Departments that responded to survey. Equipment (may be facility or cache-based) including patient movement, triage/tracking supplies.	2 EMS agencies do not have evacuation equipment due to type of agency
Hospital Resources			
ED Isolation (AIIR) Rooms	31 total rooms	Alternate may be ED Positive /Negative pressure rooms.	8/12 (67%) hospitals have these rooms
Inpatient Isolation (AIIR) Rooms	117 total rooms	Include capacity for AIIR's and for cohorting.	8/12 (67%) hospitals have these rooms

Southern Region Assets and Resources			
Item	**Number (%)**	**Definition**	**Comments/Highlights**
Burn Center Beds	36 total beds	Dedicated burn beds	All Southern Region burn beds are located at the Banner University Medical Center-Tucson
Crisis Care	7/12 (58%)	Possession 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.).	One hospital reported "unsure." Not all hospitals have crisis care resources, but should still have a crisis standards of care plan specific to their facility.
Morgue Capacity	30 spaces	Number of spaces to store decedents	6/12 (50%) of hospitals reported having a morgue, the rest have 0 morgue capacity
Decontamination Capacity - Ambulatory	12 patients/hour on average	Patients / hour based on exercises - assume 10 minutes/person through process (e.g. 6 patients/hour per decon station)	10/12 (83%) hospitals have this capability
Decontamination Capacity – Non-ambulatory	8 patients/hour on average	Patients/hour based on exercises - assume 10 minutes/person at each decon station	10/12 (83%) hospitals have this capability
Patient Redress / Dry Decon Kits	6/12 (50%)	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.	One hospital reported "unsure"
Evacuation Resources (Sleds, Stair Chairs, Pediatric Equipment, Evacuation Buses)	11/12 (92%)	May be listed in Evacuation Plan annex from above. Equipment (may be facility or cache-based) including patient movement, triage/tracking supplies. Include availability of adult, child and infant evacuation equipment.	3 hospitals have sleds, 9 hospitals have bariatric and pediatric equipment, 1 hospital has evacuation buses, 11 have helipads. 1 hospital uses transportation resources from county public health
Personal Protective Equipment (PPE)	12/12 (100%)	Please note a report of inventory is not expected, but that facilities should agree on 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	5 hospitals have decontamination team PPE, 6 hospitals have biohoods

Southern Region Assets and Resources			
Item	**Number (%)**	**Definition**	**Comments/Highlights**
		and Bio specific), spare Tyvek suits of various sizes, and Bio hoods.	
PPE– Infectious Disease	10/12 (83%)	Includes PPE suitable for standard, contact and droplet precaution	This resource is related to high consequence infectious disease response.
PPE HAZMAT	9/12 (75%)	PPE ensembles for the decontamination team including respiratory protection.	If hospitals do not have this resource, then they have agreements with EMS/Fire.
Public Health Resources			
Mass Mortuary / Body Bags	1/2 (0%)	Plans and/or resources for processing / identification / storage	Pima County Health Department is the main source of mass mortuary supplies for public health
Alternate Care Sites	2/2 (100%)	Includes materials for alternate care sites – may be managed by hospitals or EM	Local public health has some resources for ACS, including 5 housing units
PPE Stockpile	2/2 (100%)	Available supplies and storage capacity	Note the capacity might change after the pandemic response ends
Medical Countermeasures Administration/Distribution	1/2 (50%)	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.)	1 county public health department reports no MCM supplies
Long Term Care/Skilled Nursing Facility Resources			
Evacuation Resources (Sleds, Stair Chairs, Pediatric Equipment, Evacuation Buses)	26/27 (96%)	Equipment (may be facility or cache-based) including patient movement, triage/tracking supplies	9/10 (90%) LTC/SNF have wheelchair vans, 3/10 (30%) have evacuation buses, 7/10 (70%) have bariatric equipment, 0 have sleds
Long-term Acute Care Beds	286 total beds	Total number of long-term acute care beds reported by survey participants	Total responses = 5/10
LTC Beds	1443 total beds	May approximate in large metro areas – skilled nursing facility only	Total responses = 10/10

Southern Region Assets and Resources			
Item	**Number (%)**	**Definition**	**Comments/Highlights**
PPE Cache	10/10 (100%)	Including N95 masks, training/fit-testing. Do not need to track masks at individual facilities but should reflect overall situation as well as any caches / specific assets	The majority possess N95 masks, surgical masks, isolation gowns, and face shields, 2/10 (20%) LTC/SNF have PAPR kits, 1/10 (10%) have Tyvek suits
Outpatient Care Resources			
PPE Cache	10/10 (100%)	Including N95 masks, training/fit-testing. Do not need to track masks at individual facilities but should reflect overall situation as well as any caches / specific assets	1 facility reports PPE for decontamination teams, 0 facilities have Tyvek suits, Biohoods, and PAPR kits

Appendix 6: Western Region Survey Results

Highlighted CHVA Regional Results

This table lists the Western Region hazards in order of highest risk of occurrence and highest risk of response. These risk scores are weighted out of a total of 18 responses.

	Risk Occurrence		*Risk Response*
1	Pandemic Coronavirus	1	Pandemic Coronavirus
2	Temperature Extreme (Hot)	2	Dam Failure
3	Supply Chain Failure	3	Supply Chain Failure
4	Communications/ Telephone Failure	4	Communications/ Telephone Failure
5	Information Systems Failure	5	Radiological Incident
6	Water Disruption	6	Mass Casualty (trauma)
7	Mass Electrical Failure	7	Information Systems Failure
8	Staffing Shortage	8	Network Failure
9	Cyber Attack	9	Water Disruption
10	Pandemic Influenza	10	Highly/Acute Infectious Disease Outbreak

Unique Regional Hazard Considerations:

- Farmworker population: accidental pesticide exposure for farmworkers should be considered when evaluating chemical incidents
- Proximity to California: high influx of Californians fleeing event would result in a surge in patients to region
- Dam failure is a unique concern to the region due to Hoover Dam proximity
- Rural areas: Population-based funding does not adequately address the needs of rural communities with a higher-than-normal probability of emergencies
- Winter residents: an influx of winter residents occurs annually and is considered a vulnerable population

Highlighted RGA Regional Results

Western Region Assets and Resources			
Item	**Number (%)**	**Definition**	**Comments/Highlights**
Region-wide Assets			
Communication Assets	11/12 (92%)	Number of survey participants that 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	Total responses = 12

Western Region Assets and Resources			
Item	**Number (%)**	**Definition**	**Comments/Highlights**
		web-based systems, ability to receive HAN alerts, etc.)	
Public Health Resources			
Mass Mortuary / Body Bags	1/2 (50%)	Plans and/or resources for processing / identification / storage	Local public health has a fatality/morgue plan as it relates to public health only
Alternate Care Sites	2/2 (100%)	Includes materials for alternate care sites – may be managed by hospitals or EM	Local public health has some resources for ACS, including a BLS plan
PPE Stockpile	2/2 (100%)	Available supplies and storage capacity	Note the capacity might change after the pandemic response ends
Medical Countermeasures Administration/Distribution	1/2 (50%)	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.)	1 county public health department reports no MCM supplies
Long Term Care/Skilled Nursing Facility Resources			
Evacuation Resources (Sleds, Stair Chairs, Pediatric Equipment, Evacuation Buses)	2/2 (100%)	Equipment (may be facility or cache-based) including patient movement, triage/tracking supplies	2/2 (100%) LTC/SNF have wheelchair vans, 0 have evacuation buses, 1/2 (50%) have bariatric equipment, 0 have sleds
Long-term Acute Care Beds	120 total beds	Total number of long-term acute care beds reported by survey participants	Total responses = 2/2
LTC Beds	0 total beds	May approximate in large metro areas – skilled nursing facility only	Total responses = 0/2
PPE Cache	2/2 (100%)	Including N95 masks, training/fit-testing. Do not need to track masks at individual facilities but should reflect overall situation as well as any caches / specific assets	2/2 possess N95 masks, surgical masks, isolation gowns, and face shields, 0 have PAPR kits and Tyvek suits
Outpatient Care Resources			
PPE Cache	6/7 (86%)	Including N95 masks, training/fit-testing. Do not need to track masks at individual facilities but should reflect overall situation as well as any caches / specific assets	1 facility reports PPE for decontamination teams, 0 facilities have Tyvek suits, Biohoods, and PAPR kits

Note: 0 EMS agencies responded to the survey in the Western Region and only 1 hospital responded, so this table does not accurately reflect regional EMS/Fire and hospital resources. The hospital that responded has crisis care supplies, no morgue capacity, patient redress/dry decontamination kits, and appropriate evacuation

resources with backboards and helipads. Additionally, this hospital can decontaminate 8 ambulatory patients per hour and 4 non-ambulatory patients per hour. However, this hospital does not have any PAPR kits or Bio-hoods.

Appendix 7: Central Region Vulnerability Profile

Appendix 8: Northern Region Vulnerability Profile

Appendix 9: Southern Region Vulnerability Profile

Appendix 10: Western Region Vulnerability Profile

Note: The Regional Vulnerability Profiles will be attached as separate documents.

Appendix 11: References

1. 2020 Arizona Coalition for Healthcare Emergency Response (AzCHER) Statewide Community Hazard Vulnerability Assessment. January 2021.
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Appendix 12: Glossary

Access and Functional Needs Plan or Appendix	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 bodies. These are dedicated burn beds.
Chempack/SNS Plan	In jurisdictions/organizations 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 that: 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 can provide total care for every aspect of injury – from prevention through rehabilitation. A Level II Trauma Center can 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 the 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 backup 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 the 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 the 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 its 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 – these 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 the 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 clinics 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.