



## Emergency Response Plan

2021-2022

Version 3.0

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*The AzCHER Response 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).*

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**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	1.0
May 2021	Version 2 for review by RSCs and general membership approval	Statewide Planning Manager	2.0
May 2022	Version 3 for review by AzCHER staff and general membership approval Incorporation of relevant improvement plan items	Statewide Planning Manager	3.0

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## 1.0 Introduction

### 1.1 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, HCC, or AzCHER*. Housed at the Arizona Hospital and Healthcare Association, AzCHER is a statewide healthcare coalition with four distinct regions: Central, Northern, Southern, and Western. 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 U.S. Department of Health and Human Services. ASPR directs the Hospital Preparedness Program (HPP) funding to state health departments, which then distribute HPP dollars to coalitions and other partners within the state while also ensuring program compliance with federal regulations.

### 1.2 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 Emergency Support Function (ESF) #8<sup>1</sup> agencies. AzCHER facilitates collaboration among public health, healthcare, pre-hospital and transport entities, emergency management, and various other community partners to build, strengthen, and sustain a healthcare preparedness and response system in Arizona. As a coalition, it derives its authority from its membership.

This purpose of this document is to serve as a base plan that provides guidance to the Coalition on its objective of supporting and augmenting the National Response Framework's Emergency Support Function 8, Public Health and Medical Services, during a disaster response. This response function pertains to the Coalition's ability to collaborate in the sharing and analysis of information, management and sharing of resources, and the coordination of strategies to deliver medical care to all populations during emergencies and planned events. This plan becomes relevant at a time when all or some portion of the state is faced with illness or injury and the healthcare delivery system (all or in part) has been or could be compromised.

This Response Plan is an all-hazards document and will be supplemented with incident-specific annexes over time, based on the gap and risk analysis as outlined in AzCHER's Preparedness Plan. It aligns with the State of Arizona's Emergency Response Plan and will continue to evolve as the state's plan and member plans contribute to its development. This plan will be posted in its continuously updated form for Coalition members to view and utilize on the Coalition's sharepoint site, Basecamp. It is available to other partners upon request.

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<sup>1</sup> Emergency Support Function (ESF) #8 – Public Health and Medical Services provides the mechanism for Federal assistance to supplement local, state, tribal, territorial, and insular area resources in response to a disaster, emergency, or incident that may lead to a public health, medical, behavioral, or human service emergency, including those that have international implications.

### 1.3 Scope of Plan

This plan supports ESF-8 functionality at the municipal, county, tribal, and state level. It aligns with concepts presented in the National Incident Management System (NIMS) and the Incident Command System (ICS), to include the Hospital Incident Command System (HICS), insofar as the activities contained herein are scalable and flexible to meet the needs of the emergency or disaster being addressed. As an all-hazards plan, the strategies and tactics outlined can be applied to any emergency or disaster.

Organizations covered under this plan are members and partners, a set that includes healthcare facilities (hospitals, long-term care and skilled nursing facilities, hospice and home health, community health centers, behavioral health facilities, ambulatory surgery centers, and other provider types), EMS and patient transport entities, fire departments, jurisdictional and tribal public health, and jurisdictional and tribal emergency management. The Coalition's authority is limited to those organizations having signed the AzCHER Participation Agreement and does not supersede jurisdictional or agency responsibilities. 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.

This plan applies to all member organizations when an event occurs that is beyond the individual healthcare organization's ability to manage a response and is limited to those agreements and other documents signed by Coalition members. This plan does not supersede or conflict with applicable laws and statutes.

AzCHER's Response Plan is one of many documents intended to provide an operational infrastructure to the Coalition's response activities toward meeting its purpose. This plan bidirectionally augments the following:

- Participation Agreement
- Memorandum of Understanding
- Preparedness Plan, including Governance Annex
- Regional Steering Committee Member Job Description

Appendix 2 illustrates the integration of AzCHER emergency response plans into the emergency response community. Each column lists typical plans that support other response levels. The lists are not exhaustive, as organizations continually develop and revise emergency response plans. Together, plans at all levels contribute to a synergistic response framework that supports healthcare system and community resilience.

### 1.4 Organization and Assumptions

#### 1.4.1 Membership

Consistent with federal requirements, AzCHER is charged with maintaining a core membership of hospitals and other healthcare entities; emergency medical services (EMS) / patient transport entities / prehospital coordination; public health (both county and tribal); and emergency management (both county and tribal). The Coalition also endeavors to maintain membership from diverse sectors including organizations targeting specific vulnerable populations, such as those dedicated to

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serving persons with disabilities, access, and functional needs (DAFN); persons experiencing homelessness; children; and older adults. Efforts are made to include other types of organizations, such as non-governmental organizations (NGOs) having an interest in healthcare emergency management; law enforcement; public partners, such as the National Disaster Medical System (NDMS) and the Emergency System for the Advanced Registration of Volunteer Health Professionals (ESAR-VHP); and critical infrastructure partners, such as electric/gas companies and communications providers.

Membership and regional steering committees are organized by four regions in the state: Central, Northern, Southern, and Western. These are the four regions that previously served as independent coalitions prior to their consolidation in July of 2019. Following is a map of the four AzCHER regions, including county and tribe outlines.

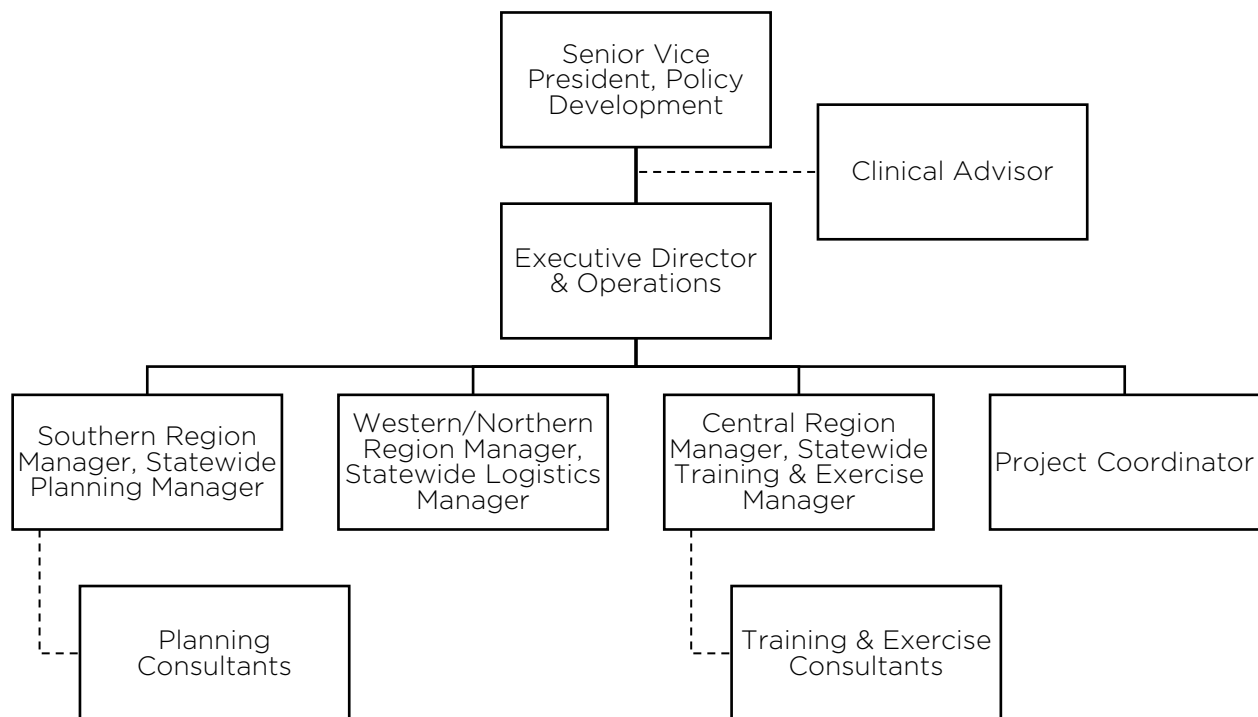
## AZCHER REGIONS



### 1.4.2 Governance

As described in AzCHER’s Governance Document (Preparedness Plan: Annex A), the Coalition is led by four regional steering committees (RSCs) comprised of core members and other lead partners. The RSCs review and provide input into key documents prior to being voted on by the general membership, advise on trainings and exercises, determine what topics will be covered in general body meetings, and provide general leadership to the Coalition. They are the volunteer representation and spokespersons for the Coalition as supported by AzCHER staff (see chart 1 below). In turn, many individual activities, such as the Coalition Hazard Vulnerability Assessment noted below, are undertaken by functional work groups. Functional work group participation is open to general membership and RSC members alike.

*Chart 1: Staff Organization Chart*



### 1.4.3 Annual Priority Setting Based on Risk and Gap Analysis

Coalition priorities for the year are driven by two annual assessments: the Coalition Hazard Vulnerability Assessment (CHVA) and the Resource Gap Analysis (RGA). The former involves regional functional work groups engaging in discussion and decision making regarding regional hazards. This is coupled with a statewide survey of general healthcare membership as to their top facility hazards. The decisions of the four regional functional work groups are considered with survey results to produce a prioritized list of statewide hazards and resource gaps of the healthcare delivery system. For 2021-22, the top hazards were identified as:



#### 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

The current RGA is viewable at <https://azcher.org/chva-rga/>. The RGA is intended to identify key assets, gaps, and challenges within the Coalition. For 2021-22, the top planning and resource deficiencies for the state were identified as:

#### Statewide Planning Gaps:

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

#### Statewide Resource Gaps:

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

Together, the two assessments (along with exercise after action reports (AARs) and improvement plans) drive annual activities including but not limited to member education, selected trainings, and exercise scenarios. They also inform the development of the next year's work plan, budget, and Integrated Preparedness Plan (IPP)

#### 1.4.4 Assumptions and Activation

The following assumptions apply to activation of this Response Plan:

##### *Activation and Member Support*

- A member organization or the local, tribal, regional, statewide, or national healthcare delivery system can be affected by an internal or external emergency situation that impacts operations up to and including facility evacuation.
- This plan will be considered activated when criteria outlined in Section 2.4.2 (page 18) of this Response Plan are met.
- To request emergency assistance from the Coalition, impacted facilities may have activated their Emergency Operations Plan (EOP) and Incident Command staff of their facility's Emergency Operations Center (EOC).

- This plan is based on certain assumptions about the existence of specific resources and capabilities that are subject to change. Therefore, flexibility is built into this plan. Some variations in the implementation of the concepts identified in this plan may be necessary to protect the health and safety of patients, healthcare facilities, and staff.
- Disability and Access and Functional Needs (DAFN) populations may be disproportionately impacted by emergencies and Coalition member organizations work to ensure compliance with the Americans with Disabilities and Rehabilitation Acts.
- The emergency response may be longer than, and require the most integration of, any incident that AzCHER partners may face and may require virtual coordination and activation mechanisms.

#### *Member Responsibilities and Jurisdictional Support*

- Coalition member organizations will have required EOPs and related procedures.
- Healthcare organizations will report on situational awareness under the assumption they will manage the incident according to each organization's EOP (such as taking internal steps to increase patient capacity and implement surge plans) before requesting outside assistance. (See Appendix B: Resource Sharing Flow Chart)
- Except in unusual circumstances, individual private healthcare organizations retain their respective decision-making sovereignty during emergencies.
- Events will be managed at the most appropriate local level possible by the jurisdictional public health department and emergency management agency. Local resources, whether municipal, tribal, or county, will be used first.

#### *AzCHER Responsibilities*

- AzCHER will serve in a communication and coordination role between and among healthcare organizations and public health as requested by members or partners. Overall, AzCHER will promote coordination with multijurisdictional authorities. This could include but is not limited to:
  - Issuance of emergency or urgent alerts/notifications
  - Issuance of emergency or urgent resource requests
  - Survey administration and requests for essential elements of information (EEI)<sup>2</sup>
- AzCHER strongly encourages members to develop a facility based EOP utilizing the principles of the National Incident Management System (NIMS). This document is a supplement to each member's EOP and should be utilized to help align response roles.

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<sup>2</sup> Essential Elements of Information (EEI) can include information that generates situational awareness and creates a common operating picture. EEI may include, but is not limited to, the following: Evolving incident information, facility operating status and structural integrity, evacuation/ shelter-in-place operations status, critical medical services and health care system status (minimum - beds, resources needed, and actions taken), staffing status, emergency medical services status, information that allows for resource management decisions to be made, through partner mutual aid, or from deployed state or Federal resource.

- Resource sharing between and among coalition members during a response will be conducted in accordance with the Coalition's Memorandum of Understanding (MOU) when both affected and assisting organizations have signed the MOU and agreed to its terms.
- AzCHER staff is available to supplement ESF-8 staff at the EOC. This liaison will communicate with coalition members to update the status of an incident and request support for needed resources.
- Processes and procedures outlined in this Response Plan are designed to support and not supplant individual healthcare organizations emergency response efforts.
- The use of NIMS will enable consistent processes and procedures by the Coalition and will promote integration with public sector response efforts.

### 1.5 Administrative Support

The initial draft of this Response Plan has been developed by Coalition staff. It will be distributed to the four regional planning work groups for review, input, and editing, followed by a second draft that consolidates work group input and is shared with general membership. General membership will have an opportunity to review the document, ask questions, and then vote. Voting will take place via an anonymous online tool with a direct link shared via email to primary organizational points of contact. Each member organization will have only one vote.

This plan and its annexes will be reviewed on an annual basis, at a minimum, at the conclusion of each budget period (fiscal year end, June 30th), taking into consideration the CVHA, RGA, and improvement plans as recorded in AAR of exercises and real-world events, as well as changes in the administrative requirements stipulated in the Assistant Secretary for Preparedness and Response's (ASPR) and the Arizona Department of Health Services' (ADHS) yearly grant guidance. Drafts of the revised plan will be reviewed by regional steering committees (RSCs), modified as requested, then distributed to general membership for voting. Annual reviews will include the identification of gaps in the plan and the determination of how the Coalition will collaborate with its members and external partners to define strategies that address those gaps.

The Statewide Planning Manager will maintain records of all changes and will ensure that the most recent version of the Response Plan is made available on the Coalition's document SharePoint site, Basecamp, and on the website.

## 2. Concept of Operations

### 2.1 Introduction

This document outlines the functions of AzCHER in a response state. The process outlined below describes the basic flow of a response to disaster and emergency situations with the steps and the activities that may need to be accomplished. Not all steps and activities will apply to all hazards.

### 2.2 Role of the Coalition in Events

AzCHER will serve as a multi-disciplinary support to the lead Emergency Support Function (ESF) #8 agency. AzCHER's role is to support a coordinated response among healthcare agencies, including but not limited to:

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- Assist in a coordinated response among Coalition members and the local/county/tribal jurisdictions (including local EOCs), serving as an intermediary for information sharing
- Promote a common operating picture through shared information
- Assist with resource management between partner entities, particularly within the healthcare sector for healthcare resources

AzCHER helps improve response coordination by assisting partners in receiving timely information to adequately respond to events. This information exchange builds consistency in response activities. It also allows healthcare partners from across the state to better interface with non-medical responders at the jurisdiction level by providing timely and accurate composite updates of local healthcare facilities operations and capabilities including but not limited to:

- Facility structure and/or infrastructure status
- Bed Availability
- Service Availability
- Resource Availability – Personnel, Supplies, Equipment, Pharmaceuticals
- Accessibility needs – i.e., transportation, American Sign Language (ASL) interpretation, alternative formats for information distribution

### 2.2.1 Member Roles and Responsibilities

The following provides a general overview of the roles and responsibilities of the Coalition staff, members, and partner organizations and agencies during a response. More detailed roles and responsibilities are defined under the functional annexes of the plan.

#### AzCHER Staff Role:

- Response Role:
    - Promote a common operating picture through shared information to include:
      - Ensure access and availability of AzCHER Warm Line (602-264-2930)
      - Facilitate information sharing and situational awareness by using Coalition communications platforms such as the Arizona Health Alert Network (AzHAN), BaseCamp, AzCHER Connect, the Coalition's website, newsletters, emailed bulletins or special announcements/requests
      - Collect and sharing essential elements of information (EEI) to support response activities
      - Facilitate response coordination meetings among coalition members, such as with daily or weekly huddles, as needed
      - Develop Incident Action Plans (IAP) and daily Situation Reports on an established timeline
      - Maintain up-to-date member rosters, including important emergency management and public health contacts, to ensure members are receiving relevant communications
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- Maintain and adhere to established communications and protocols
  - Assist in a coordinated response among Coalition members and the local/county/tribal jurisdictions (including local EOCs), serving as an intermediary for information sharing
    - Ensure access and availability of AzCHER Warm Line (a 24/7 line to access Coalition staff)
    - Support and integrate the healthcare system with ESF-8 to establish productive communications and information sharing
  - Assist with resource management between partner entities, particularly within the healthcare sector for healthcare resources, such as personal protective equipment, medical equipment, and staffing, utilizing the Coalition's inventory tracking spreadsheet and the coalition's MOU
    - Facilitate resource requests to support evacuation and medical surge activities
    - Augment existing Strategic National Stockpile (SNS) and Medical Countermeasure (MCM) distribution by ESF-8
    - Support resource coordination efforts that meet healthcare system needs, which may include building supply chain partnerships
    - Provide direct coordination support to coalition members with high priority needs by directly responding to requests for assistance
    - Note: While AzCHER assists health care organizations through MOU resource sharing and potential funding for select resources, it does not make formal requests to local or state ESF-8 agencies. Instead, health care organizations, if they are unable to obtain resources through AzCHER or corporate processes, make formal requests for resources to their local ESF-8 agency
- Coordination Role:
  - Support jurisdictional programs, such as the Arizona Emergency System for the Advance Registration of Volunteer Health Professionals (AZ-ESAR-VHP) and Medical Reserve Corp
  - Serve as a multi-disciplinary support to the lead ESF-8 agency, including representation on state level task forces, workgroups, etc.
  - Patient transfers: Provide guidance and collection of EEIs in coordination with the local ESF-8 agency to facilitate unique patient transfers
  - Facilitate the integration of DAFN considerations and the CMIST (Communications, Medical, Independence, Services/Support/Self-Determination, and Transportation) framework<sup>3</sup> into member plans and exercises
    - Coordinate with area disability partners as resources for unique functional need problem solving

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<sup>3</sup> The [CMIST Framework](https://www.phe.gov/Preparedness/planning/abc/Pages/at-risk.aspx), an approach used by emergency managers and public health practitioners, provides a flexible, crosscutting approach for planning to address a broad set of common access and functional needs (AFN) without having to define a specific diagnosis, status, or label.  
<https://www.phe.gov/Preparedness/planning/abc/Pages/at-risk.aspx>

## AzCHER General Membership Role:

- Response Role:
  - Submit EEI through EMResource, Coalition surveys, and other data-sharing platforms as available
    - Examples of potential EEI include: Notification of incident to HCC members; Time to Bed Availability Reporting; Time to Setting up Field Triage; Time to appropriately distribute casualties; Time to stage Transportation Resources to Transport Casualties; and Time to Staff a Family Assistance Center
    - Incident-specific platforms such as the Arizona Surge Line and Post-Acute Care Capacity Tracking Tool (PACCT) utilized during the COVID-19 response
  - Notify local or tribal public health and AzCHER Staff when the facility's EOP is activated and the EOC or Command Center has been stood up
  - Participate in multi-agency coordination efforts that support and integrate with the ESF-8 lead agency to establish effective support for the healthcare system; this could include engaging in jurisdictional calls or "huddles," sharing facility status with local or tribal public health and the Coalition, and/or sharing facility resources with other coalition members, ideally via the Coalition MOU
  - Request needed resources first through local or tribal public health and secondly through the Coalition by submitting the appropriate resource request form (213 RR for the Coalition); see Appendix 3 for the Resource Request Flow Chart
- Coordination Role
  - Share information and contribute to situational awareness by actively communicating with AzCHER staff via email, phone, Basecamp, and other information-sharing platforms that are available to the Coalition; this information could include facility status, security needs, staffing needs, and/or demand for services juxtaposed with the facility's ability to meet that demand
  - Include considerations for serving the DAFN population in Emergency Response Plans

### 2.2.2 AzCHER member role description by sector:

All healthcare coalitions are required to maintain a core membership of hospitals and healthcare; EMS/patient transport/prehospital patient care; public health; and emergency management. Other partners are welcome as well. Below is a list of the four core member types and their associated response role and coordination role. Roles listed here are specific to activities identified for Coalition functioning and are not exhaustive lists of response functions.

#### Hospitals and Healthcare Providers

- Response Role:
    - Must triage, admit (hospitals only), and provide fully accessible medical care for patients affected by the disaster
    - Provide continuous steady state services to the community, managing traumatic injuries unrelated to the emergency, providing care for sudden
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acute illnesses, curative, rehabilitative, skilled nursing, home health, and hospice care

- Protect workers from contaminants or disease through the proper use and application of Personal Protective Equipment (PPE) and prophylaxis
- Respond to surge and activate triage and transfer protocols accordingly and through internal emergency preparedness surge plans
- Provide surge/discharge to patient's home or alternative step-down level of care
- Plan for transportation and assistance with evacuation of patients or residents
- Address type of patient or resident population, including using a facility/organization assessment to determine to the type of services offered and the ability to provide in an emergency
- Coordination Role:
  - Maintain responsibility for identifying the need for additional staff, supplies, pharmaceuticals, and specialized equipment for all patients including pediatric, burn, behavioral health, those with disabilities and other access and functional needs, and patients with limited English proficiencies
  - Maintain effective communication of needs to ESF-8 coordination agencies and AzCHER
  - Coordinate and assist other local healthcare partners, as capable and resources allow
  - Coordinate individual facility support needs such as security and law-enforcement augmentation, food, fuel, water and other facility support items per facility-specific disaster plans, including maintenance of supply chain contacts

#### Emergency Medical Services (EMS) / Fire Departments

- Response Role:
  - Provide on-scene stabilization and medical treatment
  - Continually assess assets and priorities
  - Transport patients to a definitive care facility in a timely and safe manner
  - Communicate directly with healthcare facilities and local ESF-8 agencies, especially regarding patient transfers
  - Protect workers from contaminants or disease through the proper use and application of PPE and prophylaxis
- Coordination Role:
  - Provide situational awareness and track response activities with partners at the local level

#### Public Health (state, tribal, local)

- Response Role:
    - Act as the lead ESF-8 agency in the jurisdiction
    - Investigate unusual occurrences of disease that have been identified as a public health concern or threats throughout the community (including new or emergent diseases, Chemical, Biological, Radiation, Nuclear (CBRN) agents, chemical agents, radiation sources, or other public health threats).
    - Contain disease outbreaks by implementing control measures such as community outreach and education, request and dispensing of medical countermeasures, provision of social distancing recommendations, and/or, if necessary and in collaboration with ADHS, provide isolation and/or quarantine, as warranted by the nature of the threat
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- Coordinate with other local, tribal, state, and federal public health agencies to enhance monitoring for potential or actual significant events
- Coordinate fatality management with local healthcare partners, coordinate with jurisdictional Medical Examiner's Office, Office of Emergency Management
- Support public health education, information, and material during public health incidents.
- Maintain their jurisdiction's Vital Records Registrar
- Coordination Role:
  - Liaise with the Coalition coordinating entities, providing situational awareness and information sharing based upon epidemiological systems, hospital discharge data and EEI
    - Liaison can be conducted via physical or virtual means.
  - Advise when ESF-8 has been activated within their jurisdiction

#### Emergency Management (state, tribal, local)

- Response Role:
  - Activate and manage jurisdictional EOCs
  - Manage jurisdiction resources to support incident functions, including identifying and resolving shortfalls
  - Assist with the dissemination of public information
  - Will compile initial damage assessment information
- Coordination Role:
  - Advise when an emergency has been activated within their jurisdiction and leverage the Coalition to support related ESF-8 functions

#### Other Partners

- Response Role:
  - Execute internal response plans, fulfilling internal roles and responsibilities
- Coordination Role:
  - Liaison with the coordinating entities, providing situational awareness and information as appropriate to the response operation
    - Liaison can be conducted via physical or virtual means
  - Honor MOU resource sharing requests as supply levels allow

More detailed roles and responsibilities are identified in this Response Plan's functional plans and annexes.

### 2.3 Coalition Response Organizational Structure

In accordance with NIMS principles, AzCHER response structures may be established at local, regional, or statewide activation levels based on the scope and severity of the incident. The structure and functions defined in Chart 2 below are scalable and flexible in order to adapt to the needs of the incident.



Chart 2: AzCHER's Position in Emergency Response Coordination

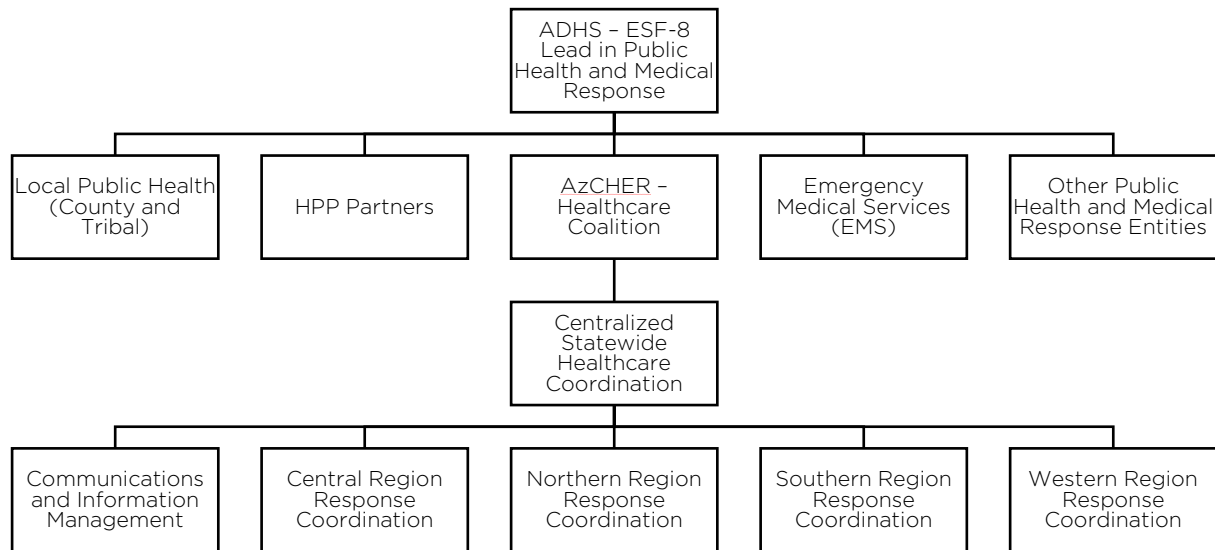


Table 1.0: Description of the response priorities for each coordinating functional area.

<i>Coordinating Functional Area</i>	<i>Response Priorities</i>
Communications and Information Management	<ul style="list-style-type: none"> <li>• AzCHER-Connect</li> <li>• Website</li> <li>• Survey Administration / EEI Collection</li> <li>• AzHAN</li> <li>• Basecamp</li> <li>• Situational Awareness Calls and/or Huddles</li> <li>• Newsletters</li> <li>• Emailed bulletins or special announcements/requests</li> </ul>
Regional Response Coordination	<ul style="list-style-type: none"> <li>• Healthcare response coordination and ESF-8 support</li> <li>• Situational awareness and information sharing</li> <li>• Facilitation of resource sharing</li> <li>• Serve in organizational or jurisdictional EOC as requested</li> </ul>
Planning	<ul style="list-style-type: none"> <li>• Provide planning services for response effort</li> <li>• Supervise preparation of IAP</li> <li>• Ensure response activities align with established Coalition plans</li> </ul>
Logistics	<ul style="list-style-type: none"> <li>• Provide incident support needs</li> </ul>

	<ul style="list-style-type: none"> <li>• Supports ESF-8 resource requests</li> <li>• Manage critical supply chain relationships</li> </ul>
Operations	<ul style="list-style-type: none"> <li>• Operational elements situational awareness and information sharing</li> <li>• Development of the operations portions of the IAP</li> <li>• Maintain emergency contacts</li> <li>• Coordinate information collection and sharing</li> </ul>

## 2.4 Response Operations and Stages

### 2.4.1 Stage 1 - Incident Recognition

Following are the ways that the Coalition may be notified or become aware of an event:

- A request to activate or monitor by ADHS, local/tribal public health, a coalition member, or partner that may relate to:
  - A localized incident, such as a facility evacuation due to utility failure
  - A multi-jurisdictional incident, such as a mass casualty incident involving more than one hospital in a large geographic area
  - An incident in an area with few resources, such as low population or a large geographic area without a hospital
- Open-source media, such as a press release issued to print or radio communications
- Precipitation of requests for resource sharing, such as Strategic National Stockpile (SNS) deployment, epidemiological investigation, or facility evacuation
- Any substantive alert message requiring action from public health and/or healthcare, such as through the AzHAN, including but not limited to
  - A natural disaster
  - A biological attack
  - A chemical attack or spill
  - A biological disease outbreak
  - A radiological threat or incident
  - A credible terrorist threat or actual terrorist incident

### 2.4.2 Stage 2 - Plan Activation

The Executive Sponsor or Executive Director are authorized to activate this Response Plan. Either or both will determine activation level (based on tiers outlined below in Table 2), as well as staffing and resource needs for the Coalition to engage in and support response operations and activities. Table 2 is not intended to be exhaustive, but instead presents common examples.

Table 2.0: AzCHER activation levels and descriptions

AzCHER Activation Level	Incident Recognition	Response Plan Activation Level	Notification
Tier 1: Not activated	<p>Single facility affected; no medical surge</p> <p>Healthcare facility or corporate networks able to manage operational functions without additional resources</p> <p>Facility EOP may or may not be activated</p>	Not activated; Monitoring	<ul style="list-style-type: none"> <li>A single healthcare facility, local/state/tribal public health or emergency management may notify AzCHER via the Warm Line for informational purposes and situational awareness</li> </ul>
Tier 2: Standby	<p>Initial stages of emergency that has potential to impact healthcare operations and may impact medical surge</p> <p>Regional resource coordination may be on standby and situational updates needed</p>	Approaching Activation or Partially Activated	<ul style="list-style-type: none"> <li>Local/state/tribal public health, emergency management, or responding facility provides notification to AzCHER staff</li> <li>AzCHER staff notification to local/tribal public health and local/tribal emergency management via telephone, as appropriate</li> <li>AzCHER notification to regional healthcare agencies, including LTC facilities, via the Arizona Health Alert Network (AzHAN), telephone, or other means</li> <li>AzCHER Regional Coordinator notifies other AzCHER staff</li> </ul>
Tier 3: Activated – Regional Impacts	<p>Emergency affects large populations or geographic areas precipitating additional demand for medical services and may result in a medical surge</p> <p>Multiple hospitals affected and may be on <i>caution</i> or <i>divert</i> in EMResource</p>	Regional Activation	<ul style="list-style-type: none"> <li>Activation requested by responding facility/ies, public health, or emergency management (especially if regional support is needed)</li> <li>AzCHER staff notifies all affected</li> </ul>

	May result in facility evacuation or saturation and/or intra-regional patient transfer		organizations or agencies, including nearby healthcare facilities, local/state/tribal public health and emergency management, if not already notified
Tier 4: Activated – Statewide Impacts	<p>Inter-regional or statewide disaster impacts</p> <p>Emergency affects large population resulting in medical surge/ healthcare demand beyond a regional jurisdiction</p> <p>Healthcare facilities may require inter-regional/statewide support (such as SNS distribution, supply chain management, or implementation of patient transfer protocols)</p>	Inter-Regional or Statewide Activation	<ul style="list-style-type: none"> <li>• AzCHER staff notifies all affected organizations or agencies, including nearby healthcare facilities, public health, and emergency management, if not already notified</li> <li>• Integrated coordination and activities as part of HCC's statewide response</li> </ul>

2.4.3 Stage 3 - Notification

The Executive Sponsor or Executive Director are authorized to provide official notifications at the response’s onset, wherein afterwards Regional Managers maintain the capacity and authorization to establish communications at the regional or local level. Initial notification of plan activation to ADHS or local/tribal public health will be made via the most expedient method possible, such as direct verbal communication via phone call. General notifications to a broader audience may be made by a more convenient method, such as a group email. Subsequent notifications will be distributed to all affected parties by the Executive Director or Regional Manager, such as affected or potentially affected healthcare facilities and other partners (e.g., donor network and/or blood banks). Regional Steering Committees will be notified by their associated manager for information and mobilization purposes, as needed. For more information on notification steps, see the Communications Protocols Annex to this Response Plan.

2.4.4 Stage 4 - Mobilization

Whereas AzCHER is a response entity and this plan establishes guidelines for response operations, the Coalition does not stand up a command center. Instead, the staff and leadership team comprised of the four Regional Steering Committees (as available if not engaging in their own organizational or agency response) contribute to the state’s Health Emergency Operations Center (HEOC) or jurisdictional EOC through information sharing and situational awareness bulletins.

#### 2.4.5 Stage 5 - Incident Operations

Initial HCC Actions - During the process of activation and to inform the tier level described in section 2.4.2, Coalition staff will gather relevant information, assess the situation, and develop an initial IAP. Activities will include but may not be limited to:

- Establishing points of contact with jurisdictional authorities and other entities involved in the response for the particular incident
- Gathering initial information and sharing with responding AzCHER members and stakeholders
- Establishing the operational period in the IAP
- Establishing the necessary incident management structure and assigned duties

Ongoing AzCHER Actions - Once activated, Coalition staff will engage in the following activities to ensure responsiveness

- Communications / Information Sharing - AzCHER will issue communications via multiple avenues, depending on the urgency of the communique, the response requested in turn, the level of sensitivity, and the need for redundancy. As overseen by the Executive Director, mechanisms and platforms include:
    - AzHAN for urgent or emergent communications; messages can be sent by voice message, email, and/or texting
    - AzCHER website for broader communications and access to immediate resources/information
    - Basecamp where members engage in the chat function and messages can be posted under less expedient circumstances
    - Emails to members as listed in the Coalition's member database, AzCHER-Connect or in various listservs
    - Individual phone calls for more sensitive and expedient information exchange
  - EEI / data collection - It may become necessary to collect information from healthcare members regarding facility status, PPE and other supply levels, HAZMAT capabilities, staffing levels, or other operational status. Statewide data collection will be overseen by the Executive Director. Most requests for information will be distributed via an online survey or emails unless otherwise directed by ADHS or other superseding entity. Data collection can occur at the organizational, municipal, jurisdictional, regional, tribal, or statewide level. Critical incident information will be disseminated to the requesting body and non-sensitive survey results will be posted on Basecamp for members to view at any time.
  - Resource Coordination - AzCHER may directly or indirectly coordinate the sharing or acquisition of resources before and during a response. This facilitation will be guided by both the MOU and the inventory tracking, however not every member will engage in either sharing mechanism. Led by the Statewide Logistics Manager, the Coalition will facilitate resource acquisition and exchange, which may include direct communication and procurement from vetted vendors. Note the Coalition does not maintain a
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cache of inventory. In some cases, procured supplies and equipment are stored and shipped from the ADHS warehouse (with the state's approval), but typically (or in general) are shipped directly from the supplier to recipients.

If needed resources are not available through resource sharing, the AzCHER MOU activation, or grant funding, formal resource requests will be made to the local ESF-8 agency by health organizations. The Resource Sharing Flowchart in Appendix 3 illustrates these ongoing processes supporting healthcare resource needs. Some local ESF-8 agencies may be routinely embedded in their county or tribal Emergency Operations Centers (EOCs) during responses.

Note: Strategic National Stockpile (SNS) requests must be submitted by ADHS to the Arizona State Emergency Operations Center (SEOC) to make formal requests to the federal SNS program. Arizona SNS assets are managed by ADHS and may be sent from the supplier directly to healthcare facilities or received and deployed through the ADHS Receipt, Stage, and Store (RSS) facility.

- Task Force and Work Group Participation – AzCHER staff will engage in state- and regional-level task forces, work groups, and committees in an advisory capacity, serving as a link between healthcare partners and other response entities. Examples could include groups focusing on alternate care sites, fatality management, and the State Disaster Medical Advisory Committee (SDMAC) which focuses on the implementation of crisis standards of care.
- Demobilization – As part of the stand down of response actions, demobilization will include debriefing personnel, leaders, and volunteers with the correlated composition of an AAR and associated improvement plan (IP). This process may be facilitated by either the Statewide Training and Exercise Manager and/or an outside consultant with AAR/IP expertise. Feedback shall be gathered through targeted discussions and focus groups, anonymous surveys, and any other qualitative or quantitative method deemed reasonable and effective. The improvement plan will then inform the next revision of this Response Plan, correlating appendices and annexes, and other documents relating to the Coalition's capacity to respond to an emergency or disaster.
- Recovery – TBD (how the Coalition can support the healthcare delivery system in its recovery) – will be detailed in the Coalition's forthcoming Recovery Operations Plan.

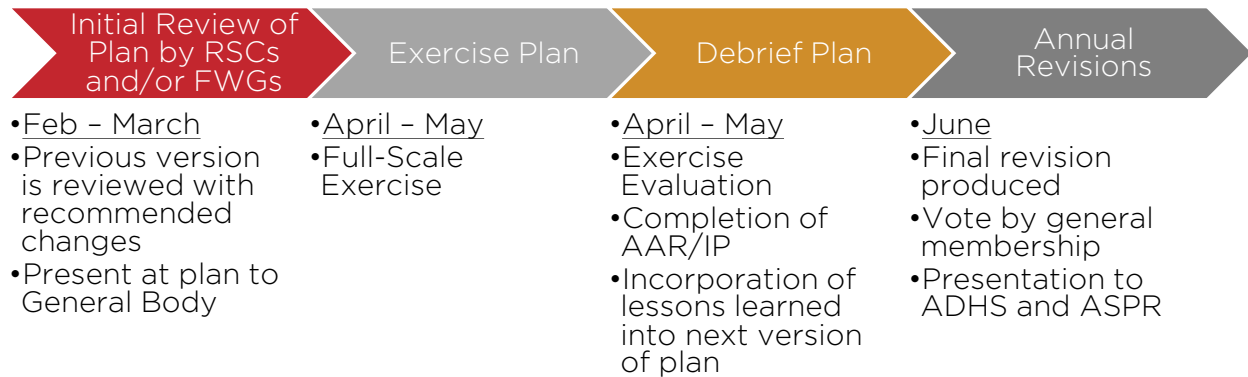
### **3.0 Plan Development and Maintenance**

This plan will be reviewed and approved by membership annually, by June of each year. The Statewide Planning Manager will lead coordination efforts with the AzCHER Regional Managers, who are responsible for facilitating reviews at the regional level with the RSCs. The Statewide Planning Manager will engage Coalition stakeholders, either through functional work groups or RSCs, to review and update plans. The Statewide Planning Manager will incorporate changes to the plan with input from the

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Executive Director. The final plan will then be submitted to the general membership for final approval. The typical annual cycle is outlined below in Graphic 1.

*Graphic 1: Annual Revision to AzCHER Response Plan*



The Response Plan may receive updates that could play a factor in:

- Changes in the concept of operations
- Organizational responsibilities in an emergency or recovery functions are reorganized, modified, or they can no longer perform tasks laid out in this plan
- Upgraded communications systems
- Additional emergency or recovery resources are obtained through acquisition or agreement, the disposition of existing resources changes, or anticipated emergency or recovery resources are no longer available.
- Trainings/exercises or an actual emergency that reveals significant deficiencies in the existing plan
- Revised state or federal planning standards

## Appendix 1: Capability Alignment

The *AzCHER Response Plan* has been developed in alignment with the *2017-2022 Healthcare Preparedness and Response Capabilities* as described by the Office of the Assistant Secretary for Preparedness and Response (ASPR).

### Capability 2. Healthcare and Medical Response Coordination (excerpt)

Healthcare and medical response coordination enables the healthcare delivery system and other organizations to share information, manage and share resources, and integrate their activities with their jurisdictions' Emergency Support Function-8 (ESF 8, Public Health and Medical Services) lead agency and ESF 6 (Mass Care, Emergency Assistance, Housing, and Human Services) lead agency at both the federal and state levels.

#### Objective 1: Develop and Coordinate Healthcare Organization and Healthcare Coalition Response Plans (excerpt)

Healthcare organizations respond to emergent patient care needs every day. During an emergency response, healthcare organizations and other HCC members contribute to the coordination of information exchange and resource sharing to ensure the best patient care outcomes possible. HCCs and their members can best achieve enhanced coordination and improved situational awareness when there is active participation from hospitals, Emergency Medical Services (EMS), emergency management organizations, and public health agencies and by documenting roles, responsibilities, and authorities before, during, and immediately after an emergency.

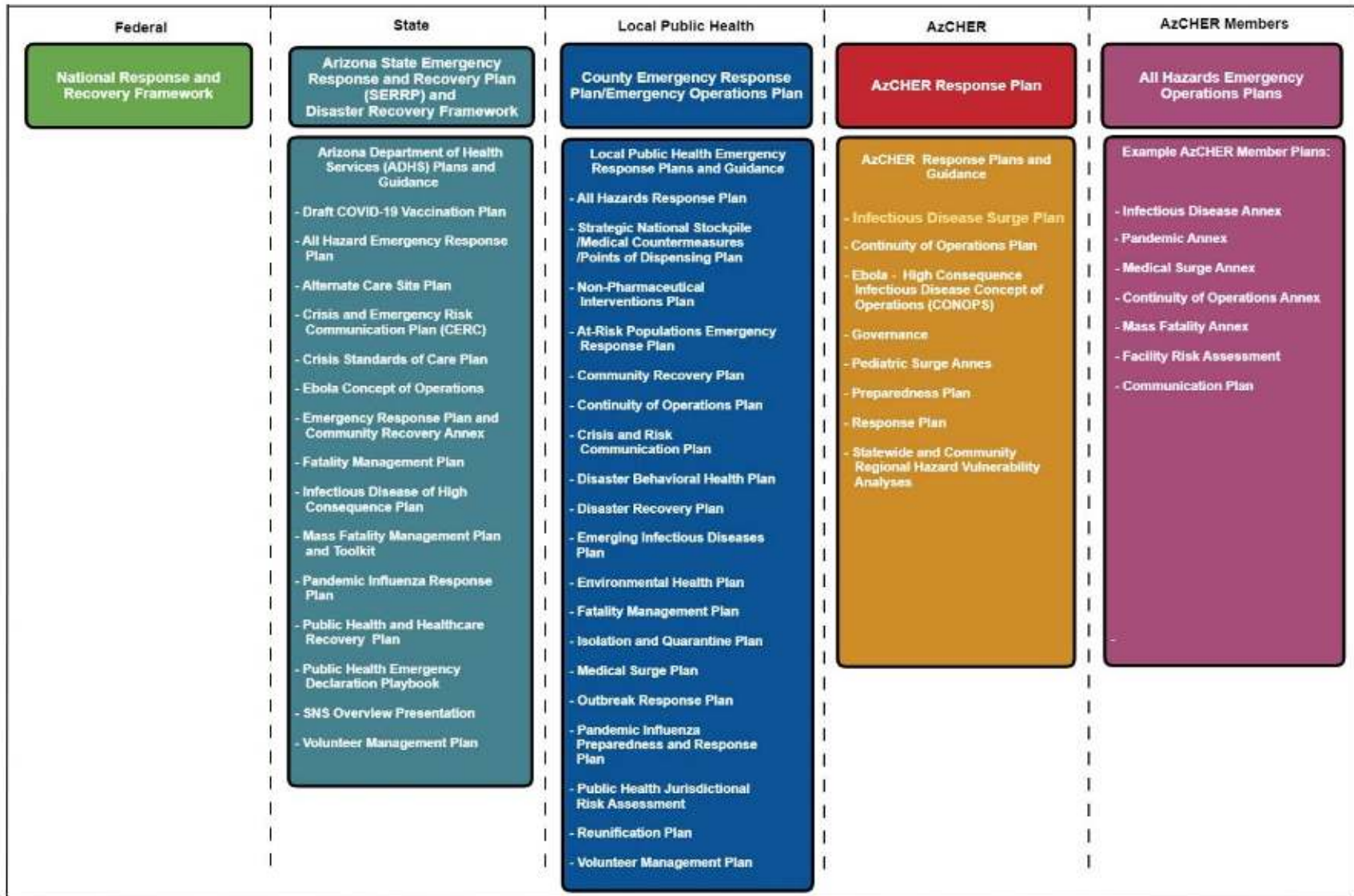
#### Activity 1: Develop a Healthcare Coalition Organization Emergency Operations Plan (excerpt)

Every individual healthcare organization must have an EOP to address a wide range of emergencies. The EOP should detail the use of incident management – including specific indicators of plan activation, alert, and notification processes, response procedures, and resource acquisition and sharing – and a process that delineates the thresholds to demobilize and begin the transition to recovery and the restoration of normal operations. The plan should identify internal and external sources of information that will be necessary to assess the impact of the emergency on the healthcare organization. The plan should consider issues of access and functional need. The plan should address how the individual HCC member communicates this information to the HCC and to key healthcare organization leadership.

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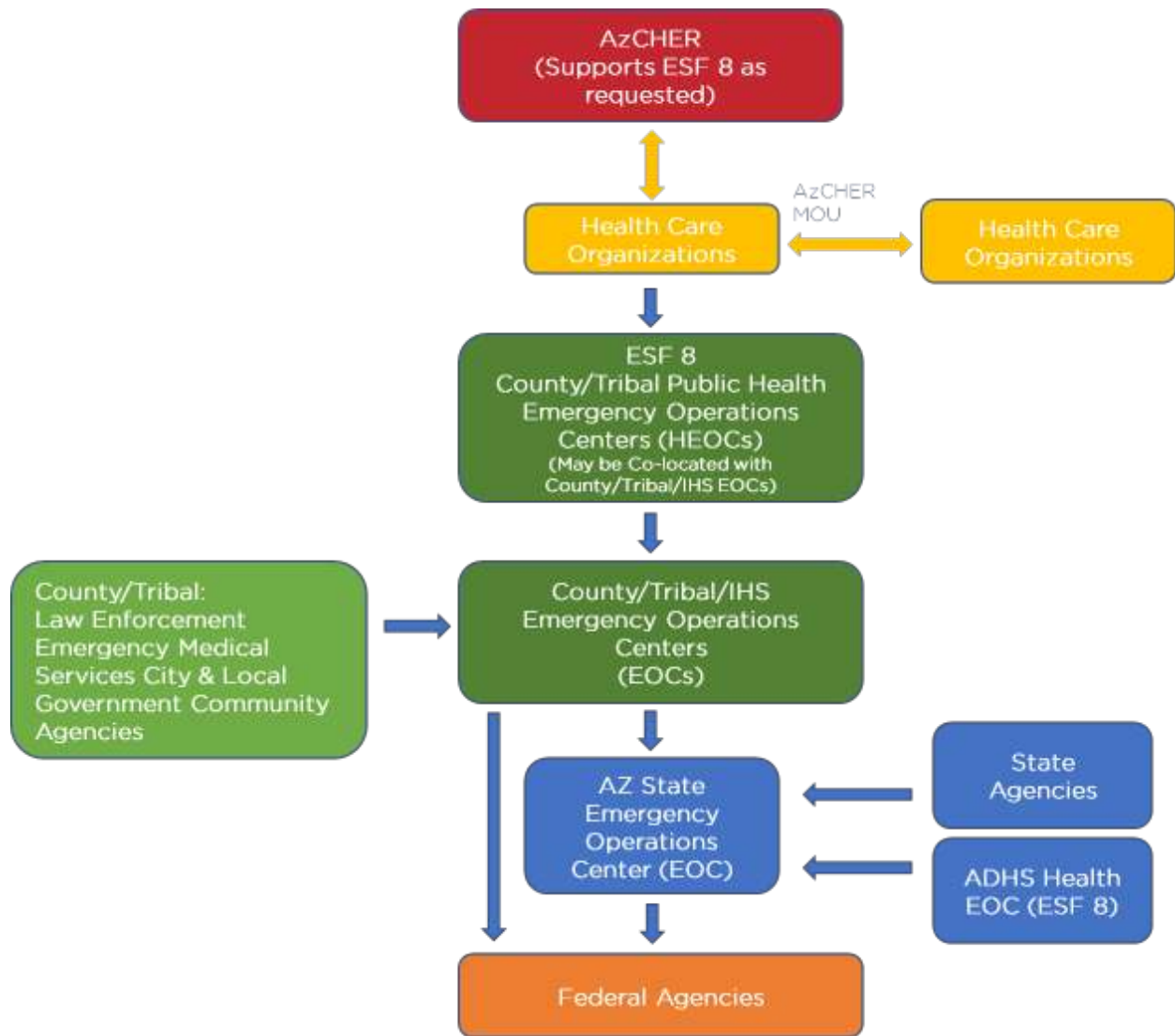


## Appendix 2: Emergency Plan Framework Supporting AzCHER Emergency Response Plan





### Appendix 3: Resource Sharing Flow Chart



## Appendix 4: List of Acronyms

AAR =	After Action Report
ADHS =	Arizona Department of Health Services
ASPR =	Assistant Secretary for Preparedness and Response
AzCHER =	Arizona Coalition for Healthcare Emergency Response
AzHAN =	Arizona Health Alert Network
CHVA =	Coalition Hazard Vulnerability Assessment
CMIST =	Communications, Medical, Independence, Services/Support/Self-Determination, and Transportation
DAFN =	Disabilities, access, and functional needs
EEL =	Essential Elements of Information
EOC =	Emergency Operations Center
EOP =	Emergency Operations Plan
ESF =	Emergency Support Function
ESAR-VHP=	Emergency System for the Advance Registration of Volunteer Health Professionals
FEMA =	Federal Emergency Management Agency
HCC =	Healthcare Coalition
HEOC =	Health Emergency Operations Center
HPP =	Hospital Preparedness Program
IAP =	Incident Action Plan
ICS =	Incident Command System
IP =	Improvement Plan
MOU =	Memorandum of Understanding
NIMS =	National Incident Management System
PPE =	Personal Protective Equipment
SNS =	Strategic National Stockpile

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## **Appendix 4: Key Contacts**

### Arizona Department of Health Services

Direct contact information is held in a separate file on the shared network drive and can be requested from the AzCHER team.

### Local Public Health Departments

List is maintained by the Executive Director and is available on the Coalition's shared network drive.

### Tribal Public Health

List is maintained by the Executive Director and is available on the Coalition's shared network drive.

### Emergency Management

List is maintained by the Executive Director and is available on the Coalition's shared network drive.

### Vendors / Suppliers

List is maintained by the Statewide Logistics Manager and is available on Basecamp.

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### **Annex A: AzCHER Communication Protocols**

See attached annex.

### **Annex B: Pediatric Surge Plan**

See attached annex.

### **Annex C: Infectious Disease Surge Plan**

See attached annex.

### **Annex D: Burn Surge Plan**

See attached annex.

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