



Emergency Preparedness Plan
2021-2022
Version 3.0

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The AzCHER Preparedness Plan is supported by the Hospital Preparedness Program (HPP) and is based on guidance from ASPR TRACIE. The contents are the responsibility of the healthcare coalition and do not necessarily represent the official views of the U.S. Department of Health and Human Services, Assistant Secretary for Preparedness and Response (ASPR).

Record of Changes

| <u>DATE</u> | <u>CHANGE</u> | <u>PERSON RESPONSIBLE</u> | <u>VERSION</u> |
|-------------|--|----------------------------|----------------|
| AUG 2020 | Version 1 for review by RSCs and general membership approval | Statewide Planning Manager | I |
| JUN 2021 | Version 2 for review by FWGs and general membership | Statewide Planning Manager | II |
| MAY 2022 | Version 3 for review by RSCs, AzCHER staff, and general membership | Statewide Planning Manager | III |

1.0 Introduction

Arizona's Healthcare Coalition

Arizona Coalition for Healthcare Emergency Response (AzCHER) is the healthcare coalition (HCC) serving the state of Arizona, hereafter referred to as *Coalition* or *AzCHER*. AzCHER is the statewide healthcare coalition with four distinct regions: Central, North, South, and West. AzCHER operates under the laws of the State of Arizona and in Region IX of the Federal Emergency Management Agency's (FEMA's) National Preparedness Division. AzCHER is funded and overseen by the Assistant Secretary for Preparedness and Response (ASPR), a division of the US Department of Health and Human Services. ASPR directs Hospital Preparedness Program (HPP) funding to state health departments, which then distributes HPP dollars to coalitions and other partners within the state while also ensuring subrecipient compliance with federal regulations.

AzCHER's Mission

To unify Arizona's healthcare and public health systems for the continual development and improvement of relationships, plans, and actions that meet the needs of the Whole Community before, during, and after emergencies.

AzCHER's Vision

A resilient public health and medical system that collaboratively, effectively, and equitably protects the lives of all Arizonans.

AzCHER's Purpose

The purpose of AzCHER is two-fold: (1) 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; and (2) to contribute to disaster response efforts by serving as a support to ESF-8.

The function of AzCHER is to develop effective streams of communication and processes for resource sharing among healthcare entities so that, in the event normal, day-to-day operations or standard operating procedures become disrupted or overwhelmed due to a large-scale emergency or disaster, participating organizations can cooperate and collaborate to continue delivering optimal healthcare services.

AzCHER's purpose, function, and activities are determined and set forth in accordance with the 2017-2022 Health Care Preparedness and Response Capabilities as established by the Assistant Secretary for Preparedness and Response, or ASPR.

The four capabilities outlined are:

1. Foundation for Health Care and Medical Readiness
2. Health Care and Medical Response Coordination
3. Continuity of Health Care Service Delivery
4. Medical Surge

1.1 Purpose of Plan

This plan will document the processes of how AzCHER works cooperatively to enhance preparedness and risk mitigation based on common priorities and objectives on regional and statewide levels. It will document AzCHER's organization and processes. The plan will develop and test operational capabilities that promote coordination, communication, information sharing, resource management, and operational response and recovery.

This Preparedness Plan is intended to augment existing statewide, regional, and facility plans. The plan demonstrates multi-agency coordination of emergency planning. It is expected that healthcare entities develop and maintain internal emergency management programs in addition to integration with AzCHER plans. Individual healthcare entities are responsible for implementing their Emergency Operations Plans (EOPs or similarly titled plans), including logistical support. For example, if a facility experiences an emergency that overwhelms their current resources and operational capacity, the individual facility is to contact 1) their parent organization or system; 2) their vendors; and then 3) their jurisdictional public health agency. AzCHER may be able to augment local public health's resource acquisition efforts.

This plan will be posted in its continuously updated form on the Coalition's document sharepoint site, Basecamp, for members to access at any time. The following preparedness components will be addressed in this plan:

- Hazard vulnerabilities and risks, resources, gaps, the needs of populations particularly vulnerable to the effects of an emergency (such as children, pregnant women, and individuals with disabilities and functional access needs), legal and regulatory considerations
- Cooperative activities based on common priorities and objectives
- Common elements with the Coalition's Response Plan – shared communication, activity and strategy coordination, shared planning processes

This Preparedness Plan is reviewed and updated (as recorded in the Change Log located at the forefront of this document) on an annual basis in accordance with grant guidance and performance requirements issued by the Assistant Secretary for Preparedness and Response (ASPR). It is continuously informed by the Coalition's community hazard vulnerability assessment (CHVA), resource assessment, after action reports (AAR) and subsequent improvement plans (IP) developed in response to exercises and real-world events, and other activities intended to promote the continued growth and evolution of the HCC.

This plan most aligns with the following HPP capability:
Capability 1. Foundation for Healthcare and Medical Readiness

Objective 3. Develop a Healthcare Coalition (HCC) Preparedness Plan

The HCC preparedness plan enhances preparedness and risk mitigation through cooperative activities based on common priorities and objectives. In collaboration with the ESF-8 lead agency, the HCC should develop a preparedness plan that includes information collected on hazard vulnerabilities and risks, resources, gaps, needs, and legal and regulatory considerations (as collected in Capability 1, Objective 2, Activities 1-5 above). The HCC preparedness plan should emphasize strategies and tactics that promote communications, information sharing, resource coordination, and operational response planning with HCC members and other stakeholders. The HCC should develop its preparedness plan to include core HCC members and additional HCC members so that, at a minimum, hospitals, Emergency Medical Services (EMS), emergency management organizations, and public health agencies are represented. The plan can be presented in various formats (e.g., a subset of strategic documents, annexes, or a portion of the HCC's concept of operations plans [CONOPS]).

1.2 Scope of Plan

This plan works in conjunction with, and bidirectionally augments the Coalition’s governance document (“Governance and Organization” found in Annex A) and all other items listed in the plan’s appendices, including membership and engagement documents (Appendix 1: Participation Agreement and Appendix 2: Memorandum of Understanding). The plan is active from June 1 to July 31 of each HPP grant budget period. Additionally, it covers all Coalition regions and counties as described in Section 2 below.

AzCHER is not a command or tactical entity; rather it provides regional coordination, information sharing, and general preparedness support. AzCHER aims to work in concert with – and does not replace or interfere with – individual organizations’ policies or official command and control structure authorized by state and local emergency management.

1.3 Administrative Support

The AzCHER Preparedness Plan is an aggregation of regional preparedness plans, each developed under the purview of regional coalition leadership. The AzCHER Statewide Planning Manager drafted the plan with oversight and approval from the AzCHER Executive Director and the Coalition’s four Regional Steering Committees.

The plan will be reviewed on an annual basis, at a minimum, at the conclusion of each budget period. The plan will be reviewed annually by AzCHER Staff and Regional Steering Committees. Any modifications will be provided to the AzCHER Statewide Planning Manager for revision. Reviews will include the identification of gaps in the Preparedness Plan and how the Coalition will collaborate with its members and external partners to define strategies that address those gaps. The Coalition’s general membership will maintain involvement in annual reviews by reviewing, voting on, and adopting final versions.

Staff will maintain records of all changes and will ensure that the most recent version of the Preparedness Plan is made available to members on the Coalition’s information sharing platform www.Basecamp.com and on the AzCHER website. Information requests and suggested edits can be sent to azcheradmin@azhha.org.

Table 1.0: Timeline for Annual Preparedness Plan Review

| Preparedness Plan Review | Activity | Timeframe |
|--|--|---------------------------|
| Assess hazard vulnerabilities and risks | Conduct a community hazard vulnerability assessment (CHVA) on the regional and statewide levels | September – December 2022 |
| Assess regional healthcare resources | Assessing healthcare assets including information sharing capabilities, preparedness equipment and capabilities, and aggregating preparedness data | September – December 2022 |
| Prioritize resource gaps and mitigation strategies | Evaluate hazard vulnerabilities against | January - April 2023 |

| | | |
|---|---|----------------------|
| | healthcare resources and preparedness processes to prioritize key gaps and mitigation strategies | |
| Assess community planning for children, pregnant women, and persons with DAFN | Use identified gaps and mitigation strategies to inform activities and prioritize ways to close those gaps for populations with enhanced vulnerability to the effects of an emergency | January - April 2023 |
| Annual revision submitted to AzCHER staff and RSCs for review and editing | Highlight most recent changes in document | May -June 2023 |
| Annual revision submitted to general membership for voting and adoption | Highlight most recent changes in document | June 2023 |

2. Coalition Overview

2.1 Role/Purpose of the Coalition

AzCHER is a collaborative network of healthcare organizations and their respective public, tribal, and private sector response partners that serve as a multiagency coordinating group to assist with prevention, preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations. Partners work collectively to ensure integration and coordination across the healthcare system so that adequate medical surge capacity and capability are present during a mass casualty or large-scale event.

Steady-state activities of the Coalition include (1) assessing vulnerabilities and identifying gaps; (2) planning; (3) education and training; (4) exercising; (5) facilitating relationship building; and (6) serving as a resource and sharing information.

2.2 Coalition Boundaries

AzCHER maintains four regional chapters with boundaries that are defined by the Arizona Emergency Management System (AEMS): AzCHER-North (Yavapai, Apache, Navajo, and Coconino Counties); AzCHER-South (Greenlee, Santa Cruz, Cochise, Graham, and Pima Counties); AzCHER-West (La Paz, Mohave, and Yuma Counties), and AzCHER-Central (Gila, Maricopa, and Pinal Counties). Planning, training, and exercising occurs at the regional level to ensure alignment with local needs and priorities. Each region is representative of the Coalition’s core member types. The boundaries of each region are depicted below.

AZCHER REGIONS



2.3 Coalition Members

Consistent with federal requirements, AzCHER maintains a core membership of:

- Hospitals and other healthcare entities, such as long-term care, behavioral health, ambulatory surgery centers, hospice, and home health, and more
- Emergency medical services (EMS) / patient transport entities / prehospital coordination
- Public health (county and tribal)
- Emergency management (county and tribal)

AzCHER also endeavors to maintain membership from diverse healthcare sectors including:

- Organizations targeting specific vulnerable populations, such as those dedicated to serving the Disabilities and Access and Functional Needs (DAFN) populations, persons experiencing homelessness, children, and older adults
- Nonprofits/NGOs with an interest in healthcare emergency management
- Law enforcement
- Fire departments

- Public partners, such as the National Disaster Medical System (NDMS) and the Emergency System for the Advanced Registration of Volunteer Health Professionals (ESAR-VHP)
- Critical infrastructure partners, such as electric/gas companies and communications providers

To be a member, a Participation Agreement (PA) must be electronically signed and submitted to the Coalition via the Coalition's website at <https://azcher.org/membership>. The PA is a voluntary and non-binding agreement to engage with the Coalition through multiple avenues. See Appendix 1 for a copy of the PA.

A full roster of members is available to members through the Coalition's database, AzCHER Connect, and is accessible upon submission of a signed PA through a templated report.

2.4 Organizational Structure / Role of Leadership

Please refer to Annex A: AzCHER Governance for a full description of organizational and governance detail. Below are general definitions of AzCHER organizational components.

General Body (GB) describes an ever-evolving corpus of members and partners that includes all parties interested in furthering the state's emergency preparedness capabilities. This includes members and non-member supporters. A signed PA is not required to attend General Body meetings; however, one is required to vote on Coalition matters.

General Membership is a subset of the General Body that includes all organizations that have submitted a signed PA. When certain matters are being considered, such as approval of Coalition planning documents, a vote will be conducted via an online survey tool to ensure that only members cast a single vote issued by the Designated Member Representative as identified in the PA.

Regional Steering Committee (RSC)

The RSC is a group of advisors from AzCHER member organizations who are professionals in the field of healthcare emergency management and who lead regional efforts to 1) grow healthcare emergency management capabilities; and 2) meet healthcare coalition objectives. Each of the four regions maintains its distinct RSC. The purpose of the RSC is to give voice to regional needs, gaps, and assets and to make decisions related to planning, trainings, and exercises within the given region. All decisions and recommendations made at the regional level are consolidated with other regions' decisions and recommendations for statewide documentation.

Each RSC is charged with having representation from the following, at a minimum:

- Hospital emergency management (at least one rural and one urban)
 - Non-acute healthcare emergency management, including long-term care, community health centers, ambulatory surgery centers, behavioral health, specialized care (such as cancer treatment or rehabilitation/LTACH) and/or others as appropriate
 - Public health (Public Health Emergency Preparedness, or PHEP Coordinators or other representative from each of the counties and tribes in the region)
-

- Emergency management (representative from each of the counties and tribes in the region)
- A representative of persons with disabilities and/or access and functional needs (DAFN)

RSC members must be affiliated with an organization, department, or other entity that is a member of the coalition as documented by submitting a signed Participation Agreement. RSC members must be empowered to speak on behalf of the member entity they represent.

RSCs meet monthly and assign tasks to various functional work groups that are organized around specific, time-limited assignments. The RSC represents the region’s General Body, which includes the membership of the region.

Functional Workgroups (FWG)

Functional Workgroups are task-oriented teams that that are organized around specific, time-limited assignments. AzCHER will have three FWGs that operate on the regional level: planning, training/exercise, and community hazard vulnerability assessment (CHVA).

Functional Workgroups Formed Annually (others formed on an as needed basis)

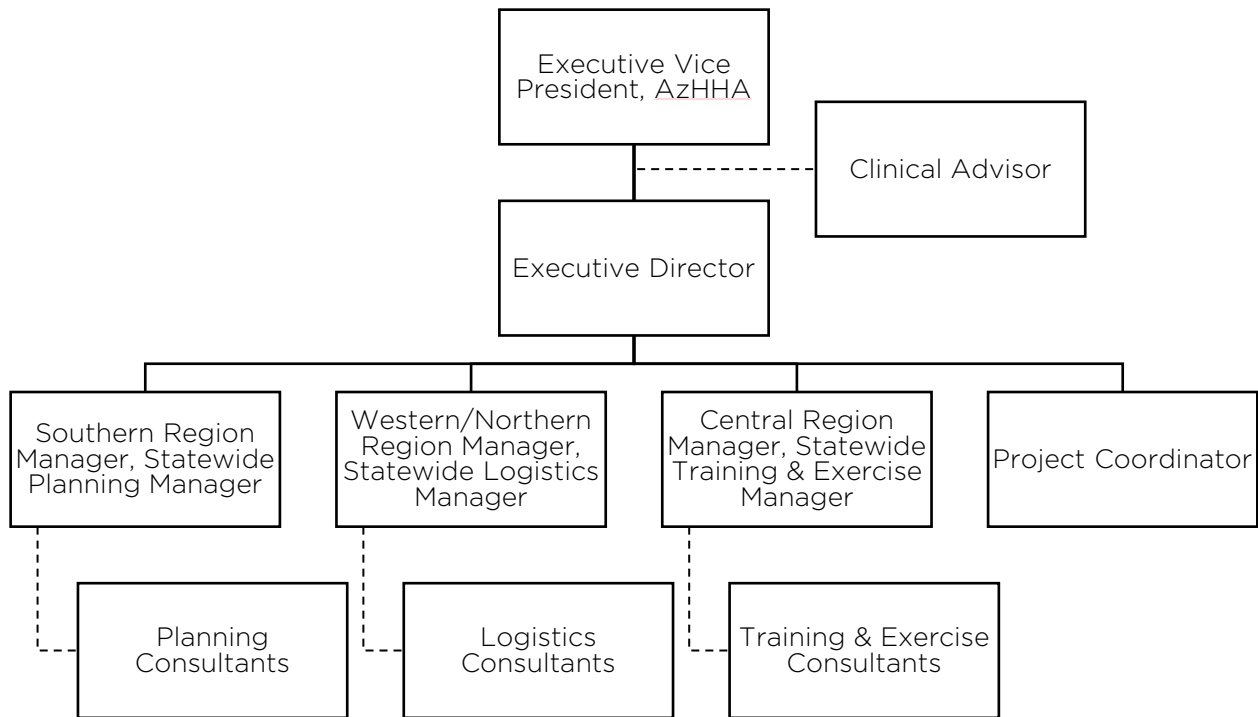
| | |
|--|--|
| <p style="text-align: center;">PLANNING</p> <p><u>Purpose:</u> Assist to create, evaluate, and review plans</p> <p><u>Primary Responsibilities:</u> Strategic planning; review for preparedness plan, response plan</p> | <p style="text-align: center;">TRAINING/EXERCISE</p> <p><u>Purpose:</u> Develop and implement trainings and exercises to meet coalition needs and address vulnerabilities as identified by CHVA; Carry forward work in concordance with the MYTEP</p> <p><u>Primary Responsibilities:</u> Education, trainings, exercises; IPP review</p> |
| <p style="text-align: center;">CHVA</p> <p><u>Purpose:</u> Conduct a CHVA at the regional level; review the statewide CHVA</p> <p><u>Primary Responsibilities:</u> Review regional hazard profiles, workshop through a CHVA worksheet, review data and prioritize regional vulnerabilities</p> <p><u>Active Period:</u> September - December 2021</p> | <p style="text-align: center;">RGA</p> <p><u>Purpose:</u> Conduct a RGA at the regional level; review the statewide RGA</p> <p><u>Primary Responsibilities:</u> Review regional resource gaps, review data and prioritize regional gaps in planning and assets</p> <p><u>Active Period:</u> September - December 2021</p> |

Regional Manager

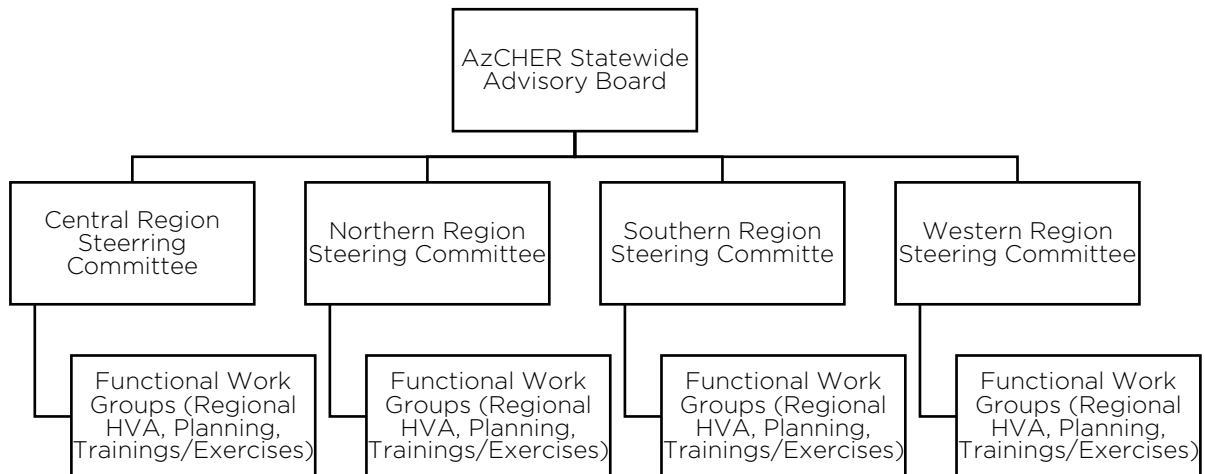
Each region has its own dedicated staff person, or Regional Manager (RM), who serves as the administrative and relationship driver for the region. Regions and their associated staff person are identified and updated on the Coalition’s website (www.azcher.org).

The Regional Manager, along with the RSC, is responsible for managing the flow of information both into and out of the region, including plan development, training and exercise needs, resource assessments, and hazard vulnerability assessments. Each manager also has a statewide function in an area where they assume leadership and provide expertise.

AzCHER Staffing Structure



AzCHER Governance Structure



2.5 Risk

AzCHER conducts a statewide Community Hazard Vulnerability Assessment (CHVA) annually to identify the healthcare coalition's most significant risks. The CHVA is a critical planning tool in the Coalition's preparedness cycle that is intended to determine resource needs and gaps. Subsequently, CHVA results inform AzCHER's preparedness priorities in planning, training, and exercising.



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.

The objective of the CHVA is to represent the whole community and the collective needs through a member-driven process. Member facilities are asked to report on their HVA results and recent emergency activations through an online survey. Regional workgroups lead the process of identifying and prioritizing the likely hazards the region could face. These often overlap with the hazards that members identify in their facilities' HVAs. The workgroups also consider regional hazard reports, public health statistics, and county hazard mitigation plans in the CHVA. The workgroups produce a coalition-specific risk assessment using a modification of the Kaiser Permanente HVA tool and considered the aggregation of healthcare facility survey results along with regional hazard reports/data. Generally, functional workgroups remove organization-specific vulnerabilities to focus on community-wide risks. The vulnerabilities are sorted and prioritized, considering the likeliness to require a coalition response.

In 2021, the CHVA process engaged 198 members from the General Body and four CHVA work groups from each of AzCHER's regions from September through December. Each of the four AzCHER regions helped to identify their Top 10 hazard vulnerabilities based on the survey results. The Statewide Community Hazard Vulnerability List shown below includes hazard vulnerabilities that are common in all regions, i.e., across the state. The Regional lists distinguishes a top vulnerability identified in only that region.

The full report can be found here: <https://azcher.org/chva-rga/>. However, a summary is shown below.

Summary of AzCHER Community Hazard Vulnerability List 2021-22

| Statewide Top 10 Hazards Most Likely to Occur: |
|--|
| 1. Pandemic Coronavirus |
| 2. Dust Storm |
| 3. Wildfire |
| 4. High Winds |
| 5. Staffing Shortage |
| 6. Cyber Attack |
| 7. Supply Chain Failure |
| 8. Temperature Extreme (Heat) |
| 9. Tornado |
| 10. Pandemic Influenza |

| Statewide Top 10 Hazards Most Likely to Require a Response: |
|---|
| 1. Pandemic Coronavirus |
| 2. Nuclear Incident |
| 3. Biological Incident |
| 4. Mass Casualty (trauma) |
| 5. Highly/Acute Infectious Disease Outbreak |
| 6. Radiological Incident |
| 7. Flood/Flash Flood |
| 8. Mass Electrical Failure |
| 9. Pandemic Influenza |
| 10. Staffing Shortage |

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 |

2.6 Gaps

Resource and Gap Analysis

AzCHER also completes a Resource and Gap Analysis (RGA) annually to identify resource disparities and contribute to the prioritization of future planning, trainings, and exercises. Gaps may include lack of or inadequate plans or procedures, staff, equipment and supplies, skills and expertise, services, or any other resources required to respond to an emergency. The 2021-2022 RGA summary report can be found on AzCHER’s website (<https://azcher.org/chva-rga/>).

In 2021 AzCHER utilized the ASPR TRACIE Healthcare Coalition Resource and Gap Analysis Tool to identify and agree on appropriate preparedness thresholds as well as coalition priorities for planning or exercise efforts. Additional areas for assessment

will include high consequence infectious disease resources and patient transportation resources, especially for burn surge events. This tool provided a composite score generated by adding the “Likelihood, Impact, and Work” scores to create an overall risk for a particular plan or asset. Below are the top five Planning Gaps and top five asset gaps.

Summary of AzCHER Top Planning and Resource Gaps

| Statewide Planning Gaps: | Statewide Resource Gaps: |
|--|--|
| <ul style="list-style-type: none"> • AzCHER Response Plan and Annexes • Hospital Crisis Care/ Crisis Standards of Care Plan • Healthcare Emergency Operations Plan • Healthcare Training and Exercise Plan | <ul style="list-style-type: none"> • Statewide notification platform • Pediatric Evacuation Equipment • HAZMAT supplies (patient redress kits, radiation assets) • Documentation of transportation resources across all member types |

The Plan Element of the analysis presented the following top five plans with gaps, rated highest to lowest, on its composite risk:

1. AzCHER Response Plan and Annexes
AzCHER has finalized a statewide Response Plan which describes who will be notified (how and when) during a community or statewide incident; specific mechanisms for information and resource sharing/coordination among coalition members; and the responsibility of members, response partners, and the Coalition’s staff team. AzCHER will develop a radiation surge annex and associated TTX in the next budget period. Additionally, AzCHER will focus on updating and training on resource request procedures and communications protocols in the Emergency Response Plan.
 2. Hospital Crisis Care / Crisis Standards of Care Plan
This plan details facility and regional approaches to coordination of service and resource management, interface with State plans, and plans for on-site and community-based alternate care systems/sites. It will include relevant facility and regional triggers where defined. It should also address 1135 waivers, and modifications of other pertinent local/state rules and regulations to address surge issues, ACS, volunteers, etc. In the next budget period, AzCHER will assist hospitals to further develop their own plans, in alignment with the ADHS CSC plan, and host workshops with subject matter experts.
 3. Healthcare Emergency Operations Plan
This refers to an all-hazards response plan for the facility/organization. It should include appropriate incident management system (NIMS, modified HICS) and relevant training and documentation of information sharing and coordination process with the healthcare coalition and its partners. AzCHER will direct its focus to developing and equipping beginner healthcare organizations with the necessary tools to succeed in an emergency and participate in AzCHER’s full-scale exercises.
 4. Healthcare Training and Exercise Plan
Exercises should meet the needs of regulatory agencies/accrediting bodies and are coordinated between the coalition disciplines to assure an annual community-based exercise involves the four core coalition stakeholders and
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- ideally more. AzCHER will work to ensure member trainings and exercises meet regulatory requirements and align with their emergency plans and procedures, with a focus on beginner incident command system skills.
5. Healthcare Evacuation Plan
A healthcare facility Evacuation Plan template will be developed to include a list of community resources and results from the resource gap analysis. in subsequent budget periods. Based on current assessments, this plan will describe the Coalitions role and coordination efforts during an evacuation of a healthcare facility.

The Asset Element of the analysis presented the following needs for the Coalition and its emergency preparedness capabilities.

- MAC/EOC
A Multi-Agency Coordination (MAC) center or EOC is typically based within each county with a primary and back-up location identified for coordination efforts. The development of regional MACs has been identified as a gap and will be addressed in subsequent budget periods.
 - Notification Platform
AzCHER currently utilizes a “warm line” for communication 24/7 with members during an emergency or disaster. Each county operates different systems to provide notification to response partners (i.e. texting apps, such as “whatsapp”). Absence of a uniform, statewide platform is a gap. Another gap is the compatibility of the AzHAN platform to generate useful reports and contact information. AzCHER will be researching other solutions for the benefit of Coalition membership and stakeholders.
 - Coalition staff
AzCHER currently staffs an Executive Director, Project Coordinator, and three regional managers with statewide responsibilities (Planning, Training/Exercise, Operations, Logistics). However, AzCHER does not employ a full-time operations position and does not have a Public Information Officer.
 - HERT Equipment
This resource refers to kits for each regional manager to use when conducting HERT training for their members. HERT equipment at some healthcare facilities is aging and cannot be replaced due to lack of funding and remains a gap. This includes filter, suits and replace part for decontamination tents. AzCHER will provide funding for purchase of equipment as funding allows.
 - Pediatric resources
AzCHER will assist the pediatric certification process of hospitals, which will increase supply of pediatric resources, especially in regions indicating a lack of such resources, and as funding allows. Additionally, AzCHER will advertise related trainings.
 - HAZMAT supplies (patient redress kits, radiation assets)
This resource refers to PPE ensembles for the decontamination team including respiratory protection and radiation survey equipment. AzCHER will provide funding for purchase of equipment as funding allows.
 - Response Equipment and Supplies
There is a gap in understanding where resources are located, who owns them, and who has agreements to use them. Therefore, AzCHER will work to better document available resources, specifically for transportation and evacuation across all member types. Additionally, AzCHER will focus on documenting unique equipment for people with disabilities, access, and functional needs. AzCHER will fund the purchase of response equipment as funding allows.
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AzCHER has prepared an Integrated Preparedness Plan (IPP), formerly known as the Multi-Year Training and Exercise Plan (MYTEP) to provide specific training and exercises to close the gaps identified in the CHVA/RGA. A review of the gap analysis survey will assist AzCHER to prepare recommendations to each of its committees annually.

IPP

The Integrated Preparedness Plan (IPP) is a plan for combining efforts across the elements of the Integrated Preparedness Cycle to make sure jurisdictions/organizations have the capabilities to handle threats and hazards. The IPP Program, as developed by the Statewide Training and Exercise Manager is in development, but the 2019-2022 training calendar is posted to <https://azcher.org/events>. The purpose of the IPP is to aid AzCHER in providing local healthcare emergency response planners with guidance and recommendations to (1) identify the priorities for improving the preparedness and response capabilities; and (2) define the cycle of training and exercise activities that will provide the most benefit in the development, refinement, and maintenance of those capabilities.

While the IPP is intended to cover a period of three years, the CHVA will be updated annually to ensure the healthcare community is responsive current hazard vulnerabilities. The CHVA identifies risks while the IPP addresses training and exercise needs that address those risks.

The current AzCHER IPP addresses gaps to support the 2017-2022 Healthcare Preparedness and Response Capabilities:

1. Foundation for Healthcare and Medical Readiness: The community's healthcare organizations and other stakeholders (coordinated through a sustainable Health Care Coalition) have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources
 - a. Corresponding Objectives: N/A
 - b. Rationale: Previous after-action reports indicate the need for continuous development of emergency response personnel.
 - c. Supporting Training Courses and Exercises: Ongoing training will be offered in the basics of emergency management, the Incident Command System, planning, and exercise design and evaluation. All Coalition leadership is required, and members are encouraged to complete IS-100, 200, 700, and 800.
 2. Health Care and Medical Response Coordination: Healthcare organizations, AZCHER, and the Arizona Department of Health Services (lead ESF-8 agency), plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.
 - a. Corresponding Objectives: Coordinate Healthcare Organizational and HCC Response Plans, Utilize Information Sharing Procedures and Platforms, Coordinate Response Strategy, Resources and Communications
 - b. Rationale: Previous after-action reports indicate the need for interoperability in planning.
 - c. Supporting Training Courses and Exercises: Tabletop and full-scale exercises are planned to test response plans and communications across healthcare sectors. Workshops will be conducted with public health and
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emergency management to align response roles for the healthcare delivery system.

3. Continuity of Health Care Service Delivery: Health Care organizations, with support from AzCHER and ADHS, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well trained, well-educated, and well equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.
 - a. Corresponding Objectives: Identify Essential Functions for Health Care Delivery, Plan for Continuity of Operations, Maintain Access to Non-Personnel Resources during an Emergency, Develop Strategies to Protect Health Care Information Systems and Networks, Protect Responders Safety and Health, Plan for and Coordinate Health Care Evacuation and Relocation
 - b. Rationale: Use lessons learned to improve healthcare continuity.
 - c. Supporting Training Courses and Exercises: All training and exercises include elements within these objectives.
4. Medical Surge: Health care organizations, including hospitals, EMS, and out-of-hospital providers, deliver timely and efficient care to their patients even when the demand for healthcare services exceeds available supply. AzCHER, in collaboration with ADHS, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the Coalition's collective resources, AzCHER supports the health care delivery systems transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.
 - a. Corresponding Objectives: Plan for Medical Surge, Respond to a Medical Surge
 - b. Rationale: Lessons learned from previous Coalition Surge Tests can be used to improve patient tracking and engagement of EMS services.
 - c. Supporting Training Courses and Exercises: Radiation Surge trainings and TTX. Additional trainings and meetings designed to introduce various healthcare sectors to each other's resources.

Gap Identification Process

Other gaps can and do occur, such as resource shortages, inadequate planning, undocumented procedures, insufficient skills/expertise, among others. AzCHER will begin to ascertain and evaluate these types of gaps.

Members will identify and prioritize resource gaps and determine mitigation strategies, to include addressing deficiencies through coordination, planning, training, and/or resource acquisition. AzCHER collects this information from members during the annual CHVA/RGA process and during related work groups. AzCHER will particularly focus on closing those gaps that affect the care of pediatric and DAFN populations.

2.7 Compliance Requirements / Legal Authorities

AzCHER leadership, membership, and staff will understand the legal and regulatory requirements (2021 updated CMS Rule) for preparedness as well as those laws and regulations affecting response. This will be demonstrated through:

1. Documentation of federal, state, and local statutory / regulatory requirements as well as national accreditation requirements that impact emergency medical care
2. Documentation of the process and information required to request necessary waivers and suspension of regulations
3. Support of crisis standards of care planning, including the identification of appropriate legal authorities and protections necessary to support crisis standards of care activities
4. Maintenance and awareness of standing contracts (coalition MOUs) for resource support during emergencies
5. Development of a new CMS Emergency Preparedness Rule webinar.

Appendix 4 includes references to relevant Federal and State Authorities.

3. Coalition Objectives

AzCHER's purpose is to build resilience in Arizona's healthcare system so that it is prepared to respond to and recover from a large-scale emergency or disaster. AzCHER will develop effective streams of communication and processes for resource sharing among healthcare entities so that, in the event normal, day-to-day operations or standard operating procedures become disrupted or overwhelmed due to a large-scale emergency or disaster, participating organizations can cooperate and collaborate to continue delivering optimal healthcare services.

AzCHER Budget Period 3 (2021-22) objectives:

- 1) AzCHER staff will work with RSCs to further establish membership and governance to include additional member types by the end of budget period 3
 - 2) AzCHER staff will work to enhance volunteer governance, including RSCs, FWGs, and the statewide advisory board
 - a) AzCHER members will attend the general body meetings to learn about Coalition engagement
 - 3) The Statewide Planning Manager and Statewide Logistics Manager will assess the needs and gaps of the Coalition, in collaboration with RSCs and FWGs, by the end of quarter 2
 - a) AzCHER members will complete the CHVA survey and participate in work groups
 - b) AzCHER members will complete the RGA survey and participate in work groups
 - 4) AzCHER will support 5 hospitals to obtain pediatric certification and work to develop 1-2 additional hospitals for the Arizona Burn Network
 - 5) AzCHER staff will continue to incorporate individuals with disabilities and access functional needs (DAFN) at a higher level and in plans, exercises, and trainings by the end of the budget period
 - 6) The Statewide Planning Manager will update the following plans and associated annexes by May 31, 2022 and receive 100% member approval
 - a) Preparedness Plan Update: AzCHER members will review and approve plan
 - b) Response Plan Update: AzCHER members will review and approve plan
 - 7) The Coalition will focus on Radiation Surge by drafting a plan and conducting a tabletop exercise by the end of budget period 4
 - a) Response Plan Annex: AzCHER members will review and approve plan
 - b) Tabletop Exercise: AzCHER members will actively participate
 - 8) The Statewide Training and Exercise Manager will work to conduct trainings and exercises that address the Coalition's risks, vulnerabilities, resource gaps, and improvement items by the end of budget period 4
-

- a) AzCHER members will attend trainings and exercises as time and grant requirements allow
- 9) AzCHER staff and will work to present the third virtual coalition conference for members to network, learn, and provide input into AzCHER's strategic priorities by the end of budget period 4
 - a) AzCHER members will attend the conference and recommend session topics and speakers, as applicable

3.1 Engagement of Partners and Stakeholders

The Coalition's capacity inherently lies in the collective capacity of its members. As such, the capacity of AzCHER to influence a higher level of disaster health and medical readiness is dependent on the engagement of members, partners, and stakeholders in the state's preparedness efforts.

Individuals and organizations working collaboratively across a spectrum of disciplines to develop and maintain disaster health and medical capabilities will help to clarify roles, responsibilities, and assumptions about response and recovery. Collaboration will help facilitate interoperability while leveraging existing capacity as cultivated throughout organizations and communities across the state. At the same time collaboration will minimize redundant work and inefficiencies and leverage resources.

Healthcare Executive Engagement

Executives from core member organizations and other partnering are invited to engage in an advisory capacity as outlined in the HCC's governance documents. Other executive leadership from member organizations are also invited to participate in major coalition events.

Clinician Engagement

The contracted Clinical Advisor assists in securing and engaging his/her peers in the Coalition's activities. The Clinical Advisor will also gain and share with Coalition staff and leadership an understanding of specialized clinical expertise and provide input that will validate medical surge planning and provide subject matter expertise for realistic trainings and exercises.

Community Leadership Engagement

Regional Managers and the Executive Director will work to secure community leaders for leadership positions within steering committees and other relevant capacities. HCC staff will actively build relationships with these individuals through site visits, in-person meetings, and ongoing communications.

4. Work Plan

Below is a summary of the AzCHER Statewide 2022-23 Hospital Preparedness Program Workplan. It does not include an exhaustive list of all AzCHER activities; however, it does provide an overview of the main work areas.

| Work Plan Item | Person(s) Responsible | Supporting Entities | Timeline |
|-------------------------------|---|--|--------------------|
| Conduct CHVA/RGA | Planning and Logistics Managers | All members | Sept-December 2022 |
| Radiation Surge Annex and TTX | Planning and Training/Exercise Managers | Radiation experts, emergency management, public health | Oct 2022 |

| | | | |
|---|-------------------------------|---|----------------|
| Annual Conference | AzCHER staff | All members and partners | March 2023 |
| Conduct trainings | Training/Exercise Manager | Subject matter experts as applicable | Quarterly |
| HERT training program | Training/Exercise Manager | Hospital members | As needed |
| Regional Steering Committee Meetings | AzCHER Regional Managers | Steering committee members | Quarterly |
| General Body Meetings | AzCHER Regional Managers | General membership | Monthly |
| Update of plans and annexes | Planning Manager | Public health, emergency management, EMS, healthcare partners | Bi-annually |
| Development of website and membership database | Project Coordinator | All members | Ongoing |
| Planning workshops (Shelter-in-place, Crisis standards of care, ESF-8 response alignment) | Planning Manager | All members and partners | Ongoing |
| Medical Response Surge Event exercise | Training/Exercise Coordinator | Hospital members | April-May 2023 |
| Cybersecurity TTX | Training/Exercise Coordinator | All members | TBA |
| Supply Chain Integrity Update and Improvement | Logistics Manager | All members | Ongoing |
| Explore patient tracking platform | Executive Director | EMS/Fire departments, hospitals | Ongoing |

Annex A: Governance Document

See separate attachment upon request.

Appendices

1. Participation Agreement
 2. Memorandum of Understanding
 3. Hazard Vulnerability Assessment Report
 4. Federal and State Authorities Reference Sheet
 5. List of Acronyms
-

Appendix 1: Participation Agreement



Participation Agreement for Member Engagement

The Arizona Coalition for Healthcare Emergency Response, hereafter referred to as AzCHER, is a statewide coalition of healthcare delivery organizations and their emergency preparedness partners maintaining the purpose of promoting individual facility and systemic resilience to disasters and/or large-scale emergencies affecting the healthcare sector in Arizona. The Coalition serves all 15 counties of the state and welcomes the membership of any entity that supports AzCHER's primary goal of enhancing coordination, cooperation, and communication pertaining to emergency prevention, preparedness, mitigation, response, and recovery.

This Participation Agreement is a voluntary and non-binding agreement to aid and support each other in the event of a disaster or large-scale emergency among:

- Healthcare provider organizations
 - Hospitals / Acute Care
 - Long-term Care
 - Behavioral Healthcare
 - Ambulatory Care, such as ESRD clinics and ambulatory surgery centers
 - Community Health Centers
 - Other Providers
- Critical healthcare collaborators and Core Members
 - Emergency Medical Services (EMS) / medical transport / first responders
 - Public Health Agencies / PHEP Partners
 - Emergency Management Agencies
- Supporting organizations (examples only)
 - Nonprofits / NGOs
 - Power and Communications Companies
 - Supply Chain (including equipment and pharmaceutical distributors)
 - Blood banks
 - Medical Laboratories
 - Organ Donor Networks

While participation in the Coalition (i.e., being a “Partner”) does not require the submission of a signed Participation Agreement, membership (i.e., being a “Member”) does require such.

AzCHER members are organizations, not individuals, and may have multiple facilities or sites. The member entity is, for example, a health system, with each licensed hospital, surgery center, and other site where healthcare is provided listed as a facility. Other collaborators and supporting organizations should provide information on the primary site or headquarters and may list additional sites as facilities.

Each AzCHER member organization must provide a key contact person, the Designated Member Representative (DMR), who will serve as the primary contact with whom coalition staff will communicate on all matters pertaining to the member organization. Such matters may include but are not limited to coalition response functions such as notification of member EOC activation and the provision of requested status data (also known as essential elements of information). The DMR will be responsible for submitting survey responses (or distributing surveys to the appropriate organizational respondents), providing updated member data, and distributing relevant information to co-workers on behalf of the member entity. Additional contact persons listed in the database will receive general communications, such as Arizona Health Alert Network (AZHAN) alerts and newsletters. Any and all member representatives – not just the DMR – are invited to attend coalition events, such as General Body meetings and community-based exercises.

AzCHER Partner Benefits:

- Networking / Building Professional Relationships
- Information Sharing
- Attend Regional General Body Meetings

AzCHER Member Benefits:

- Voting on Coalition Matters
- Opportunities to Participate in committees and work groups to develop community-wide assessments, plans, and exercises
- Access to AzCHER-Connect Member Database
- Access to AzCHER's file sharing and group communications tool, BaseCamp
- Training Opportunities
- Exercise Participation (Exceptions can be made on a case-by-case basis, depending on the needs of the exercise and of members.)
- Eligibility for Coalition Funds, if/when they are available

AzCHER Member Responsibilities:

- Attend Regional General Body Meetings
 - Respond to requests for information, such as Coalition Hazard Vulnerability Assessment (CHVA) and inventory surveys
 - Update AzCHER-Connect with up-to-date information, such as changes in key contacts
 - Participate in Coalition Exercises, ranging from Arizona Health Alert Network (AZHAN) communication drills to statewide full-scale exercises, to the best of the member's ability
 - Participate in the sharing of information that will lead to the region's optimal emergency preparedness and response capabilities in a manner that 1) is in alignment with the member organization's policies and procedures; 2) does not present a conflict of interest to the member organization; and 3) is not proprietarily protected
 - Participate in other various and miscellaneous ways, such as in providing a venue for Coalition meetings or engaging in Functional Work Groups, as able
 - Maintain familiarity with the Coalition's emergency plans
 - Notify Coalition staff of member exercises that are open to the community
 - Notify the Coalition when the member's Emergency Operations Center (EOC) is activated by contacting the member's regional manager or, in an emergency that requires Coalition support, calling 602-264-2930
-

To be eligible for additional benefits, such as Coalition Funds (if/when they are available¹), Members are Encouraged but not Required to:

- If eligible within their respective county, become registered as a closed POD with their local public health jurisdiction
- Regularly attend General Body meetings (at least 50% of meetings in a 12-month period)
- Regularly update EMResource (hospitals and some long-term care facilities only)
- Have an executed Memorandum of Agreement with the National Disaster Medical System (NDMS) (hospitals only)
- Have an executed Memorandum of Understanding with other members of the Coalition (AzCHER MOU)
- Share member inventory in the Coalition’s inventory management tool

This version (Version 1: 2020) of the AzCHER Participation Agreement supersedes all previous regional membership documents. Furthermore, this Participation Agreement is subject to and incorporates the Terms of Use of the member database, AzCHER-Connect.

Nothing in this Participation Agreement is legally binding upon its signatories or their organizations. Any participation, including the degree of participation, with respect to this Agreement is strictly voluntary on the part of the participating organization.

Any signatory to this Participation Agreement may withdraw the organization’s membership by providing 30 days’ written notice to the Coalition administrator at 2800 N. Central Avenue, Suite 1450, Phoenix, Arizona 85004.

| Authorized Signatory | Designated Member Representative & Primary Contact |
|----------------------|---|
| Name of Organization | Name |
| Name of Facility | Title |
| Facility Address | Email Address |
| Signature | Phone (Office) |
| Name | Phone (Mobile) |
| Title | |
| Date | |

¹ A separate policy regarding eligibility, access to, and reporting on Coalition Funds shall be posted on the coalition’s website (www.azcher.org) if/when such funds are available.

Appendix 2: Memorandum of Understanding



Mutual Aid and Cooperative Assistance Memorandum of Understanding

This Mutual Aid and Cooperative Assistance Memorandum of Understanding (“the MOU”) is established as of this ____ day of _____, 2020, by the Arizona Coalition for Healthcare Emergency Response (“AzCHER”). The MOU becomes effective for each MOU Participant on the day the MOU Participant executes the MOU Participant Acknowledgement (attached as Exhibit A).

Introduction and Background

AzCHER is a statewide coalition of healthcare delivery organizations, emergency services providers, public health agencies, and their emergency preparedness partners in the state of Arizona (each an “AzCHER Member”). AzCHER’s purpose is to promote individual facility and systemic resilience to disasters and large-scale emergencies affecting the provision of healthcare in the state.

The state of Arizona, a region in the state, or an individual Organization could at any time experience a Disaster or emergency condition, natural or man-made, with the potential to exceed a particular Organization’s available resources. Such a Disaster could generate an overwhelming number of patients simultaneously or could result in a smaller number of patients but with specialized medical requirements that exceed the resources of the impacted Organization (e.g., hazmat injuries, pulmonary, trauma surgery, etc.), or could impact an Organization’s ability to effectively provide care to patients in need.

Because Disaster conditions are infrequent and generate unpredictable issues and needs, it is imperative that healthcare organizations coordinate and cooperate to address such Disaster conditions to mitigate their effects. By joining together to provide mutual assistance to other MOU Participants, according to ability and need, MOU Participants can ensure the resilience of the healthcare delivery system in the event of Disaster by sharing resources, capabilities, and risk.

Previous efforts to coordinate cooperation and mutual assistance in Arizona have been established on a regional basis, with the

organization of four geographical regions, each under its own separate MOU. In an effort to expand Arizona's emergency response capabilities and facilitate greater cooperation between Organizations across regions, AzCHER has consolidated the regions and established a single MOU to govern the cooperation of all Organizations across the state. This MOU therefore terminates and replaces each of the regional MOUs that have been in place previously.

This MOU is a voluntary agreement among each of the MOU Participants and serves to coordinate communications between MOU Participants in the event of a Disaster; provide for the potential care and transfer of patients; address the possible loan of supplies, equipment (including vehicles), and other items between MOU Participants; facilitate the possible loan of employed staff or assisted volunteerism of non-employed professional staff; as well as other purposes outlined here.

This MOU addresses the relationships between and among MOU Participants. It is intended to augment, not replace, each Organization's Disaster plan and other established procedures governing interaction with other entities during a Disaster (e.g., , emergency medical services, the Arizona Department of Health Services (ADHS), Local Health Departments, tribal health and emergency entities, fire departments, law enforcement organizations, American Red Cross, Community Emergency Response Teams (CERTs), Medical Reserve Corps (MRCs), etc.).

This MOU is a voluntary, nonbinding agreement among each of the MOU Participants, and no MOU Participant is required to provide assistance unless it determines it is able to do so. However, with its signature on this MOU, each MOU Participant states its intent to cooperate with one another and coordinate response efforts pertaining to the sharing of resources in the event of a Disaster. Each MOU Participant also agrees to incorporate the terms of this MOU into the Organization's emergency management plans.

Agreement

1. Defined Terms. The terms used in this MOU shall have the following meanings:

"ADHS" means the Arizona Department of Health Services.

"AzCHER Member" is any participating member of AzCHER as defined by the signed submission of an AzCHER Participation Agreement.

"Affected Organization" is an MOU Participant which is impacted by a Disaster.

"Assisting Organization" is an MOU Participant which has offered or is currently providing assistance at the request of an Affected Organization.

“Designated Administrator” is the individual or position designated by each MOU Participant to act as that MOU Participant’s official liaison to other MOU Participants for purposes of requesting or offering assistance under this MOU in the event of a Disaster.

“Disaster” means an overwhelming incident (whether internal or external) that exceeds or severely challenges the resources or effective response capability of an Affected Organization and that triggers the emergency management plans of that Organization. A Disaster may affect an entire facility or location or only a portion. A Disaster will frequently involve one or more of the following: one or more Local Health Departments and county emergency management agencies, tribal health and emergency agencies, ADHS, and/or local fire and emergency medical services departments. A Disaster may or may not be followed by an Emergency Declaration at the state or federal level.

“Local Health Department” means the jurisdictional health department that is responsible for the health and welfare of the citizens of a particular county or tribal area.

“MOU Participant” means any AzCHER Member that is an eligible healthcare organization and that has agreed to provide assistance to other MOU Participants in the event of a Disaster by executing and returning to AzCHER an MOU Participant Acknowledgment to participate in this MOU, as set forth in Exhibit A.

General Principles. The MOU Participant agrees to the following general principles governing participation in the specific activities described in Sections 3 through 7 of this MOU:

Designated Administrator. Each MOU Participant will identify at least one Designated Administrator with the necessary decision-making capability and authority to execute this MOU on behalf of the MOU Participant, attend the meetings of the MOU Participant’s Emergency Preparedness Committee(s), and to coordinate the MOU Participant’s participation in the cooperative assistance efforts set out in this MOU. The Designated Administrator will also serve as the authorized representative of the MOU Participant to request or offer assistance under the terms of the MOU. The Designated Administrator agrees to notify their AzCHER representative of the organization’s activation of this MOU by providing an executed MOU Participant Acknowledgment. MOU Participant agrees to identify a back-up Designated Administrator that may serve in this role should the Designated Administrator be unavailable to perform in that role. MOU Participant also agrees to notify AzCHER of changes in the Designated Administrator upon the previous Designated Administrator’s departure from this role.

Financial Liability for Personnel, Equipment, and Supplies. When an Assisting Organization provides personnel, equipment, or supplies to an Affected Organization, the Affected Organization will assume financial responsibility for the personnel, equipment, or supplies

from the Assisting Organization during the time the personnel, equipment, or supplies are at the Affected Organization. The Affected Organization may reimburse the Assisting Organization, to the extent permitted by law, for all of the Assisting Organization's costs, as determined by the Assisting Organization based on reasonable rates consistent with fair market value, not to exceed the costs of acquisition incurred by the Assisting Organization for the personnel, equipment, or supplies. Costs include all use, breakage, damage, replacement, return, and administrative costs of borrowed materials (including shipping and handling costs); all personnel costs for Assisting Organization's work force resulting from personal injuries suffered at the Affected Organization's location that result in disability, loss of salary, and reasonable expenses; and for reasonable costs of defending any liability claims, except where the Assisting Organization has not provided preventive maintenance or proper repair of loaned equipment which resulted in patient injury. Reimbursement may come from budgeted funds of the Affected Organization, or through federal, state, or local sources if available. The Assisting Organization and the Affected Organization will use their best efforts to identify and obtain sources of funding from such federal, state, or local sources. The Assisting Organization will submit any invoices to the Affected Organization or a federal, state, or local agency within ninety calendar days following the close of the declared emergency or, if an emergency is not formally declared, ninety days following the last day in which the loaned resources or staffing is no longer used by the Affected Organization. An Affected Organization will only be responsible for the costs of resources that are requested and accepted in written documentation, acknowledged by the Affected Organization and the Assisting Organization. Such documentation should list the personnel, equipment, and supplies provided, and may take hard copy or electronic form. The terms of this MOU will apply to and provide the additional terms for such documentation for purposes of establishing the written agreement between the parties.

Clinical Responsibility for Transferred Patients. Assisting Organizations that receive patients transferred from an Affected Organization will assume clinical responsibility for such patients upon the patients' arrival at the Assisting Organization's facility.

Financial Responsibility for Transferred Patients. Assisting Organizations that receive transferred patients from an Affected Organization will assume the financial responsibility and right to bill and collect for transferred patients upon the patients' arrival at the Assisting Organization unless a clause in a contract with a third party payor requires that the Affected Organization retain financial responsibility for the transferred patients. Affected Organizations assign and transfer all rights to bill and collect for transferred patients, as may be required. In the event an Assisting Organization cannot accept financial responsibility for transferred

patients due to restrictions imposed by a third party payor, the Affected Organization will retain financial responsibility and reimburse the Assisting Organization for patient costs at a reasonable rate, consistent with fair market value, and not less than the amount received by the Affected Organization from the third party payor. MOU Participant will make its best efforts to cooperate in billing, collections, and appropriate allocation of payments received for services provided for patients. MOU Participant will also make its best efforts to cooperate in determining the appropriate compensation for the use of staff, supplies, equipment, or any other items shared by an Assisting Organization with an Affected Organization under this MOU. The Affected Organization will reimburse the Assisting Organization for the salaries of any employed staff at the rates paid by the Assisting Organization, including all necessary shift differentials, overtime, or other such payments that are required to be paid to staff. Reimbursement may come from budgeted funds of the Affected Organization, or through federal, state, or local sources if available. The Assisting Organization and the Affected Organization will use their best efforts to identify and obtain sources of funding from such federal, state, or local sources. The Assisting Organization will submit any invoices to the Affected Organization or a federal, state, or local agency within ninety calendar days following the close of the declared emergency, and an Affected Organization will use its best efforts to reimburse the Assisting Organization within one hundred and twenty days of receipt of the invoice.

Documentation. During a Disaster when time is of the essence, the Affected Organization may submit initial resource requests orally. As soon as feasible, these requests should be documented and conveyed in the appropriate fashion, and the Affected Organization agrees to accept and use the requisition forms and documentation required by the Assisting Organization. With regard to equipment, documentation should detail the items involved in the transaction, the condition of the item prior to the loan, and the party responsible for the care and maintenance of the item until returned.

Communication of MOU Provisions within the MOU Participant. Each MOU Participant's Designated Administrator is responsible for communicating the commitments in this MOU to relevant personnel at the MOU Participant, coordinating and evaluating the Organization's participation in exercises of the mutual aid system, and incorporating the MOU concepts into the Organization's emergency management plan.

Communication during Disaster. In the event of a Disaster, the MOU Participants agree to communicate information between each other, AzCHER, the Local Health Department, and ADHS. Assisting Organizations will avoid discussing any situation at the Affected Organization unless specifically requested or authorized to do so by the Affected Organization.

Identifying Needs and Available Capacity in a Disaster. An MOU Participant command center should inform both AzCHER and the Local Health Department in whose jurisdiction the MOU Participant resides of the MOU Participant's situation in the event of a Disaster, communicate needs that cannot be accommodated by the MOU Participant itself, and to identify ways in which the MOU Participant may be available to assist Affected Organizations or the Local Health Department. The Designated Administrator will be responsible for requesting or offering the use of personnel, pharmaceuticals, supplies, equipment, or authorizing the transfer, evacuation, or admission of patients. An MOU Participant may also communicate such needs or availability directly to other MOU Participants or the Local Health Department. Each MOU Participant is encouraged, but not required, to identify its inventory of equipment, supplies, materials, and staff in the AzCHER inventory management system (iCAM).

Expectations of MOU Participants Prior to Invoking MOU: This MOU augments, but does not replace, each MOU Participant's Emergency Operations Plan (EOP) and its resource acquisition and management processes. Issuing a request for assistance under this MOU assumes that the Affected Organization has already activated its EOP, has implemented efforts to obtain the requested resource through independent means, and has projected or determined that additional resources are necessary to maintain healthcare services and/or meet unusual patient needs.

Insurance. Throughout the term of this MOU, each MOU Participant will obtain and maintain, at its own expense, all general, professional, workers compensation, and any other required insurance coverage (or comparable coverage under a program of self-insurance) in such form(s) and amount(s) sufficient to cover claims arising from the MOU Participant's duties and responsibilities under this MOU.

Hold Harmless. The Affected Organization will hold the Assisting Organization harmless for any negligent acts or omissions by the Assisting Organization and its employees and agents arising out of the good faith response to the request for assistance during a Disaster.

Resource recall. The Assisting Organization may recall its personnel or other resources from an Affected Organization through a formal written request for recall. Recall requests may be submitted by the Assisting Organization at any time in its discretion but will be made in good faith based upon the immediate or projected needs of the Assisting Organization. Affected Organizations will honor the Assisting Organization's request for recall at the earliest opportunity while protecting against significant adverse effects on existing patients that are supported by the recalled resources.

Good Faith Participation. By entering into this MOU, each MOU Participant indicates its good faith intent to abide by the terms of the MOU to the best of its ability in preparation for and during a

Disaster. The terms of this MOU should be incorporated into the appropriate functional elements of each MOU Participant's individual Emergency Operations Plans.

Patient Transfers

Communication of Needs of Affected Organization. In transferring patients from an Affected Organization to an Assisting Organization and in accordance with all federal and state privacy laws, the Affected Organization should inform the Local Health Department and other appropriate Government Organizations in its region as soon as the Affected Organization becomes aware of the need to transfer patients, informing them of the number of patients needed to be transferred, the type of care required by these patients, and their acuity level. The Affected Organization may also contact another MOU Participant directly with such information and request for assistance.

Availability for Patient Transfers. In the event of a Disaster and upon receiving a request to accept the transfer of patients from an Affected Organization, an MOU Participant may agree to accept patient transfers under the terms and conditions set forth in this MOU. An MOU Participant is not obligated to accept any patients for transfer unless it determines it has sufficient resources and staff to accept the transfers, it deems such transfers to be safe for patients, and the transfer is approved in writing by the Designated Administrator.

Communication of Availability of Assisting Organization. In accepting the transfer of patients from the Affected Organization and in accordance with all federal and state privacy laws, the Assisting Organization will make reasonable efforts, whenever feasible, to communicate to Local Health Department and other appropriate governmental entities regarding the numbers and types/acuity of patients actually transferred, in accordance with state or local requirements and protocols.

Responsibility for Patient During Transfer. The Affected Organization is responsible for the decision to transfer a patient and for determining the destination of such a transfer. The Affected Organization is also responsible for arranging transportation arrangements for transferred patients, and for their safety and well-being until arrival at the Assisting Organization.

Supplies and Equipment.

Communication of Needs of Affected Organization. An Affected Organization should inform AzCHER, and the Local Health Department as soon as the Affected Organization becomes aware of its need for equipment or medical or general supplies caused by a Disaster. The Affected Organization may also contact an MOU Participant directly with such information and request for assistance.

Availability of Supplies and Equipment. In the event of a Disaster each MOU Participant agrees to use its best efforts to make equipment and medical and general supplies (including, but not limited to, vehicles, pharmaceuticals, ventilators, monitors and infusion pumps) available to any Affected Organization in need under the terms of this MOU. An MOU Participant is not obligated to provide supplies and equipment to any Affected Organization unless, in its reasonable judgment, it determines it has sufficient resources to provide without adversely affecting its own ability to provide services, and the transfer is approved in writing by the Designated Administrator.

Responsibility for Transportation of Resources. The Affected Organization is responsible for arranging transportation of loaned resources to and from its facility. Possession of and risk of loss for the loaned resources transfers to the Affected Organization when the resources are loaded onto the transporting vehicle.

Employed Staff.

Communication of Needs of Affected Organization. The Affected Organization should inform AzCHER and the Local Health Department as soon as the Affected Organization becomes aware of its need for additional staffing caused by the Disaster. The Affected Organization may also contact an Assisting Organization directly with such information and request for assistance.

Availability of Staff. In the event of a Disaster each MOU Participant agrees to use its best efforts to make employed staff available to any Affected Organization in need under the terms of this MOU. An MOU Participant is not obligated to provide staff to any Affected Organization unless, in its reasonable judgment, it determines it has sufficient staff to make available without adversely affecting its own ability to provide services, and the sharing of staff is approved in writing by the Designated Administrator.

Supervision over Loaned Staff. The Affected Organization will determine the authority, scope of practice, and level of supervision for staff loaned by an Assisting Organization pursuant to the terms of this MOU. This information will be conveyed to staff arriving at the Affected Organization, ideally through an orientation briefing. Upon arrival at the Affected Organization, loaned staff will be assigned to a supervisor who will be responsible for supervision and direction of the loaned staff's activities.

Credentialing. If the staff shared by an Assisting Organization will provide clinical services for patients of the Affected Organization, the credentialing provisions of Section 6.3 will apply.

Non-Employed Medical Staff.

Communication of Needs of Affected Organization. The Affected Organization should inform AzCHER and the Local Health Department as soon as the Affected Organization becomes aware of its need for additional medical staff caused by the Disaster. The Affected Organization may also contact an MOU Participant directly with such information and request for assistance.

Communication of Needs to Non-Employed Medical Staff at Assisting Organization. In the event of a Disaster each MOU Participant agrees to use its best efforts to inform its medical staff of any requests for assistance from an Affected Organization, and offer members of the medical staff the opportunity to volunteer their professional services to assist the Affected Organization. An MOU Participant is not obligated to provide medical staff to any Affected Organization and no members of an MOU Participant's medical staff is required to volunteer.

Credentialing of Medical Staff. If non-employed medical staff of an Assisting Organization volunteer their professional services on behalf of the Affected Organization, or if employed professional staff are assigned there by an Assisting Organization and/or the Local Health Department, the Affected Organization's Chief Executive Officer or his/her designee, upon recommendation by the applicable clinical department chair or the president of the medical staff, and in accordance with the Affected Organization's Medical Staff Bylaws, will grant emergency clinical privileges to the professional staff. Only individuals who have been fully credentialed by the Assisting Organization will be permitted to volunteer at an Affected Organization. Emergency clinical privileges granted during a Disaster are limited in duration to the period in which the Affected Organization's operational services are affected, as determined by the Affected Organization's Command Center. The Assisting Organization will cooperate with the Affected Organization to provide the information necessary in a timely manner to verify employment status, licensure, and training necessary in order for such volunteers to receive emergency credentials at the Affected Organization.

Miscellaneous Provisions

Voluntary Understanding. This MOU reflects a voluntary relationship between MOU Participants for the provision of assistance at the time of or in anticipation of a Disaster. This MOU expresses the intentions of MOU Participants to assist each other in good faith when possible, but does not create an obligation that requires any MOU Participant to request or provide any assistance.

MOU Participants. A list of all MOU Participants will be maintained in AzCHER's member database, AzCHER Connect. MOU Participants will keep a copy of the MOU roster, available as a report in AzCHER Connect, with this signed MOU as an addendum to its Emergency

Operations Plan. Parties will notify AzCHER within three business days of any assistance provided by an Assisting Organization to an Affected Organization under this MOU.

Mediation and Dispute Resolution: This MOU is not intended to provide a framework for addressing post-emergency litigation claims.

However, to the extent that litigation could result from the acts of the parties in carrying out the MOU (e.g., claims related to actual costs of reimbursement), the parties agree to submit any actionable claim to non-binding arbitration and dispute resolution (or an analogous mechanism) prior to the inception of litigation.

Entire Agreement. This MOU, together with the attached exhibits, constitutes the entire agreement between the MOU Participants regarding the subject of this MOU.

Replacement of Previous MOUs. This MOU terminates and replaces each of the regional MOUs that have been in place previously between the MOU Participant and any of the AzCHER regional structures.

No Requirement for Referrals. The intent of this MOU is to facilitate the exchange of resources, treatment capacity, staff, equipment, and supplies between MOU Participants as may be needed in the event of a Disaster. Nothing in this Agreement is intended to require, encourage, or induce any MOU Participant to make any referral of any item or service to any other MOU Participant.

Amendments. Amendments to this MOU must be in writing and signed by the MOU Participants and AzCHER.

Non-Exclusive Agreement. Nothing in this MOU shall be construed as limiting the rights of the MOU Participants to affiliate or contract with any other entity operating an MOU Participant or other healthcare facility on either a limited or general basis while this MOU is in effect. This MOU is not intended to establish a preferred status for patients of any MOU Participant.

Termination. An MOU Participant may at any time terminate its participation in the MOU by providing sixty-days written notice to AzCHER, who will then update the exiting MOU Participant's MOU status in AzCHER Connect.

Sovereignty of Tribal Authorities. Nothing in this MOU is designed to supplant or conflict with the sovereignty of tribal law or other tribal authority with regards to any MOU Participant subject to such law or authority.

Notices. Any notices required or permitted hereunder shall be sufficiently given and deemed received upon personal delivery, email delivery to the Designated Administrator of any MOU Participant, or upon the third business day following deposit in the U.S. Mail, if sent by registered or certified mail, postage prepaid, and addressed appropriately.



EXHIBIT A

MOU Participant Acknowledgment

With its signature below, _____ (the MOU Participant) acknowledges its agreement to the terms of the AzCHER Mutual Aid and Cooperative Assistance Memorandum of Understanding (the MOU). The MOU becomes effective for the MOU Participant on the execution date listed below.

MOU Participant: _____

Signature: _____

By: _____

Its: _____

Required Information

Name of Designated Administrator: _____

Title of Designated Administrator: _____

Contact Number of Designated Administrator: _____

E-Mail of Designated Administrator: _____

Name(s) of Back-Up Designated Administrator: _____

Title of Back-Up Designated Administrator: _____

Contact Number of Back-Up Designated Administrator: _____

E-Mail of Back-Up Designated Administrator: _____



Appendix 3: Community Hazard Vulnerability Assessment Report
(2021-22)

Please visit AzCHER's website: <https://azcher.org/chva-rga/>.

Appendix 4: Federal and State Authorities Reference Sheet

Federal Authorities

Legal authorities and regulations may allow or restrict actions that may be taken during an emergency response. The following authorities are included in this section along with their website addresses to assist AzCHER and its members in clarifying authorities that may apply to them during emergency situations.

- *National Response Framework*, Third Edition, June 2016
The National Response Framework is a guide to how the Nation responds to all types of disasters and emergencies (https://www.fema.gov/media-library-data/1466014682982-9bcf8245ba4c60c120aa915abe74e15d/National_Response_Framework3rd.pdf).
 - *Robert T. Stafford Disaster Relief and Emergency Assistance Act, As Amended*, April 2013.

The Stafford Act constitutes the statutory authority for most Federal disaster response activities especially as they pertain to the Federal Emergency Management Agency (FEMA) and FEMA programs.
<https://www.fema.gov/library/viewRecord.do?fromSearch=fromsearch&id=3564>
 - Centers for Medicare and Medicaid Services (CMS) conditions of participation, including CMS-3178-F Medicare and Medicaid Programs, Emergency Preparedness Requirements for Participating Providers and Suppliers. 81 Fed. Reg. 63859. (16 Sept. 2016.) *Federal Register: The Daily Journal of the United States*.
 - Licensing and accrediting agencies for hospitals, clinics, laboratories, and blood banks:

Emergency Management Resources. The Joint Commission, 24 Aug. 201. https://www.jointcommission.org/emergency_management.aspx

DNV GL Healthcare. DNV GL Healthcare, 2016. <https://www.dnvglhealthcare.com/>
 - Federal disaster declaration processes and public health authorities. The Disaster Declaration Process. FEMA has codified the declaration process at 44 C.F.R. Part §206, Subpart B. <https://www.fema.gov/disaster-declaration-process>
 - Legal Authority of the Secretary. U.S. Department of Health and Human Services, ASPR. This webpage describes the legal authority of the Secretary with or without a declaration of a public health emergency, when the President declares a major disaster or emergency, and when the President and the Secretary issue a declaration. <https://www.phe.gov/preparedness/support/secauthority/Pages/default.aspx>
 - Public Readiness and Emergency Preparedness Act (PREP Act). The PREP Act authorizes the Secretary of the Department of Health and Human Services to issue a PREP Act declaration that provides immunity from liability, except for
-

willful misconduct, for claims of loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions determined by the Secretary to constitute a present, or credible risk of a future public health emergency to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures. A PREP Act declaration is specifically for the purpose of providing immunity from liability, and is different from, and not dependent on, other emergency declarations.

<https://www.phe.gov/Preparedness/legal/prepact/Pages/default.aspx>

- Public Law 104-321. The Emergency Management Assistance Compact (EMAC) provides for mutual assistance between the states entering into this compact in managing any emergency disaster that is duly declared by the Governor of the affected state, whether arising from natural disaster, technological hazard, man-made disaster, civil emergency aspects of resources shortages, community disorders, insurgency, or enemy attack. <https://www.gpo.gov/fdsys/pkg/PLAW-104publ321/pdf/PLAW-104publ321.pdf>
- Federal Volunteer Protection Act (VPA). Applies to uncompensated, individual volunteers of nonprofit organizations or governmental entities. Volunteers shall not be liable for harm caused by their acts or omissions on behalf of the organization or entity so long as they are: (1) acting within the scope of the volunteer's responsibilities; (2) properly licensed, certified, or authorized by the appropriate authorities as required by law in the state in which the harm occurred; (3) have not engaged in willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual(s) harmed by the volunteer; and (4) have not caused the harm by operating a motor vehicle, vessel, aircraft, or other vehicle for which the state requires its operator to possess an operator's license or maintain insurance. <https://www.gpo.gov/fdsys/pkg/PLAW-105publ19/pdf/PLAW-105publ19.pdf>
- Social Security Act, Section 1135 (42 U.S.C. § 1320b-5).

When the President declares a major disaster or an emergency under the Stafford Act or an emergency under the National Emergencies Act, and the HHS Secretary declares a public health emergency, the Secretary is authorized to, among other things, waive or modify certain Medicare, Medicaid, Children's Health Insurance Program (CHIP) and Health Insurance Portability and Accountability Act (HIPAA) requirements as necessary to ensure to the maximum extent feasible that, in an emergency area during an emergency period, sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act (SSA) programs and that providers of such services in good faith who are unable to comply with certain statutory requirements are reimbursed and exempted from sanctions for noncompliance other than fraud or abuse.

https://www.ssa.gov/OP_Home/ssact/title11/1135.htm

<https://www.phe.gov/Preparedness/legal/Pages/1135-waivers.aspx>

State Authorities

- ADHS Medical Facilities Licensing
- ADHS Residential Facilities Licensing
- ADHS Long Term Care Facilities Licensing
- A.R.S. § 26, Chapter 2, Article 1 Emergency Management General Provisions
- A.R.S. § 26-303 describes the emergency powers and limitation of the governor including the ability to suspend the provisions of statutes, commandeer and utilize property, and proclaim a state of emergency.
<http://www.azleg.gov/arsDetail/?title=26>

- A.R.S. § 26-310 Use of Professional Skills

During a state of war emergency or a state of emergency, any person holding any license, certificate or other permit issued by any state evidencing the meeting of the qualifications of such state for professional, mechanical or other skills may render aid involving such skill to meet the emergency as fully as if such license, certificate or other permit had been issued in this state, if any substantially similar license, certificate or other permit is issued in this state to applicants possessing the same professional, mechanical or other skills.

<http://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/26/00310.htm>

- A.R.S. § 26-311 allows mayors or chairpersons of the board of supervisors to declare a local emergency. <http://www.azleg.gov/ars/26/00311.htm>
- A.R.S. § 26-402 Emergency Management Assistance Compact

This compact provides for mutual assistance between the states entering into this compact in managing any emergency or disaster that is duly declared by the governor of the affected state, whether arising from natural disaster, technological hazard, man-made disaster, civil emergency aspects of resources shortages, community disorders, insurgency or enemy attack.

<http://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/26/00402.htm>

- A.R.S. § 32-1910 Emergencies; continued provision of services

In a declared state of emergency, this statute provides for the continued provision of drugs, devices and professional services to the public, including relocated individuals. It also allows pharmacists to work in the affected area and to dispense a limited supply of prescribed medications under specific circumstances.

<http://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/32/01910.htm>

- A.R.S. § 35-192 authorizes the Governor to declare a state of emergency and describes authorization for liabilities and expenses.
<http://www.azleg.gov/ars/35/00192.htm>
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- A.R.S. § 36, Chapter 6, Article 9 Enhanced Surveillance Advisories and Public Health Emergencies

Describes enhanced surveillance advisory, reporting, patient tracking, information sharing, laboratory testing, public health authority during state of emergency or state of war emergency, isolation and quarantine during a state of emergency or state of war emergency, due process for isolation and quarantine during a state of emergency or state of war emergency, and privileges and immunities. <http://www.azleg.gov/arsDetail/?title=36>

- A.R.S. § 36-624 gives the counties authority to conduct isolation and quarantine measures that are consistent with the due process requirement that are specified under A.R.S. § 36-788 and 36-789.

<http://www.azleg.gov/FormatDocument.asp?inDoc=/ars/36/00624.htm&Title=36&DocType=ARS>

- A.R.S. § 36-627 Temporary hospitals for persons with contagious diseases

A local board of health or health department may provide a temporary hospital or place of reception for persons with infectious or contagious diseases. Hospitals or other places in which infectious or contagious disease exists shall be under the control and subject to regulations of the local board of health or health department while such disease exists. During such periods of hospital control, inmates shall obey the regulations and instructions of the local board or department.

<http://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/36/00627.htm>

- A.R.S. § 36-628 Provision for care of persons afflicted with contagious disease; expenses

Local boards or health departments may employ physicians and other persons and provide such necessities of life as they deem necessary for care of persons afflicted with contagious or infectious diseases. This statute also describes how incurred expenses will be paid.

<http://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/36/00628.htm>

- A.R.S. § 36-782 Enhanced surveillance advisory

This statute describes the process for issuing an enhanced surveillance advisory and implementation of patient tracking, information sharing specimen testing coordination, and revision and termination of the advisory.

<http://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/36/00782.htm>

- A.R.S. § 36-787 Public health authority during state of emergency or state of war emergency

This statute describes state public health authority to coordinate all matters pertaining to the public health response of the state. This includes establishing, in conjunction with applicable professional licensing boards, a process for temporary waiver of the professional licensure requirements necessary for the

implementation of any measures required to adequately address the state of emergency or state of war emergency and granting temporary waivers of health care institution licensure requirements necessary for implementation of any measures required to adequately address the state of emergency or state of war emergency. It also provides for other provisions as necessary including rationing and procuring medicines and vaccines, isolation and quarantine, and other specific measures deemed necessary.

<http://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/36/00787.htm>

- A.R.S. §36-788 through § 36-789 describes isolation and quarantine authorities and processes during a state of emergency or state of war emergency.
<http://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/36/00788.htm>
<http://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/36/00789.htm>
- A.R.S. § 36-790 describes privileges and immunities afforded to persons or health care providers complying with the duty to report or provide personal information and medical information to the state health department or local health authority and participating in quarantine or isolation procedures.
<http://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/36/00790.htm>
- A.R.S. § 36-2263 Good Samaritan Acts describes civil liability, limited liability, and limitations for persons rendering emergency care or assistance.
<http://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/36/02263.htm>
- A.R.S. Title 32, Professions and Occupations, describes the qualifications, educational requirements, licensing, regulation, and scope of practice limitations for medical professionals including physicians and surgeons, nurses, pharmacists, and other medical specialties. <https://www.azleg.gov/arsDetail/?title=32>

Process to Request Waivers and Suspension of Regulations

Health care requests for licensing waivers are forwarded by AzCHER to ESF-8 who will process the request with the Arizona Department of Health Services (ADHS) Health Emergency Operations Center (HEOC). The HEOC provides approval or denial of waiver requests within a two (2) hour window. If waivers are approved, the state works to obtain a seventy-two (72) hour federal waiver.

The Arizona Emergency System for the Advance Registration of Volunteer Health Professionals (AZ-ESAR-VHP) is a secure, Web-based system used to register, qualify and credential Arizona health care professionals before a major public health or medical emergency. During emergencies, Health care facilities may request health professional support through ESF-8 who will forward all unfilled requests to the AZ-ESAR-VHP system. Information about the AZ-ESAR-VHP system may be accessed at <http://www.azdhs.gov/preparedness/emergency-preparedness/volunteer/index.php>.

Appendix 5: List of Acronyms

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|-----------|---|
| AAR = | After Action Report |
| ADHS = | Arizona Department of Health Services |
| AHCA = | Arizona Health Care Association |
| AACHA = | Arizona Alliance for Community Health Centers |
| ASPR = | Assistant Secretary for Preparedness and Response |
| AzCHER = | Arizona Coalition for Healthcare Emergency Response |
| BP = | Budget Period |
| ESAR-VHP= | Emergency System for the Advance Registration of Volunteer Health Professionals |
| AzHAN = | Arizona Health Alert Network |
| CHVA = | Coalition Hazard Vulnerability Assessment |
| EEl = | Essential Elements of Information |
| EOC = | Emergency Operations Center |
| EOP = | Emergency Operations Plan |
| ESF = | Emergency Support Function |
| FEMA = | Federal Emergency Management Agency |
| GB = | General Body |
| HCC = | Healthcare Coalition |
| HEOC = | Health Emergency Operations Center |
| HPP = | Hospital Preparedness Program |
| IAP = | Incident Action Plan |
| ICS = | Incident Command System |
| IP = | Improvement Plan |
| MACC = | Multi-Agency Coordination Center |
| MOU = | Memorandum of Understanding |
| NIMS = | National Incident Management System |
| PPE = | Personal Protective Equipment |
| RM = | Regional Manager |
| RSC = | Regional Steering Committee |
| SNS = | Strategic National Stockpile |
