

1. Demographic Questions

Thank you for taking this survey. We appreciate your efforts to move Arizona's healthcare preparedness forward.

Your Role:

The first part of this survey invites you to review all hazards and provide your opinion of the potential impact of each on healthcare services. The second part of the survey will ask you to report out on your facility/organizational resources and plans. The survey should take approximately 30 minutes to complete, but you might need to gather information from other departments before beginning.

The regional and statewide Community Hazard Vulnerability and Resource assessments will be completed and shared with AzCHER members and partners in January 2023. The assessments will assist organizations and facilities in creating site-specific HVAs and guide AzCHER plans, trainings, and exercises over the next five years to address top hazards and identify gaps in the system to address these hazards.

Please note that you can return to this survey and pick up where you left off to edit your responses any time before November 23 at 5:00pm. You may make edits to previous responses, even after you have submitted them, up until the close date.

Note: if you submit information for multiple facilities, you will need to use separate IP addresses (i.e. use different browsers or computer).

If you have any questions, please contact Shawna Murphy at smurphy@azhha.org or Brianna Rooney at brooney@azhha.org.

* 1. Name:

* 2. Email:

* 3. Organization Name:

* 4. Facility Name:

* 5. What is your facility/organization/agency or member type? Choose one (1) option that best fits.

- | | |
|--|--|
| <input type="checkbox"/> CERT or MRC Organization | <input type="checkbox"/> Emergency Medical Services (EMS) / Fire Department |
| <input type="checkbox"/> Correctional Health Facility | <input type="checkbox"/> Emergency Management Organization (County or Tribe) |
| <input type="checkbox"/> Hospital-Acute Care | <input type="checkbox"/> Public Health Agency (County or Tribe) |
| <input type="checkbox"/> Hospital-Behavioral Health | <input type="checkbox"/> Home Health Agency |
| <input type="checkbox"/> Hospital-Critical Access | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Hospital-Post Acute Care | <input type="checkbox"/> Health Care Clinic |
| <input type="checkbox"/> Hospital-Rehabilitation | <input type="checkbox"/> Ambulatory Surgery Center |
| <input type="checkbox"/> Hospital-Specialty | <input type="checkbox"/> End-Stage Renal Disease Facility |
| <input type="checkbox"/> Hospital-Long-term Acute Care | <input type="checkbox"/> Retail Pharmacy |
| <input type="checkbox"/> Non-Governmental Organization | <input type="checkbox"/> Freestanding Emergency Department |
| <input type="checkbox"/> Professional Association/Academic Institution | <input type="checkbox"/> Community Health Center / Federally Qualified Health Center |
| <input type="checkbox"/> Behavioral Health Facility | <input type="checkbox"/> Skilled Nursing or Long-Term Care Facility |

* 6. In which county or tribe is your facility/organization/agency located?

- | | |
|---|--|
| <input type="checkbox"/> Ak-Chin Indian Community | <input type="checkbox"/> Maricopa County |
| <input type="checkbox"/> Apache County | <input type="checkbox"/> Mohave County |
| <input type="checkbox"/> Cochise County | <input type="checkbox"/> Navajo County |
| <input type="checkbox"/> Coconino County | <input type="checkbox"/> Navajo Nation |
| <input type="checkbox"/> Cocopah Indian Tribe | <input type="checkbox"/> Pascua Yaqui Tribe |
| <input type="checkbox"/> Colorado River Indian Tribe | <input type="checkbox"/> Pima County |
| <input type="checkbox"/> Fort McDowell Yavapai Nation | <input type="checkbox"/> Pinal County |
| <input type="checkbox"/> Fort Mojave Indian Tribe | <input type="checkbox"/> Salt River Pima-Maricopa Indian Community |
| <input type="checkbox"/> Fort Yuma Quechan Tribe | <input type="checkbox"/> San Carlos Apache Tribe |
| <input type="checkbox"/> Gila County | <input type="checkbox"/> San Juan Southern Paiute Tribe |
| <input type="checkbox"/> Gila River Indian Community | <input type="checkbox"/> Santa Cruz County |
| <input type="checkbox"/> Graham County | <input type="checkbox"/> Tohono O'odham Nation |
| <input type="checkbox"/> Greenlee County | <input type="checkbox"/> Tonto Apache Tribe |
| <input type="checkbox"/> Havasupai Tribe | <input type="checkbox"/> White Mountain Apache Tribe |
| <input type="checkbox"/> Hopi Tribe | <input type="checkbox"/> Yavapai County |
| <input type="checkbox"/> Hualapai Tribe | <input type="checkbox"/> Yavapai-Apache Nation |
| <input type="checkbox"/> Kaibab Paiute Tribe | <input type="checkbox"/> Yavapai-Prescott Tribe |
| <input type="checkbox"/> La Paz County | <input type="checkbox"/> Yuma County |

2. Community Hazard Vulnerability Assessment (CHVA) Questions

AzCHER is seeking your input on a Community Hazard Vulnerability Assessment (CHVA) to provide feedback on the most important local and regional hazards that we face, as well as the impact they could have on our healthcare system.

Note: You may have to consult with your emergency preparedness team or use your facility's HVA to accurately answer these questions.

List of Hazards

Please refer to the following terms for the ranking below:

Occurrence: Likelihood or probability of the incident to occur

Consider known risk or historical data.

0 = Rare or N/A

1 = Low (Every 10-50 years)

2 = Moderate (Every 1-10 years)

3 = High (Annually)

Impact: Possibility of impact to services

Consider potential for death and injury, interruption to business and critical supplies, cost to replace or repair property.

0 = No impact expected

1 = Low (causes minimal disruption; managed at daily level)

2 = Moderate (causes disruption outside of normal means but does not threaten service delivery)

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

Response: Likelihood there would be a response

Consider your current status of planning, type of supplies/staff available and volume, frequency of staff trainings or exercises, availability of back-up systems, coordination with community resources and response organizations.

0 = No response expected

1 = Low

2 = Moderate

3 = High

7. Please rate the following regional response and impacts for **Naturally Occurring Incidents?**

	Occurrence	Impact	Response
Drought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust Storm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earthquake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flood/Flash Flood (includes post-wildfire flooding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Winds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Storm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landslide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Blizzard/Snow Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Thunderstorm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature Extreme (Cold)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature Extreme (Hot)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tornado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wildfire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

8. Please rate the following regional response and impacts for **Infectious Diseases?**

	Occurrence	Impact	Response
High Consequence Infectious Disease Outbreak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epidemic (vaccine- preventable, water- borne illness, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pandemic (coronavirus, influenza, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

9. Please rate the following regional response and impacts for **Human Related Incidents**?

	Occurrence	Impact	Response
Active Threat (includes active shooter and other related threats)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Civil Disturbance (examples include demonstrations, riots, strikes, criminal activity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Act of Terrorism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mass Casualty (trauma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Surge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staffing Shortage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supply Chain Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workplace Violence / Threat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

10. Please rate the following regional response and impacts for **Hazardous Material Incidents**?

	Occurrence	Impact	Response
Explosives Incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biological Incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuclear Incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiological Incident (external)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

11. Please rate the following regional response and impacts for **Technologic and Utility Incidents?**

	Occurrence	Impact	Response
Communications/Telephone Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dam Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information Systems Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Network Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyber Attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mass Electrical Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural Gas Leak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Gas Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation Disruption (includes roadway, railway, air transport failures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Disruption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wastewater Treatment Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

3. Resource Gap Analysis (RGA)

12. The following questions will ask about sector-specific resources. Please indicate your sector type from the below options. ***You will be directed to answer only those resource questions for your sector.***

- | | |
|--|--|
| <input type="checkbox"/> Emergency Medical Services (EMS) / Fire Department | <input type="checkbox"/> Outpatient Care (i.e. Ambulatory Surgery Centers, Dialysis Clinics, Federal Qualified Health Centers) |
| <input type="checkbox"/> Hospital (all types, including behavioral health and specialty hospitals) | <input type="checkbox"/> Emergency Management (county or tribe) |
| <input type="checkbox"/> Public Health (county or tribe) | <input type="checkbox"/> Home Health / Hospice |
| <input type="checkbox"/> Long-term Care / Skilled Nursing Facility | <input type="checkbox"/> Other (academic institutions, volunteer organizations, pharmacy, etc.) |

4. EMS / Fire Department Resource Questions

The below questions will address EMS / Fire Department resources.

13. Response Transportation Resources: Please indicate your capacity for the following categories by entering a number. Type "0" if you do not have a certain resource or if it does not apply to your EMS Agency.

BLS Ambulances: may include scheduled and 911 assets

ALS Ambulance: may include scheduled and 911 assets, critical care transport, scheduled assets, reserve rigs, and specialized units (pediatric, bariatric, isolation, etc.)

Fixed Wing Units: units capable of responding within 60 minutes to area, specific for flight time to scene/facility

Rotor Wing Units: units capable of responding within 60 minutes response time to area, specific for flight time to scene/facility

HAZMAT Response Vehicle/Trailer: includes capabilities for agent identification, mass decontamination and throughput for ambulatory/non-ambulatory casualties, storage location, and contact info to request

MCI Trailer: includes contents necessary to treat casualties

MCI Bus/Vehicle: include contents to treat/transport casualty

Wheelchair Vans or ADA compliant vehicles

14. Please document any other response transportation resources specific to certain types of emergencies.

Burn Mass Casualty	<input type="text"/>
Radiation Emergency	<input type="text"/>
Pediatric Mass Casualty	<input type="text"/>
Other	<input type="text"/>

15. Please indicate your possession and maintenance of the following resources.

	Yes	No	Unsure
Community Paramedics: other community-based EMS personnel that may assume alternate roles in a disaster (e.g., paramedics are also firefighters, volunteer or paid, reserve personnel who can be called to assist with an MCI; those who are BLS or ACLS trained)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical/Swiftwater/Collapse Rescue: resources that may be engaged locally or regionally to assist with technical / US&R situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HAZMAT Radiation Assets: includes detection/survey equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

16. Emergency Communication Assets: Please identify all communications methods you use during emergencies. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Landline telephones | <input type="checkbox"/> System to communicate with patients and families |
| <input type="checkbox"/> Cellular phones | <input type="checkbox"/> Ability to receive community alerts (mobile apps, email subscriptions, etc.) |
| <input type="checkbox"/> Satellite phones | <input type="checkbox"/> Platform to communicate within organization/system |
| <input type="checkbox"/> Internet-based phone | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Email | <input type="checkbox"/> Mobile communication apps (What's App, etc.) |
| <input type="checkbox"/> Two-way radios | <input type="checkbox"/> Mass communication platform (Everbridge, AlertMedia, etc.) |
| <input type="checkbox"/> HAM radio | |
| <input type="checkbox"/> Other (please specify) | |

17. Do you receive AzHAN Alerts from AzCHER?

Yes

No

* 18. What evacuation resources do you have to support hospital or long-term care evacuation? Select all that apply:

Sleds

Evacuation Buses (and certified drivers)

Stair Chairs

Wheelchair Vans

Pediatric Equipment

Not applicable due to facility type

Bariatric Equipment

Other (please specify)

19. Do you have anything else to add regarding EMS / Fire Department resources?

5. Hospital Questions

These questions will address hospital resources.

20. **Fatality Management:** What is your current morgue capacity? (i.e. number of spaces for decedents)

21. Emergency Communication Assets: Please identify all communications methods you use during emergencies. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Landline telephones | <input type="checkbox"/> System to communicate with patients and families |
| <input type="checkbox"/> Cellular phones | <input type="checkbox"/> Ability to receive community alerts (mobile apps, email subscriptions, etc.) |
| <input type="checkbox"/> Satellite phones | <input type="checkbox"/> Platform to communicate within organization/system |
| <input type="checkbox"/> Internet-based phone | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Email | <input type="checkbox"/> Mobile communication apps (What's App, etc.) |
| <input type="checkbox"/> Two-way radios | <input type="checkbox"/> Mass communication platform (Everbridge, AlertMedia, etc.) |
| <input type="checkbox"/> HAM radio | |
| <input type="checkbox"/> Other (please specify) | |

22. Do you receive AzHAN Alerts from AzCHER?

- Yes
 No

* 23. Do you have a hospital emergency response team for decontamination of patients?

- Yes
 No

24. Based on past exercises and training, how many patients per hour (based on exercises) can you decon (mass decontamination)?

Decontamination

Capacity

(ambulatory): Patients / hour based on exercises - assume 10 minutes/person through process (e.g. 6 patients/hour per decon station)

Decontamination

Capacity (non-

ambulatory): Patients

/ hour based on exercises - assume 10 minutes/person at each decon station

* 25. What evacuation resources do you have? Select all that apply:

Sleds

Evacuation Buses (and certified drivers)

Stair Chairs

Wheelchair Vans

Pediatric Equipment

Helipad

Bariatric Equipment

Not applicable due to facility type

Other (please specify)

* 26. Do you maintain a cache of PPE (i.e. level of PPE 20% above daily use) for the following items? Check all that apply.

N95 masks

PAPR kits

Procedural/surgical masks

Tyvek suits

Goggles

Bio hoods

Isolation gowns

Decontamination team PPE

Face shields

Not applicable due to facility type

27. Please indicate your possession and maintenance of the following resources.

	Yes	No	Unsure
Hospital Command Center Supplies, Space, Staff: space for incident command to gather, pre-identified ICS roles, vests, communication capability, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient redress kits/dry decon kits: allows for a patient to disrobe under a large bag/cover and therefore remove contaminated clothing that can then be sealed in another bag	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PPE ensembles (for HAZMAT): includes PPE necessary for HAZMAT incident (i.e. for the decontamination team including respiratory protection)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PPE ensembles (for highly infectious diseases): includes PPE suitable for standard, contact and droplet precaution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisis care supplies: supplies for alternate care on hospital premises (i.e. cots, chairs, recliners, mobile vans, tents, air mattresses, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

28. What resources do you utilize for **patient tracking** (i.e. bands, identification kits, system, etc.)?

29. Do you have anything else to add regarding hospital resources?

6. Public Health Questions

The below questions will assess public health resources.

30. Please describe your organization's resources for the following categories.

Alternate Care

System/Site: Includes materials for alternate care sites - may be managed by hospitals or EM

Communication

assets: May include traditional phone lines, radios, cellular, satellite, internet-based - at least one primary and one redundant system. Radios (800mhz, amateur radio, other), web-based system, ability to receive HAN alerts, etc.

Mass mortuary

capacity: Includes body bags and other space for processing / identification / storage

Medical

Countermeasures

Administration /

Distribution: Physical assets that support Chempack, antidote, vaccination/prophylaxis operations and distribution of other countermeasures from SNS and state and local assets that may include databases and electronic systems as well as physical resources (signage, badging systems, coolers, etc.)

PPE Stockpile:

available supplies and storage capacity

31. If you would like to share your PPE inventory, please attach it here.

Choose File

Choose File

No file chosen

32. Do you have anything else to add regarding public health resources?

7. Long-term Care / Skilled Nursing Facility Questions

The below questions will assess long-term care resources.

* 33. Do you maintain a cache of PPE (i.e. level of PPE 20% above daily use) for the following items? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> N95 masks | <input type="checkbox"/> PAPR kits |
| <input type="checkbox"/> Procedural/surgical masks | <input type="checkbox"/> Tyvek suits |
| <input type="checkbox"/> Goggles | <input type="checkbox"/> Bio hoods |
| <input type="checkbox"/> Isolation gowns | <input type="checkbox"/> Decontamination team PPE |
| <input type="checkbox"/> Face shields | <input type="checkbox"/> Not applicable due to facility type |

* 34. What evacuation resources do you have? Select all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Sleds | <input type="checkbox"/> Evacuation Buses (and certified drivers) |
| <input type="checkbox"/> Stair Chairs | <input type="checkbox"/> Wheelchair Vans |
| <input type="checkbox"/> Pediatric Equipment | <input type="checkbox"/> Not applicable due to facility type |
| <input type="checkbox"/> Bariatric Equipment | |
| <input type="checkbox"/> Other (please specify) | |

35. Emergency Communication Assets: Please identify all communications methods you use during emergencies. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Landline telephones | <input type="checkbox"/> System to communicate with patients and families |
| <input type="checkbox"/> Cellular phones | <input type="checkbox"/> Ability to receive community alerts (mobile apps, email subscriptions, etc.) |
| <input type="checkbox"/> Satellite phones | <input type="checkbox"/> Platform to communicate within organization/system |
| <input type="checkbox"/> Internet-based phone | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Email | <input type="checkbox"/> Mobile communication apps (What's App, etc.) |
| <input type="checkbox"/> Two-way radios | <input type="checkbox"/> Mass communication platform (Everbridge, AlertMedia, etc.) |
| <input type="checkbox"/> HAM radio | |
| <input type="checkbox"/> Other (please specify) | |

36. Do you receive Arizona Health Alert Network (AzHAN) Alerts from AzCHER?

- Yes
 No

37. **Bed Availability:** Please indicate the number of beds for the following categories.

Long-term acute care
beds

Long-term beds

38. Do you have anything else to add regarding long-term care resources?

8. Outpatient Care Questions

The below questions will assess outpatient care resources.

* 39. Do you maintain a cache of PPE (i.e. level of PPE 20% above daily use) for the following items? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> N95 masks | <input type="checkbox"/> PAPR kits |
| <input type="checkbox"/> Procedural/surgical masks | <input type="checkbox"/> Tyvek suits |
| <input type="checkbox"/> Goggles | <input type="checkbox"/> Bio hoods |
| <input type="checkbox"/> Isolation gowns | <input type="checkbox"/> Decontamination team PPE |
| <input type="checkbox"/> Face shields | <input type="checkbox"/> Not applicable due to facility type |

40. Emergency Communication Assets: Please identify all communications methods you use during emergencies. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Landline telephones | <input type="checkbox"/> System to communicate with patients and families |
| <input type="checkbox"/> Cellular phones | <input type="checkbox"/> Ability to receive community alerts (mobile apps, email subscriptions, etc.) |
| <input type="checkbox"/> Satellite phones | <input type="checkbox"/> Platform to communicate within organization/system |
| <input type="checkbox"/> Internet-based phone | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Email | <input type="checkbox"/> Mobile communication apps (What's App, etc.) |
| <input type="checkbox"/> Two-way radios | <input type="checkbox"/> Mass communication platform (Everbridge, AlertMedia, etc.) |
| <input type="checkbox"/> HAM radio | |
| <input type="checkbox"/> Other (please specify) | |

41. Do you receive Arizona Health Alert Network (AzHAN) Alerts from AzCHER?

- Yes
 No

42. Do you have anything else to add regarding outpatient care resources?

9. Emergency Management Resource Questions

These questions are intended to capture any available emergency management resources, as related to healthcare.

43. Emergency Communication Assets: Please identify all communications methods you use during emergencies. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Landline telephones | <input type="checkbox"/> System to communicate with patients and families |
| <input type="checkbox"/> Cellular phones | <input type="checkbox"/> Ability to receive community alerts (mobile apps, email subscriptions, etc.) |
| <input type="checkbox"/> Satellite phones | <input type="checkbox"/> Platform to communicate within organization/system |
| <input type="checkbox"/> Internet-based phone | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Email | <input type="checkbox"/> Mobile communication apps (What's App, etc.) |
| <input type="checkbox"/> Two-way radios | <input type="checkbox"/> Mass communication platform (Everbridge, AlertMedia, etc.) |
| <input type="checkbox"/> HAM radio | |
| <input type="checkbox"/> Other (please specify) | |

44. Do you receive Arizona Health Alert Network (AzHAN) Alerts from AzCHER?

- Yes
 No

45. Do you have anything else to add regarding healthcare-related resources?

10. Hospice / Home Health Resources

The below questions will assess hospice and home health resources.

* 46. Do you maintain a cache of PPE (i.e. level of PPE 20% above daily use) for the following items? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> N95 masks | <input type="checkbox"/> PAPR kits |
| <input type="checkbox"/> Procedural/surgical masks | <input type="checkbox"/> Tyvek suits |
| <input type="checkbox"/> Goggles | <input type="checkbox"/> Bio hoods |
| <input type="checkbox"/> Isolation gowns | <input type="checkbox"/> Decontamination team PPE |
| <input type="checkbox"/> Face shields | <input type="checkbox"/> Not applicable due to facility type |

47. Emergency Communication Assets: Please identify all communications methods you use during emergencies. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Landline telephones | <input type="checkbox"/> System to communicate with patients and families |
| <input type="checkbox"/> Cellular phones | <input type="checkbox"/> Ability to receive community alerts (mobile apps, email subscriptions, etc.) |
| <input type="checkbox"/> Satellite phones | <input type="checkbox"/> Platform to communicate within organization/system |
| <input type="checkbox"/> Internet-based phone | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Email | <input type="checkbox"/> Mobile communication apps (What's App, etc.) |
| <input type="checkbox"/> Two-way radios | <input type="checkbox"/> Mass communication platform (Everbridge, AlertMedia, etc.) |
| <input type="checkbox"/> HAM radio | |
| <input type="checkbox"/> Other (please specify) | |

48. Do you receive Arizona Health Alert Network (AzHAN) Alerts from AzCHER?

- Yes
 No

49. Do you have anything else to add regarding outpatient care resources?

11. Other Resources

These questions are intended to capture other resources as they relate to healthcare preparedness.

* 50. Do you maintain any PPE for the following items? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> N95 masks | <input type="checkbox"/> PAPR kits |
| <input type="checkbox"/> Procedural/surgical masks | <input type="checkbox"/> Tyvek suits |
| <input type="checkbox"/> Goggles | <input type="checkbox"/> Bio hoods |
| <input type="checkbox"/> Isolation gowns | <input type="checkbox"/> Decontamination team PPE |
| <input type="checkbox"/> Face shields | <input type="checkbox"/> Not applicable due to organization type |

51. Emergency Communication Assets: Please identify all communications methods you use during emergencies. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Landline telephones | <input type="checkbox"/> System to communicate with patients and families |
| <input type="checkbox"/> Cellular phones | <input type="checkbox"/> Ability to receive community alerts (mobile apps, email subscriptions, etc.) |
| <input type="checkbox"/> Satellite phones | <input type="checkbox"/> Platform to communicate within organization/system |
| <input type="checkbox"/> Internet-based phone | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Email | <input type="checkbox"/> Mobile communication apps (What's App, etc.) |
| <input type="checkbox"/> Two-way radios | <input type="checkbox"/> Mass communication platform (Everbridge, AlertMedia, etc.) |
| <input type="checkbox"/> HAM radio | |
| <input type="checkbox"/> Other (please specify) | |

52. Do you receive Arizona Health Alert Network (AzHAN) Alerts from AzCHER?

- Yes
 No

53. Do you have anything else to add regarding healthcare-related resources?