AzCHER

ARIZONA COALITION FOR
HEALTHCARE EMERGENCY RESPONSE

Community Hazard Vulnerability Assessment (CHVA)

and Resource Gap Analysis (RGA)

2022-2023

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Executive Summary

Statewide Community Hazard Vulnerability Assessment and Resource Gap Analysis

The Arizona Coalition for Healthcare Emergency Response (AzCHER) conducted a Statewide Community Hazard Vulnerability Assessment (CHVA) and Resource Gap Analysis (RGA) from November 2022 to January 2023 to identify the healthcare coalition's most significant risks. The CHVA/RGA process is an analysis of capacities and capabilities to address a medical surge and is intended to determine resource needs and gaps. Subsequently, the 2022-23 CHVA/RGA results inform AzCHER's preparedness priorities in training, exercising, and planning. Our members can benefit by incorporating these results into their plans and exercises.

AzCHER Community Hazard Vulnerability List 2022-23

Statewide Top 5 Healthcare Hazards:

- Communications / Telephone Failure / Network Failure
- Mass Casualty (Trauma)
- Staffing Shortage
- Temperature Extreme (Hot)
- Pandemic (coronavirus, influenza, etc.)

AzCHER Top Gaps in Planning and Resources

Statewide Planning Gaps (from 2021-22):

- 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 (updated 2022-23):

- Integrated notification and communication platforms
- Hospital decontamination equipment
- HAZMAT supplies (patient redress kits, chemical assets)
- Documentation of transportation resources across all member types

Member-Driven Process at the Regional Level

The objective of the CHVA/RGA is to represent the whole community and the collective needs through a member-driven process. Members were asked to report on their facility HVA results, recent emergency activations, current organizational plans, and resource inventory, through a survey (Appendix 1). Aggregated HVA survey data was then entered into the AzCHER CHVA tool for a comprehensive community analysis that included an in-depth evaluation of relative risk scores. Similarly, the summarized RGA plan data was entered into the ASPR TRACIE Resource and Gap Analysis tool to include composite risk scores. Results from both tools and aggregated resource data were presented to regional work groups, who led the process of identifying and prioritizing the likely hazards the region could face and discussed any gaps in plans and resources. Across the state, the CHVA/RGA process engaged 214 member organizations and consulted a CHVA/RGA work group from each region and is representative of the main healthcare sectors.

1.0 Introduction

1.1 Community Hazard Vulnerability Assessment and Resource Gap Analysis

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

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

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

1.2 CHVA Purpose: A Foundation for Medical and Healthcare Readiness

A Community Hazard Vulnerability Assessment (CHVA) helps build a foundation for medical and healthcare readiness by strategizing healthcare coalition functions based on regional risks and needs (U.S. Health and Human Services (HHS), Hospital Preparedness Program (HPP) Cooperative Agreement). This report will review the process for the regional chapters of Arizona's statewide healthcare coalition to aggregate organizational perceptions of hazard vulnerabilities and weigh them with a population-based, regional context. The objective of the CHVA is to represent the whole community and the collective needs of the Arizona health system. The CHVA represents the first step in identifying risks and needs - assess hazard vulnerabilities and risks (see Figure 1 below).

1.3 RGA Purpose: A Foundation for Medical and Healthcare Readiness

The RGA helps build a foundation for medical and healthcare readiness by identifying the healthcare resources and services that are vital for the continuity of healthcare delivery during and after an emergency. This information is used to identify resources that could be coordinated and shared, which is critical to uncovering resource vulnerabilities relative to the HVA that could impede the delivery of medical care and healthcare services during an emergency. The resource assessment data is different for various AzCHER member types but addresses resources required to care for all populations during an emergency, such as pediatric equipment and long-term care beds. The RGA represents the second step in assessing regional healthcare resources (Figure 1).

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

1.4 Planning Assumptions

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

1.5 Arizona's Healthcare Coalition

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

As a sub-recipient of the Hospital Preparedness Program (HPP) cooperative agreement, AzCHER is required to conduct an annual CHVA/RGA by the Assistant Secretary for Preparedness and Response (ASPR), a division of the US Department of Health and Human Services.[1] ASPR requires core healthcare coalition capabilities for

AzCHER, which informs the healthcare coalition's purpose and function.[1] The purpose of AzCHER is to build resilience in the state's healthcare delivery system so that it is prepared to respond to and recover from a large-scale emergency or disaster.

2.0 Methods

2.1 AzCHER Staff and Work Group Responsibilities

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

The work groups produced a coalition-specific risk and resource assessment by voting on the survey results. The vulnerabilities and resource gaps were sorted and prioritized, considering the likeliness to result in a coalition response. These often overlapped with the hazards that members identified in their facility HVAs, but the work groups also considered statewide resources, public health statistics, and county hazard mitigation plans. The work groups produced a coalition-specific risk and resource assessment by agreeing on the survey results and CHVA tool analysis. The vulnerabilities and resource gaps were sorted and prioritized, considering the likeliness to result in a coalition response. Generally, work groups removed facility-specific vulnerabilities to focus on community-wide risks and resource gaps impacting Arizona's healthcare delivery system.

2.2 CHVA/RGA Process

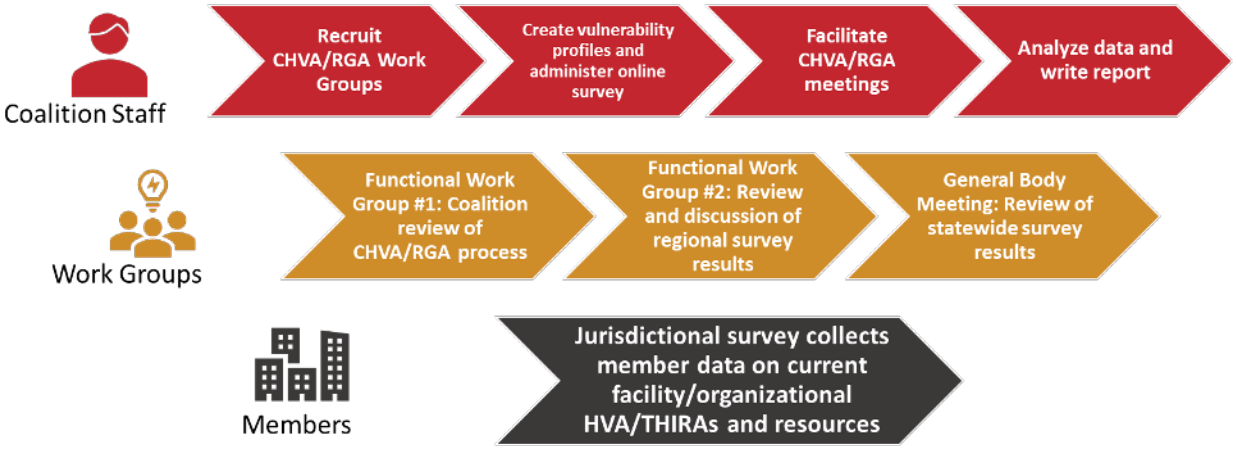

***Figure 3**. The CHVA/RGA process involves input from staff, work groups, and the general membership.*

2.3 Data Inputs

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

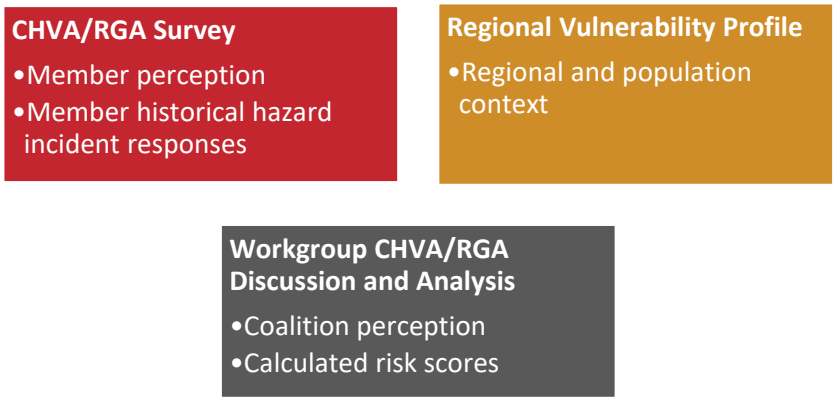

Figure 4*. CHVA/RGA data inputs include feedback from all coalition partners and the CHVA functional work groups and include a systematic review of multi-jurisdictional hazard information.*

2.4 Vulnerability Profiles

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

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

2.5 Survey Administered to All Coalition Partners

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

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

The survey was administered to designated member representatives through SurveyMonkey from November 1, 2022, to November 23, 2022. All member representatives for organizations/facilities were instructed to report data from their current HVA and resource analysis. Only one response from each member organization/facility was recorded to reduce any duplication.

Member facilities that were invited to participate in the survey include (not limited to):

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

2.6 Survey Data Analysis

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

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

The statewide CHVA/RGA Functional Work Group was recruited from the general membership and the regional steering committees. The group met twice to review the hazard vulnerability data and resource gaps by coming to a consensus on all CHVA/RGA data inputs (i.e. the regional vulnerability profiles and member surveys).

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

The CHVA/RGA work group then considered the survey data, regional considerations/unique priorities, and the vulnerability profile to produce a list of top statewide hazards and a list of planning and resource priorities. Additional survey data listed by region are available in ***Appendices 3-6: Regional Survey Results***.
All core member types were represented in the work groups and contributed to the discussion by adding sector-

specific considerations to the hazard vulnerabilities and resource assessment deficiencies. The following members participated in the **CHVA/RGA Work Groups as volunteers**:

American Red Cross
Arizona Health Care Association
Arizona State Veterans Home-Tucson
Arizona State Veterans Home-Yuma
Cobre Valley Regional Medical Center
Coconino County Health and Human Services
Copper Queen Community Hospital
DCI Desert and Douglas Dialysis Facilities
Dignity Health
El Rio Health
Encompass Health Northwest Tucson
FirstNet
Friendship Village-Tempe
HonorHealth
Hospice of the Valley
Maricopa County Department of Public Health
Mayo Clinic
Pima County Emergency Management
Pima County Health Department
Sonora Vein and Endovascular
Southern Arizona VA Hospital
Summit Healthcare Regional Medical Center
Tucson Medical Center
Vi at Grayhawk

2.8 Aggregation of Vulnerability Profiles and CHVA/RGA Survey Inputs

The Statewide Planning Manager and Statewide Logistics Manager aggregated data from the member CHVA/RGA Survey and CHVA/RGA Work Group discussions. Commonly perceived hazard vulnerabilities, as well as the historical hazard incident responses, were equally weighted in ranking the top ten hazards by the risk of occurrence and risk of response. Additionally, the available resources and gaps were averaged by the number and type of responses at the regional and statewide levels.

2.9 Prioritization of Resource Gaps and Mitigation Strategies

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

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

3.0 Results

3.1 Survey

The survey captured responses from 214 participants out of 592 member organizations, representing a 36% response rate. Diverse healthcare sectors are represented including ambulatory surgery center (19.2%), skilled nursing/ long-term care facility (22%), acute care hospital (14%), home health/hospice organization (14%), public health agency (4.7%), and emergency management (0.9%). There are strengths and gaps based on the variety of responses collected by member type. Strengths identified in survey responses are 48 Hospitals, 47 LTC/SNF, and 41 Ambulatory Surgery Centers. Gaps identified are 1 Emergency Medical Services (EMS) agency and 2 Emergency Management (EM) organizations. Additionally, 10/17 tribal and county public health agencies responded to the survey. AzCHER will work to recruit additional members and develop partnerships with the member types missing from the survey responses.

Statewide Responses by Sector Type

Member Type	Number of Responses	Percent of Total
Skilled Nursing or Long-Term Care Facility	47	22.0%
Ambulatory Surgery Center	41	19.2%
Hospital-Acute Care	30	14.0%
Hospice	16	7.5%
Health Care Clinic	15	7.0%
Home Health Agency	13	6.1%
Community Health Center / Federally Qualified Health Center	12	5.6%
Public Health Agency (County or Tribe)	10	4.7%
Hospital-Critical Access	9	4.2%
Hospital-Behavioral Health	6	2.8%
Behavioral Health Facility	5	2.3%
Hospital-Specialty	2	0.9%
Emergency Management Organization (County or Tribe)	2	0.9%
End-Stage Renal Disease Facility	2	0.9%
Correctional Health Facility	1	0.5%
Hospital-Rehabilitation	1	0.5%
CERT or MRC Organization	1	0.5%
Emergency Medical Services (EMS) / Fire Department	1	0.5%
Total	**214**	

Table 1. *Statewide responses by sector type are shown by percentage out of the total number of responses.*

3.2 Participation by Region

Participants from diverse geographic regions were also represented with 48% of respondents representing the Central Region (Gila, Maricopa, and Pinal counties), 29% from the Southern Region (Cochise, Graham, Greenlee, Santa Cruz, and Pima counties), 16% from the Northern Region (Apache, Coconino, Navajo, and Yavapai counties), and 7% from the Western Region (La Paz, Mohave, and Yuma counties). These percentages have remained steady from 2020 to 2023.

County	Percent	Number
Central (Gila, Maricopa, Pinal)	48.1%	103
Northern (Apache, Coconino, Navajo, Yavapai)	15.9%	34
Southern (Cochise, Graham, Greenlee, Pima, Santa Cruz)	29.0%	62
Western (La Paz, Mohave, Yuma)	7.0%	15
	Answered	**214**

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

3.3 Statewide CHVA Results

The hazards below are weighted by risk response and risk occurrence to reflect the estimated priority for a statewide Coalition response and the likelihood of event occurrence, respectively (Table 3). A total of 214 member organizations rated hazards based on the following Likert scales:

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

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

AzCHER Community Hazard Vulnerability List 2022-23

Risk of Occurrence		Risk Response		Healthcare Impact		Overall Risk	
1	Temperature Extreme (Hot)	1	Pandemic (coronavirus, influenza, etc.)	1	Pandemic (coronavirus, influenza, etc.)	**1**	**Communications / Telephone Failure / Network Failure**
2	Communications / Telephone Failure / Network Failure	2	High Consequence Infectious Disease Outbreak	2	Staffing Shortage	**2**	**Mass Casualty (Trauma)**
3	Severe Thunderstorm	3	Workplace Violence / Active Threat	3	Workplace Violence / Active Threat	**3**	**Staffing Shortage**
4	Pandemic (coronavirus, influenza, etc.)	4	Mass Casualty (Trauma)	4	Communications / Telephone Failure / Network Failure	**4**	**Temperature Extreme (Hot)**
5	Flood / Flash Flood	5	Mass Electrical Failure	5	High Consquence Infectious Disease Outbreak	**5**	**Pandemic (coronavirus, influenza, etc.)**
6	Wildfire	6	Staffing Shortage	6	Cyber Attack	**6**	**Supply Chain Failure**
7	Supply Chain Failure	7	Epidemic (vaccine-preventable, waterborne illness, etc.)	7	Information Systems Failure	**7**	**High Consequence Infectious Disease Outbreak**
8	Staffing Shortage	8	Supply Chain Failure	8	Mass Electrical Failure	**8**	**Cyber Attack**
9	Cyber Attack	9	Communications / Telephone Failure / Network Failure	9	Supply Chain Failure	**9**	**Workplace Violence / Active Threat**
10	Information Systems Failure	10	Information Systems Failure	10	Flood / Flash Flood	**10**	**Information Systems Failure**

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

Risk Occurrence: the likelihood a hazard will occur

Risk Response: the likelihood the hazard will require a healthcare response

Healthcare Impact: the highest rated hazards that impact the healthcare delivery system

Overall Risk: Probability x Severity (Impact – Preparedness)

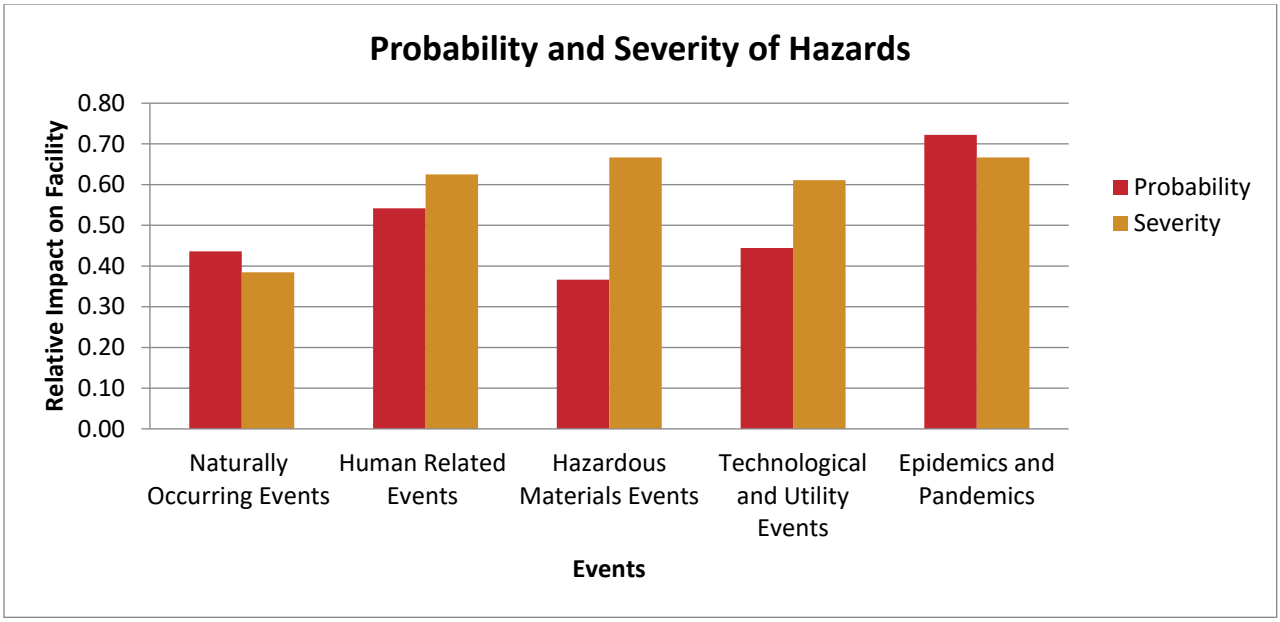

Figure 5. *Graphical representation of the probability and severity of the five categories of hazards that could potentially impact the Coalition.*

Definitions of Hazards

Below is a list of hazards and definitions as they appear in the list of top 10 hazards for the state.

- **Communications, Telephone, and Network Failure:** the complete or partial failure of a component or components in a network because of malfunction or natural or human-caused disasters.
- **Mass Casualty (Trauma):** an incident that generates a sufficiently large number of casualties whereby the available healthcare resources, or their management systems, are severely challenged or unable to meet the healthcare needs of the affected population.
- **Staffing Shortage:** staffing shortage occurs when there is a lack of employees within an industry. Healthcare often sees staffing shortages for physicians and nurses.
- **Temperature Extreme (Hot):** extreme heat is a period of high heat and humidity with temperatures above 90 degrees for at least two to three days. In extreme heat humans work extra hard to maintain a normal temperature, which can lead to death. Similarly, the limits of cooling systems and power grids are tested.
- **Pandemic (coronavirus, influenza, etc.):** a pandemic is a disease outbreak that spans several countries and affects a large number of people. Pandemics are most often caused by viruses, like Coronavirus Disease 2019 (COVID-19), which can easily spread from person to person.
- **Supply Chain Failure:** temporary or permanent loss of a key supplier. This might be due to material shortages or increased taxation, or it might be due to a business continuity issue faced by the supplier, such as production problems and bankruptcy.
- **High Consequence Infectious Disease Outbreak:** a disease that has the potential to cause a high mortality among otherwise healthy people, no routine vaccine exists, some types of direct clinical specimens pose generalized risks to laboratory personnel, and risk of secondary airborne spread or unknown mode of transmission.
- **Cyber Attack:** any offensive maneuver that targets computer information systems, computer networks, infrastructures, personal computer devices, or smartphones.

- **Workplace Violence / Active Threat:** any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. An active threat incident is a dynamic, quickly evolving situation involving an individual (or individuals) using deadly physical force, such as firearms, bladed weapons, or a vehicle. An active threat incident typically involves an individual (or individuals) presenting an immediate threat or imminent danger to people by displaying a weapon, having made threats, and/or shown intent to cause harm or perform violence.
- **Information Systems Failure:** failure of a system designed to manage healthcare data. This includes systems that collect, store, manage and transmit a patient's electronic medical record (EMR), a hospital's operational management or a system supporting healthcare policy decisions.

3.4 Regional CHVA Results

Region-Specific Top 5 Hazard Vulnerabilities:

Statewide	AzCHER-Central	AzCHER-Northern	AzCHER-Southern	AzCHER-Western
1. **Communications / Telephone Failure / Network Failure**	1. Pandemic / High Consequence Infectious Disease	1. Staffing Shortage	1. Communications / Telephone Failure / Network Failure	1. Pandemic (coronavirus, influenza, etc.)
2. **Mass Casualty (Trauma)**	2. Supply Chain Failure	2. Cyber Attack	2. Patient Surge	2. Staffing Shortage
3. **Staffing Shortage**	3. Cyber Attack	3. Pandemic (coronavirus, influenza, etc.)	3. Cyber Attack	3. High Winds / Dust Storms
4. **Temperature Extreme (Hot)**	4. Communications / Telephone Failure / Network Failure	4. Highly/Acute Infectious Disease Outbreak	4. Staffing Shortage	4. Patient Surge
5. **Pandemic (coronavirus, influenza, etc.)**	5. Staffing Shortage	5. Act of Terrorism	5. Chemical Incident	5. Temperature Extreme (Hot)

Table 4. *Top five hazards for each region. These are ranked based on non-weighted risk scores from a total of 214 responses across all member types.*

3.5 Statewide RGA Results

Resources and Assets

The below assets are identified by ASPR's Resource and Gap Analysis Tool as important when preparing for a healthcare system response. A total of 214 member organizations completed this section of the survey.

Coalition Assets and Member Resources			
Item	**Number (%)**	**Definition**	**Comments**
Coalition Assets			
Communication Assets	192/214 (89%)	Number of survey participants that have the necessary equipment to provide redundancy in their communication (e.g. traditional phone lines, cellular, satellite, internet-based radios with 800mhz, amateur radio or other web-based systems, ability to receive HAN alerts, etc.)	Total responses = 214
Notification Platform	3 platforms	Electronic systems that provide notification to coalition leadership and partners. These systems are designed for event notification only.	AzCHER uses the Health Alert Network (HAN), AzCHER Connect listserv, Microsoft Outlook email lists
Arizona Health Alert Network (AzHAN)	195/214 (91%)	Number of members that receive alerts from AzHAN	There is still a barrier to the number of members able to respond to AzHANs during AzCHER drills
Staff	5 team members	Designated coalition response staff / team.	AzCHER has a staff of 5 full-time employees
Virtual Coordination	3 platforms	Platform for virtual coordination.	Phone (FirstNet access, GETS card, Verizon wireless service), Zoom web-based platform, Microsoft Teams
Hospital Resources			
Platform to communicate with organization/system	22/42 (52%)	Number of hospitals that use a designated platform to communicate with other organizations or larger healthcare system	

Coalition Assets and Member Resources			
Item	**Number (%)**	**Definition**	**Comments**
System to communicate with families/patients	8/42 (19%)	Number of hospitals that have a designated system for communication with patients and families	
Mass Communication Platform	18/42 (43%)	Number of hospitals that use a mass communication platform to notify staff, patients, families, community partners, etc.	
Satellite Phones	12/42 (28%)	Number of hospitals that use satellite phones as back-up communication	
HAM Radio	22/42 (52%)	Number of hospitals that use HAM radios as back-up communication	
Two-way Radios	41/42 (98%)	Number of hospitals that use two-way radios	
ED Isolation (AIIR) Rooms	97 total rooms	Number of hospitals that have emergency department isolation rooms	16/26 hospitals have these rooms
Inpatient Isolation (AIIR) Rooms	313 total rooms	Number of hospitals that have rooms for inpatient isolation	15/26 hospitals have these rooms
Burn Center Beds	80 total beds	Dedicated burn beds	2 total burn centers in the state
Crisis Care Supplies	26/42 (62%)	Possession of cots that could be appropriately placed in flat space areas on hospital premises to create alternate care areas and including utilizing space where patients can be held awaiting treatment, actual treatment space (using cots, chairs, recliners, mobile vans, tents, air mattresses etc.).	
Morgue Capacity	239 spaces	Number of spaces to store decedents	42/42 hospitals reported, 20 hospitals report 0 spaces
Hospital Emergency Response Team (HERT)	21/42 (50%)	Number of hospitals that have at least one HERT	
Decontamination Capacity - Ambulatory	13 patients/hour on average	Patients / hour based on exercises - assume 10 minutes/person through process (e.g. 6 patients/hour per decon station)	28/42 hospitals have this capability

Coalition Assets and Member Resources			
Item	**Number (%)**	**Definition**	**Comments**
Decontamination Capacity – Non-ambulatory	8 patients/hour on average	Patients / hour based on exercises - assume 10 minutes/person at each decon station	28/42 hospitals have this capability
Evacuation Resources (Sleds, Stair Chairs, Pediatric Equipment, Evacuation Buses)	42/42 (100%)	May be listed in Evacuation Plan annex from above. Equipment (may be facility or cache-based) including patient movement, triage/tracking supplies. Include availability of adult, child and infant evacuation equipment.	11 sleds 16 stair chairs 9 pediatric equipment 12 bariatric equipment 13 wheelchair vans 4 evacuation buses 28 helipads
Personal Protective Equipment (PPE)– Infectious Disease	42/42 (100%)	Please note a report of inventory is not expected, but that facilities should agree on baseline stocks that should be maintained and identify resources/caches that could be used and/or purchase caches if reasonable. Consider an acceptable par level of 20% above daily use. Includes surgical masks and N-95 masks. Consider adding the number of PAPR kits (Butyl and Bio specific), spare Tyvek suits of various sizes, and Bio hoods.	17 hospitals have decontamination team PPE 8 hospitals have biohoods 19 have PAPRs 20 have Tyvek suits
PPE Ensemble for Highly Infectious Disease	36/42 (86%)	PPE ensembles for the care of a patient with suspects/confirmed highly infectious disease agent	
PPE Ensemble for HAZMAT	22/42 (52%)	PPE ensembles for the decontamination team including respiratory protection.	
Public Health Resources			
Mass Mortuary / Body Bags	4/10 (40%)	Plans and/or resources for processing / identification / storage	Most PH will plan with the local Medical Examiner's Office or with nearby counties and tribes to increase fatality management capacity.

Coalition Assets and Member Resources			
Item	**Number (%)**	**Definition**	**Comments**
Alternate Care Sites	4/10 (40%)	Includes materials for alternate care sites – may be managed by hospitals or local/tribal/state EM or federal	Some PH have mass cache equipment, PPE, and mobile clinic units. Most PH rely on support from local healthcare and state health department.
PPE Stockpile	10/10 (100%)	Available supplies and storage capacity, PPE stockpile	Most PH have stockpiles of gowns, gloves, surgical masks, N95 masks, shoe covers, head covers, googles, safety glasses, etc. However, they are limited in storage space.
Communication Assets	10/10 (100%)	Number of public health departments that possess communication assets for primary and back-up emergency communication.	PH has the following: two-way radios, Amateur radios, individuals amateur radio certified, text alert system, email, Microsoft teams, phone lines (cellular and traditional), satellite phones, social media
Long Term Care/Skilled Nursing Facility Resources			
Evacuation Resources (Sleds, Stair Chairs, Pediatric Equipment, Evacuation Buses)	50/57 (87%)	Equipment (may be facility or cache-based) including patient movement, triage/tracking supplies	53 LTC/SNF have wheelchair vans 16 have bariatric equipment 9 have sleds 32 have evacuation buses
Long-term Acute Care Beds	1550 total beds	Total number of long-term acute care beds reported by survey participants	Total responses = 25
LTC Beds	3964 total beds	Total number of long-term beds reported by survey participants	Total responses = 36

Coalition Assets and Member Resources			
Item	**Number (%)**	**Definition**	**Comments**
Communication Assets	48/57 (84%)	Number of LTC/SNF that possess communication assets for primary and back-up emergency communication.	LTC/SNF have the following: landline and cellular phones, email, two-way radios, social media. Very few have HAM radios or satellite phones.
System to communicate with families/patients	30/57 (52%)	Number of LTC/SNF that have a designated system for communication with patients and families	
Ability to receive community alerts (mobile apps, email subscriptions, etc.)	32/57 (57%)	Number of LTC/SNF that receive community alerts	
Mass Communication Platform	12/57 (21%)	Number of LTC/SNF that use a mass communication platform to notify staff, patients, families, community partners, etc.	
PPE Cache	51/57 (89%)	Includes N95 masks, procedural/surgical masks, goggle, isolation gowns, and face shields	2/57 LTC/SNF have PAPRs 1/57 have Tyvek suits 0/57 have biohoods
Hospice and Home Health Resources			
Communication Assets	20/32 (63%)	Number of hospice and home health that possess communication assets for primary and back-up emergency communication.	Home health and hospice have the following: landline and cellular phones, email, social media. Very few have HAM radios, two-way radios, or satellite phones.
System to communicate with families/patients	10/32 (31%)	Number of hospice and home health that have a designated system for communication with patients and families	

Coalition Assets and Member Resources			
Item	**Number (%)**	**Definition**	**Comments**
Ability to receive community alerts (mobile apps, email subscriptions, etc.)	27/32 (84%)	Number of hospice and home health that receive community alerts	
PPE Cache	32/32 (100%)	Includes N95 masks, procedural/surgical masks, goggle, isolation gowns, and face shields	2/32 hospice/HH have PAPRs 2/32 have Tyvek suits 6/32 have biohoods 1/32 has decon PPE
Outpatient Care Resources			
Communication Assets	67/68 (%)	Number of outpatient care facilities that possess communication assets for primary and back-up emergency communication.	Outpatient care has the following: landline and cellular phones, email, two-way radios, social media. Very few have HAM radios or satellite phones.
System to communicate with families/patients	37/68 (%)	Number of outpatient care facilities that have a designated system for communication with patients and families	
Ability to receive community alerts (mobile apps, email subscriptions, etc.)	61/68 (%)	Number of outpatient care facilities that receive community alerts	
Mass Communication Platform	24/68 (%)	Number of outpatient care facilities that use a mass communication platform to notify staff, patients, families, community partners, etc.	
PPE Cache	48/68 (%)	Including N95 masks, training/fit-testing. Do not need to track masks at individual facilities but should reflect overall situation as well as any caches / specific assets	4/68 outpatient have PAPRs 0/68 have Tyvek suits 4/68 have biohoods 3/68 has decon PPE

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

Appendices

Appendix 1: CHVA/RGA Survey Questions

[see attached document]

Appendix 2: List of Participating Organizations

Organization Name	Facility Name
Abrazo	Abrazo Central Campus-Community Health
Abrazo	Abrazo Central Campus
Accucare Home Health Services	Accucare Home Health Services
Advanced Surgery Center of Arizona	Advanced Surgery Center of Arizona
Advocate Hospice and Palliative Care	Advocate Hospice and Palliative Care
American Home Health Services Inc.	American Home Health Services Inc.
American Premier Home Health Care and Hospice	American Premier Home Health Care and Hospice
American Vision Partners	Barnet Dulaney Perkins Eye Center
American Vision Partners	Barnet Dulaney Perkins Eye Center and other locations
Amsurg	Arizona Ophthalmic Outpatient Surgery
Archie Hendricks Sr. Skilled Nursing	Archie Hendricks Sr. Skilled Nursing
Archstone Care Center	Archstone Care Center
Aria Hospice Comfort Care	Aria Hospice Comfort Care
Arizona Department of Health Services	Arizona State Hospital
Arizona Department of Veterans Services	Arizona State Veterans Home - Tucson
Arizona Department of Veterans' Services	Arizona State Veteran Home
Arizona Digestive Center	Arizona Digestive Center
Arizona Pain Treatment Centers	McDowell Ambulatory surgery center
Arizona Skin Cancer Surgery Center, PC	Arizona Skin Cancer Surgery Center, PC
Arizona Spine & Joint Hospital	Arizona Spine & Joint Hospital
Arizona State Veteran Home - Yuma	Arizona State Veteran Home - Yuma
Arizona State Veteran's Administration	Arizona State Veteran's Home Phoenix
Arrowhead North Surgery Center	Arrowhead North Surgery Center
Arroyo Gardens Independent and Assisted Living	Arroyo Gardens Independent and Assisted Living
Assisted Home Health	Assisted Home Health
Aveanna Healthcare	Aveanna Healthcare
Aventas Home Health	Aventas Home Health
AZ Retirement Centers	Sierra Winds
AZLA/ CHN EP Collaborative	Covenant Health Network
Bandera	Bella Vita Health and Rehabilitation
Banner Health	Banner Baywood Medical Center
Banner Health	Banner - University Medical Center Tucson
Banner Health	Banner - University Medical Center South
Banner Page Hospital	Banner Page Hospital
Beatitudes Campus of Care	Beatitudes Health Care Center
Benson Hospital	Benson Hospital
Bethesda Senior Living Communities	Bethesda Gardens Phoenix
Bethesda Senior Living Communities	Bethesda Gardens Assisted Living and Memory Care
Boswell Transitional Care of Cascadia	Boswell Transitional Care of Cascadia

Organization Name	Facility Name
Bristol Hospice	Bristol Hospice
Brookdale Santa Catalina	Brookdale Santa Catalina
Canyon Vista Medical Center	Canyon Vista Medical Center
Canyonlands Healthcare	Canyonlands Healthcare
Canyonlands Healthcare	Lake Powell Medical Center
Carondelet Health Network	St. Mary's Hospital
Carondelet Health Network	St. Joseph's Hospital
Carondelet Health Network	Holy Cross Hospital
Carrot Eye Surgery	Carrot Eye Surgery
Casa de la Luz Hospice	Casa Hospice at the Hacienda
Chinle Indian Health Services	Chinle Comprehensive Health Care Facility
Chiricahua Community Health Centers, Inc.	Chiricahua Community Health Centers, Inc.
Coconino County	Coconino County Health and Human Services (Public Health)
Coconino County Health and Human Services	Coconino County Health and Human Services
Community Health Systems	Western Arizona Regional Medical Center
Copper Queen Community Hospital	Copper Queen Community Hospital
Coronado Surgery Center	Coronado Surgery Center
DaVita	DaVita Westside Division
DCI Desert and Douglas Dialysis Centers (4=Tucson/Tucson South/Sahuarita/Douglas)	DCI Arizona (Tucson/Tucson South/Douglas/Sahuarita)
Department of Correctional Services	N/A
Desert Senita Community Health Center	Ajo Health Center
Devon Gables Rehabilitation Center	Devon Gables Rehabilitation Center
Dignity	Yavapai Regional Medical center
Dignity Health	Dignity Health Southwest Division
Dignity Health / Tenet	Dignity Health Arizona Specialty Hospital
East Valley ER & Hospital	East Valley ER & Hospital
Eden Home Health of Safford, LLC	Eden Home Health of Safford
El Rio Health	El Rio Health
Elevate Hospice & Palliative Care	Elevate Hospice & Palliative Care
Ensign	Mission Palms Post-Acute
Eternity Hospice & Palliative Care, PLLC	Eternity Hospice & Palliative Care, PLLC
Eye Care Partners/Arizona Eye Institute & Cosmetic Laser Center	Arizona Eye Institute & Cosmetic Laser Center
Foothill Care Center LLC, dba Apache Junction Health Center	Apache Junction health Center
Foothills Rehabilitation Center LLC	Foothills Rehabilitation Center
Freedom Plaza Limited Partnership	Freedom Plaza Care Center
Friendship Village of Tempe	Friendship Village of Tempe
Gila County Public Health	Gila County Public Health and Emergency Management
Good Samaritan Society - Prescott Valley	Good Samaritan Society - Prescott Valley
Hacienda Healthcare	Hacienda ICF/IID
Haven Behavioral Hospital of Phoenix	Haven Behavioral Hospital of Phoenix
Haven Health	Haven Of Havasu

Organization Name	Facility Name
Haven Health Group	Haven of Cottonwood
Haven Health Group	Haven of Sierra Vista
haven health of phoenix	Haven Health of Phoenix
Haven Home Health Care	Haven Home Health Care
Hayden Surgical Center	Hayden Surgical Center
Healthcare Innovations Inc.	Private Ambulance Co.
Heart and Vascular Surgical Center, LLC	Heart and Vascular Surgical Center
HonorHealth	Corporate
Horizon Health and Wellness	Horizon - Yuma
Horizon Health and Wellness	Horizon - Apache Junction
Horizon Health and Wellness	Horizon - Casa Grande
Hospice Family Care	Hospice Family Care-Tucson
Hospice of Havasu	Hospice of Havasu
Immanuel Campus of Care	Immanuel Campus of Care
Inbalance Home Health	Inbalance Home Health
Indian Health Service	Hopi Health Care Center
Kingman Healthcare Inc	Kingman Regional Medical Center
Laser Surgery Center	Laser Surgery Center
Lavender Hospice	Lavender Hospice
Life Care Centers of America	Life Care Center of North Glendale
Life Care Centers of America	Heritage Health Care Center
LifePoint Health	Havasu Regional Medical Center
Lifestream Complete Senior Living a Bethesda Senior Living Community	Lifestream at Youngtown
Little Colorado Medical Center	Little Colorado Medical Center
Los Ninos Hospital Innovative Home Health Care	Innovative Home Health Care
Marana Health Center	Marana Health Center
Marana Health Center	Marana Health Center
Mayo Clinic Hospital	Mayo Clinic Hospital
Medical Reserve Corps of Southern Arizona	Medical Reserve Corps of Southern Arizona
Minimally Invasive Spine Surgery Center of Paradise Valley	Minimally Invasive Spine Surgery Center of Paradise Valley
Mohave County Department of Public Health	Public Health
Mountain Park Health Centers	Mountain Park Health Centers
Mt Graham Regional Medical Center	Mt Graham Regional Medical Center
National Cardiovascular Surgery Center LLC, DBA Peak Surgery Center of Avondale	Peak Surgery Center of Avondale
Noble Hospice	Noble Hospice
North Country HealthCare	Flagstaff Pediatric Care
North Country HealthCare	Bullhead City
North Country HealthCare	Flagstaff-4st Street
North Country HealthCare	Flagstaff- University Ave
North Country HealthCare	Grand Canyon
North Country HealthCare	Holbrook
North Country HealthCare	Kingman
North Country HealthCare	Lake Havasu City

Organization Name	Facility Name
North Country HealthCare	Payson
North Country HealthCare	Round Valley/Springerville
North Country HealthCare	Seligman
North Country HealthCare	Show Low
North Country HealthCare	Williams
North Country HealthCare	Winslow
North Scottsdale Outpatient Surgery Center	North Scottsdale Outpatient Surgery Center
North Valley Endoscopy Center	North Valley Endoscopy Center
Northern Arizona Healthcare	Verde Valley Medical Center
Northern Arizona Healthcare	Flagstaff Medical Center
Northern Cochise Community Hospital, Inc.	Northern Cochise Community hospital
Northwest Eye Specialists	Northwest Eye Specialists
Northwest Healthcare	Northwest Medical Center
Northwest Healthcare	Northwest Medical Center Sahuarita
Northwest Healthcare	Oro Valley Hospital
NurseCore	NurseCore
Oasis Pavilion Nursing and Rehabilitation	Oasis Pavilion Nursing and Rehabilitation
Outpatient Surgical Care, Ltd.	Outpatient Surgical Care, Ltd.
Patient Care Advocates	Patient Care Advocates
PHC Santa Rita Nursing and Rehab	Santa Rita Nursing and Rehab
Phoenix Endoscopy	Phoenix Endoscopy
Pima County	Pima Emergency Communications and Operations Center
Pima County	Pima County Health Department
Pioneer Health	Santa Rita Nursing and Rehabilitation
ProMedica Hospice	Tucson ProMedica Hospice
Regional Center for Border Health, Inc. / San Luis Walk-In Clinic, Inc.	San Luis Walk-In Clinic, Inc.
Reunion Rehabilitation Hospital of Phoenix	Reunion Rehabilitation Hospital of Phoenix
San Carlos Apache Healthcare Corporation	San Carlos Apache Healthcare Corporation, Bylas Clarence Wesley Healthcare Center
San Carlos Apache Healthcare Corporation	San Carlos Apache Healthcare Corporation Main Hospital
San Carlos Apache Tribe	SCAT DHHS
San Luis Walk-In Clinic, Inc.	San Luis Walk-In Clinic, Inc.
San Luis Walk-In Clinic, Inc.	Parker Walk-In Clinic
San Luis Walk-In Clinic, Inc.	Lake Havasu Pediatric Family Clinic
Santa Cruz County Health Services	Santa Cruz County Health Services
Santa Rosa	Santa Rosa Care Center
SanTan Surgery Center, LLC	SanTan Surgery Center, LLC
Sante of Mesa	Sante of Mesa
Scottsdale Eye Institute	Scottsdale Eye Institute
Shanti Hospice	Shanti Hospice
Sonoran Vein and Endovascular LLC	Sonoran Vein and Endovascular, LLC
Soulistic Hospice	Soulistic Hospice
Southeast Valley Endoscopy Center	Southeast Valley Endoscopy Center

Organization Name	Facility Name
Speedway Surgical Specialists	Speedway Surgical Specialists
Squaw Peak Surgical Facility	Squaw Peak Surgical Facility
Steward Healthcare	Mountain Vista Medical Center
Steward Healthcare	Florence Hospital
Steward Healthcare	Steward Emergency Center
Steward Healthcare	Tempe St. Luke's Hospital
Steward Healthcare	St. Luke's BHC
Stoneridge Hospice	Stoneridge Hospice
Sun City Ophthalmology	The Eye Institute at Boswell
Suncrest Health Care Inc	Suncrest Health Care
Sunset Community Health Center	Sunset Community Health center
Swagel Wootton Eye Institute	Swagel Wootton Eye Institute
Tenet Health	Abrazo West Campus
Tenet/United Surgical Partners Incorporated	Carondelet Foothills Surgery Center
The Mesa AZ Endoscopy ASC LLC	Desert Endoscopy Center
The Palazzo Senior Living	The Rehabilitation Center at the Palazzo
Thunderbird Endoscopy	Thunderbird Endoscopy
Tri-City Surgery Center	Tri-City Surgery Center
Tucson Medical Center Health (TMCH)	Tucson Medical Center (TMC)
Tucson Police Department	Emergency Management and Homeland Security Section
United Health Services	Via Linda Behavioral Hospital
United Health Services	Palo Verde Behavioral Health
United Health Services	Quail Run Behavioral Health
United Hospice and Palliative Care of Arizona	United Hospice and Palliative Care of Arizona
United Surgical Partners International	Surgery Center of Peoria
United Surgical Partners International	Camp Lowell Surgery Center
United Surgical Partners International	St. Joseph's Outpatient Surgery Center
United Urology Group	Urologic Surgery Center
USPI-Camp Lowell Surgery Center	Camp Lowell Surgery Center
Valiant Hospice & Palliative Care	Valiant Hospice & Palliative Care
Valleywise Health	Valleywise Health Medical Center
Veteran Health Affairs	Southern Arizona VA Health Care System
Veterans Affairs	Carl T Hayden VA Health Care System
Vi Senior Living	Vi at Silverstone
Wellsprings of Phoenix	Wellsprings of Phoenix
White Mountain Regional Medical Center	White Mountain Regional Medical Center
Wickenburg Community Hospital	Wickenburg Community Hospital
Windsor	Ridgecrest Healthcare
Windsor	Maryland Gardens
Yavapai County Community Health Services and Yavapai County Emergency Management	Yavapai County Community Health Services
Yuma County Public Health Services District	Yuma County Public Health Emergency Preparedness & Response

Appendix 3: Central Region Survey Results

Highlighted CHVA Regional Results

This table lists the Central Region hazards in order of highest risk of occurrence and highest risk of response. These risk scores are weighted out of a total of 103 responses.

	Overall Risk
1	Pandemic / High Consequence Infectious Disease
2	Supply Chain Failure
3	Cyber Attack
4	Communications / Telephone Failure / Network Failure
5	Staffing Shortage
6	Workplace Violence / Active Threat
7	Supply Chain Failure
8	Temperature Extreme (Heat), Severe Thunderstorm, Flood / Flash Flood
9	Patient Surge
10	Information Systems Failure

Unique Regional Hazard Considerations:

- The Central Region FWG decided to combine “pandemic” with “high consequence infectious disease” because the preparedness and response activities are similar for both.
- The Central Region FWG decided to combine “temperature extreme (hot),” “severe thunderstorm,” and “flood / flash flood” because the preparedness and response activities are similar for natural disasters.
- Temperature extremes: While most hazards are reasonably addressed, the potential for rising temperatures leading to worse droughts and wildfires is the most worrisome.
    - Affected mostly by extreme temperatures, especially when the grid fails or there are power outages.
    - While most are reasonably addressed, the potential for rising temperatures leading to worse droughts and wildfires is the most worrisome.
- Central location: Neighboring counties and the state's natural incident can impact Central region by influx of persons entering the area seeking help, supplies, etc. So it’s not just what the region is exposed to that can impact infrastructure but also what impacts the other regions, too.
- Water disruptions: Water and water-related infrastructure is an evolving concern.
- Supply chain failure: Arizona and counties should work together to have supply storage-something we have learned in this pandemic as a problem.
- Climate change: The inter-relationship of epidemics and pandemics caused by climate change should be a state and regional priority.
- International airport and travel: Plane Crash SJH Westgate is in the flight path of Glendale Airport.

Highlighted RGA Regional Results

This table lists the region-wide assets and member-specific resources available within the Central Region. A total of 103 responses were collected from this part of the survey.

Central Region Assets and Member Resources			
Item	**Number (%)**	**Definition**	**Comments**
Hospital Resources			
Platform to communicate with organization/system	10/17 (59%)	Number of hospitals that use a designated platform to communicate with other organizations or larger healthcare system	
System to communicate with families/patients	4/17 (23%)	Number of hospitals that have a designated system for communication with patients and families	
Mass Communication Platform	6/17 (36%)	Number of hospitals that use a mass communication platform to notify staff, patients, families, community partners, etc.	
Satellite Phones	2/17 (12%)	Number of hospitals that use satellite phones as back-up communication	
HAM Radio	5/17 (29%)	Number of hospitals that use HAM radios as back-up communication	
Two-way Radios	16/17 (94%)	Number of hospitals that use two-way radios	
Crisis Care Supplies	7/17 (41%)	Possession of cots that could be appropriately placed in flat space areas on hospital premises to create alternate care areas and including utilizing space where patients can be held awaiting treatment, actual treatment space (using cots, chairs, recliners, mobile vans, tents, air mattresses etc.).	
Morgue Capacity	206 spaces	Number of spaces to store decedents	17/17 hospitals reported
Hospital Emergency Response Team (HERT)	6/17 (35%)	Number of hospitals that have at least one HERT	
Decontamination Capacity - Ambulatory	13 patients/hour on average	Patients / hour based on exercises - assume 10 minutes/person through process (e.g. 6 patients/hour per decon station)	8/17 hospitals have this capability
Decontamination Capacity – Non-ambulatory	9 patients/hour on average	Patients / hour based on exercises - assume 10 minutes/person at each decon station	8/17 hospitals have this capability
Evacuation Resources (Sleds, Stair Chairs, Pediatric Equipment, Evacuation Buses)	17/17 (100%)	May be listed in Evacuation Plan annex from above. Equipment (may be facility or cache-based) including patient movement, triage/tracking supplies. Include availability of adult, child and infant evacuation equipment.	5 hospitals have wheelchair vans 2 hospitals have evacuation buses 7 hospitals have helipads

Central Region Assets and Member Resources			
Item	**Number (%)**	**Definition**	**Comments**
Personal Protective Equipment (PPE)– Infectious Disease	17/17 (100%)	Please note a report of inventory is not expected, but that facilities should agree on baseline stocks that should be maintained and identify resources/caches that could be used and/or purchase caches if reasonable. Consider an acceptable par level of 20% above daily use. Includes surgical masks and N-95 masks. Consider adding the number of PAPR kits (Butyl and Bio specific), spare Tyvek suits of various sizes, and Bio hoods.	5 hospitals have decontamination team PPE 4 hospitals have biohoods 5 have PAPRs 6 have Tyvek suits
PPE Ensemble for Highly Infectious Disease	13/17 (76%)	PPE ensembles for the care of a patient with suspects/confirmed highly infectious disease agent	
PPE Ensemble for HAZMAT	7/17 (41%)	PPE ensembles for the decontamination team including respiratory protection.	
Public Health Resources			
Mass Mortuary / Body Bags	1/2 (50%)	Plans and/or resources for processing / identification / storage	1 PH has mortuary supplies 1 PH will rely on nearby county
Alternate Care Sites	1/2 (50%)	Includes materials for alternate care sites – may be managed by hospitals or local/tribal/state EM or federal	1 PH has a cache
PPE Stockpile	2/2 (100%)	Available supplies and storage capacity, PPE stockpile	PH has SNS warehouses full of PPE
Communication Assets	2/2 (100%)	Number of public health departments that possess communication assets for primary and back-up emergency communication.	PH has the following: two-way radios, Amateur radios, individuals amateur radio certified, text alert system, email, Microsoft teams, phone lines (cellular and traditional), satellite phones, social media
Long Term Care/Skilled Nursing Facility Resources			
Evacuation Resources (Sleds, Stair Chairs, Pediatric Equipment, Evacuation Buses)	30/33 (91%)	Equipment (may be facility or cache-based) including patient movement, triage/tracking supplies	30 LTC/SNF have wheelchair vans 6 have bariatric equipment 7 have sleds 22 have evacuation buses
Long-term Acute Care Beds	824 total beds	Total number of long-term acute care beds reported by survey participants	Total responses = 16
LTC Beds	1838 total beds	Total number of long-term beds reported by survey participants	Total responses = 19

Central Region Assets and Member Resources			
Item	**Number (%)**	**Definition**	**Comments**
Communication Assets	32/33 (97%)	Number of LTC/SNF that possess communication assets for primary and back-up emergency communication.	LTC/SNF have the following: landline and cellular phones, email, two-way radios, social media. Very few have HAM radios or satellite phones.
System to communicate with families/patients	15/33 (45%)	Number of LTC/SNF that have a designated system for communication with patients and families	
Ability to receive community alerts (mobile apps, email subscriptions, etc)	15/33 (45%)	Number of LTC/SNF that receive community alerts	
Mass Communication Platform	6/33 (18%)	Number of LTC/SNF that use a mass communication platform to notify staff, patients, families, community partners, etc.	
PPE Cache	33/33 (100%)	Includes N95 masks, procedural/surgical masks, goggle, isolation gowns, and face shields	31/33 LTC/SNF have face shields 30/33 have goggles
Hospice and Home Health Resources			
Communication Assets	13/19 (68%)	Number of hospice and home health that possess communication assets for primary and back-up emergency communication.	Home health and hospice have the following: landline and cellular phones, email, social media. Very few have HAM radios, two-way radios, or satellite phones.
System to communicate with families/patients	9/19 (47%)	Number of hospice and home health that have a designated system for communication with patients and families	
Ability to receive community alerts (mobile apps, email subscriptions, etc)	17/19 (89%)	Number of hospice and home health that receive community alerts	
PPE Cache	19/19 (100%)	Includes N95 masks, procedural/surgical masks, goggle, isolation gowns, and face shields	1/19 hospice/HH have PAPRs 2/19 have Tyvek suits 1/19 has biohoods 1/19 has decon PPE

Central Region Assets and Member Resources			
Item	**Number (%)**	**Definition**	**Comments**
Outpatient Care Resources			
Communication Assets	30/31 (97%)	Number of outpatient care facilities that possess communication assets for primary and back-up emergency communication.	Outpatient care has the following: landline and cellular phones, email, two-way radios, social media. Very few have HAM radios or satellite phones.
System to communicate with families/patients	14/31 (45%)	Number of outpatient care facilities that have a designated system for communication with patients and families	
Ability to receive community alerts (mobile apps, email subscriptions, etc)	28/31 (90%)	Number of outpatient care facilities that receive community alerts	
Mass Communication Platform	6/31 (19%)	Number of outpatient care facilities that use a mass communication platform to notify staff, patients, families, community partners, etc.	
PPE Cache	29/31 (93%)	Including N95 masks, training/fit-testing. Do not need to track masks at individual facilities but should reflect overall situation as well as any caches / specific assets	1/31 outpatient have PAPRs 0/31 have Tyvek suits 1/31 have biohoods 2/31 has decon PPE

Appendix 4: Northern Region Survey Results

Highlighted CHVA Regional Results

This table lists the Northern Region hazards in order of highest risk of occurrence and highest risk of response. These risk scores are weighted out of a total of 34 responses.

Overall Risk	
1	Staffing Shortage
2	Cyber Attack
3	Pandemic (coronavirus, influenza, etc.)
4	Highly/Acute Infectious Disease Outbreak
5	Act of Terrorism
6	Explosives Incident
7	Workplace Violence / Active Threat
8	Communications / Telephone Failure / Network Failure
9	Wildfire
10	Severe Thunderstorm

Unique Regional Hazard Considerations:

- On the Navajo Nation, there are not a lot of paved roads and as a result, they experience mud conditions disrupting transportation.
- Water and water-related infrastructure is an evolving concern.

Highlighted RGA Regional Results

This table lists the region-wide assets and member-specific resources available within the Northern Region. A total of 34 responses were collected from this part of the survey.

Northern Region Assets and Member Resources			
Item	**Number (%)**	**Definition**	**Comments**
Hospital Resources			
Platform to communicate with organization/system	9/9 (100%)	Number of hospitals that use a designated platform to communicate with other organizations or larger healthcare system	
System to communicate with families/patients	0/9 (0%)	Number of hospitals that have a designated system for communication with patients and families	
Mass Communication Platform	5/9 (55%)	Number of hospitals that use a mass communication platform to notify staff, patients, families, community partners, etc.	
Satellite Phones	3/9 (33%)	Number of hospitals that use satellite phones as back-up communication	
HAM Radio	6/9 (67%)	Number of hospitals that use HAM radios as back-up communication	
Two-way Radios	9/9 (100%)	Number of hospitals that use two-way radios	

Northern Region Assets and Member Resources			
Item	**Number (%)**	**Definition**	**Comments**
Crisis Care Supplies	9/9 (100%)	Possession of cots that could be appropriately placed in flat space areas on hospital premises to create alternate care areas and including utilizing space where patients can be held awaiting treatment, actual treatment space (using cots, chairs, recliners, mobile vans, tents, air mattresses etc.).	
Morgue Capacity	21 spaces	Number of spaces to store decedents	5/9 hospitals report 0 spaces
Hospital Emergency Response Team (HERT)	5/9 (55%)	Number of hospitals that have at least one HERT	
Decontamination Capacity - Ambulatory	13 patients/hour on average	Patients / hour based on exercises - assume 10 minutes/person through process (e.g. 6 patients/hour per decon station)	8/9 hospitals have this capability
Decontamination Capacity – Non-ambulatory	6 patients/hour on average	Patients / hour based on exercises - assume 10 minutes/person at each decon station	7/9 hospitals have this capability
Evacuation Resources (Sleds, Stair Chairs, Pediatric Equipment, Evacuation Buses)	8/9 (89%)	May be listed in Evacuation Plan annex from above. Equipment (may be facility or cache-based) including patient movement, triage/tracking supplies. Include availability of adult, child and infant evacuation equipment.	1 sled 2 stair chairs 2 pediatric equipment 1 bariatric equipment 2 wheelchair vans 2 evacuation buses 8 helipads
Personal Protective Equipment (PPE)– Infectious Disease	9/9 (100%)	Please note a report of inventory is not expected, but that facilities should agree on baseline stocks that should be maintained and identify resources/caches that could be used and/or purchase caches if reasonable. Consider an acceptable par level of 20% above daily use. Includes surgical masks and N-95 masks. Consider adding the number of PAPR kits (Butyl and Bio specific), spare Tyvek suits of various sizes, and Bio hoods.	4 hospitals have decontamination team PPE 2 hospitals have biohoods 4 have PAPRs 3 have Tyvek suits
PPE Ensemble for Highly Infectious Disease	9/9 (100%)	PPE ensembles for the care of a patient with suspects/confirmed highly infectious disease agent	
PPE Ensemble for HAZMAT	9/9 (100%)	PPE ensembles for the decontamination team including respiratory protection.	

Northern Region Assets and Member Resources			
Item	**Number (%)**	**Definition**	**Comments**
Public Health Resources			
Only 1 public health department responded for the Northern Region. This LHD has a mass cache for alternate care sites, ample PPE supply, sufficient planning with medical examiner's office, and a good understanding of where medical countermeasures are located.			
Long Term Care/Skilled Nursing Facility Resources			
Evacuation Resources (Sleds, Stair Chairs, Pediatric Equipment, Evacuation Buses)	6/6 (100%)	Equipment (may be facility or cache-based) including patient movement, triage/tracking supplies	6 LTC/SNF have wheelchair vans 2 have bariatric equipment 0 have sleds 2 have evacuation buses
Long-term Acute Care Beds	65 total beds	Total number of long-term acute care beds reported by survey participants	Total responses = 1
LTC Beds	180 total beds	Total number of long-term beds reported by survey participants	Total responses = 3
Communication Assets	4/6 (67%)	Number of LTC/SNF that possess communication assets for primary and back-up emergency communication.	LTC/SNF have the following: landline and cellular phones, email, two-way radios, social media. Very few have HAM radios or satellite phones.
System to communicate with families/patients	4/6 (67%)	Number of LTC/SNF that have a designated system for communication with patients and families	
Ability to receive community alerts (mobile apps, email subscriptions, etc)	4/6 (67%)	Number of LTC/SNF that receive community alerts	
Mass Communication Platform	1/6 (17%)	Number of LTC/SNF that use a mass communication platform to notify staff, patients, families, community partners, etc.	
PPE Cache	6/6 (100%)	Includes N95 masks, procedural/surgical masks, goggle, isolation gowns, and face shields	0/6 LTC/SNF have PAPRs 1/6 have Tyvek suits 0/6 have biohoods
Hospice and Home Health Resources			
There were no hospice or home health facilities that responded to the survey for the Northern Region.			

Northern Region Assets and Member Resources			
Item	**Number (%)**	**Definition**	**Comments**
Outpatient Care Resources			
Communication Assets	15/17 (88%)	Number of outpatient care facilities that possess communication assets for primary and back-up emergency communication.	Outpatient care has the following: landline and cellular phones, email, two-way radios, social media. Very few have HAM radios or satellite phones.
System to communicate with families/patients	15/17 (88%)	Number of outpatient care facilities that have a designated system for communication with patients and families	
Ability to receive community alerts (mobile apps, email subscriptions, etc)	17/17 (100%)	Number of outpatient care facilities that receive community alerts	
Mass Communication Platform	15/17 (88%)	Number of outpatient care facilities that use a mass communication platform to notify staff, patients, families, community partners, etc.	
PPE Cache	16/17 (94%)	Including N95 masks, training/fit-testing. Do not need to track masks at individual facilities but should reflect overall situation as well as any caches / specific assets	2/17 outpatient have PAPRs 0/17 have Tyvek suits 2/17 have biohoods 0/17 has decon PPE

Appendix 5: Southern Region Survey Results

Highlighted CHVA Regional Results

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

Overall Risk	
1	Communications / Telephone Failure / Network Failure
2	Patient Surge
3	Cyber Attack
4	Staffing Shortage
5	Chemical Incident
6	Mass Electrical Failure
7	Supply Chain Failure
8	Informations Systems Failure
9	Temperature Extreme (Hot)
10	Severe Thunderstorm

Unique Regional Hazard Considerations:

- Hazardous Materials Events: HAZMAT is the number one risk in most rural areas, especially in highly agricultural-centered industries. Interstate, rail transportation and fertilizer plant are less than a mile from hospitals. Therefore, the “chemical incident” hazard was moved up to the top 5 hazards by the Southern Region FWG.
- Natural disasters: Impacts can increase through cascading effects, such as a power failure related to a natural incident, etc...
- Cybersecurity: the Southern Region FWG documented a lack of planning and preparedness for “cyber attack,” putting the region at a higher risk.
- Extreme Heat: Climate change is a fact and will have a significant impact on individuals, communities, and resultant infectious diseases.

Highlighted RGA Regional Results

This table lists the region-wide assets and member-specific resources available within the Southern Region. A total of 62 responses were collected from this part of the survey.

Southern Region Assets and Member Resources			
Item	**Number (%)**	**Definition**	**Comments**
Hospital Resources			
Platform to communicate with organization/system	8/13 (61%)	Number of hospitals that use a designated platform to communicate with other organizations or larger healthcare system	
System to communicate with families/patients	3/13 (23%)	Number of hospitals that have a designated system for communication with patients and families	

Southern Region Assets and Member Resources			
Item	**Number (%)**	**Definition**	**Comments**
Mass Communication Platform	5/13 (38%)	Number of hospitals that use a mass communication platform to notify staff, patients, families, community partners, etc.	
Satellite Phones	6/13 (46%)	Number of hospitals that use satellite phones as back-up communication	
HAM Radio	9/13 (69%)	Number of hospitals that use HAM radios as back-up communication	
Two-way Radios	13/13 (100%)	Number of hospitals that use two-way radios	
Crisis Care Supplies	13/13 (100%)	Possession of cots that could be appropriately placed in flat space areas on hospital premises to create alternate care areas and including utilizing space where patients can be held awaiting treatment, actual treatment space (using cots, chairs, recliners, mobile vans, tents, air mattresses etc.).	
Morgue Capacity	101 spaces	Number of spaces to store decedents	13/13 hospitals answered this question 4 hospitals report 0 spaces
Hospital Emergency Response Team (HERT)	8/13 (61%)	Number of hospitals that have at least one HERT	
Decontamination Capacity - Ambulatory	6 patients/hour on average	Patients / hour based on exercises - assume 10 minutes/person through process (e.g. 6 patients/hour per decon station)	10/13 hospitals have this capability
Decontamination Capacity – Non-ambulatory	5 patients/hour on average	Patients / hour based on exercises - assume 10 minutes/person at each decon station	9/13 hospitals have this capability
Evacuation Resources (Sleds, Stair Chairs, Pediatric Equipment, Evacuation Buses)	10/13 (77%)	May be listed in Evacuation Plan annex from above. Equipment (may be facility or cache-based) including patient movement, triage/tracking supplies. Include availability of adult, child and infant evacuation equipment.	4 sleds 7 stair chairs 5 pediatric equipment 5 bariatric equipment 5 wheelchair vans 0 evacuation buses 10 helipads

Southern Region Assets and Member Resources			
Item	**Number (%)**	**Definition**	**Comments**
Personal Protective Equipment (PPE)	13/13 (100%)	Please note a report of inventory is not expected, but that facilities should agree on baseline stocks that should be maintained and identify resources/caches that could be used and/or purchase caches if reasonable. Consider an acceptable par level of 20% above daily use. Includes surgical masks and N-95 masks. Consider adding the number of PAPR kits (Butyl and Bio specific), spare Tyvek suits of various sizes, and Bio hoods.	7 hospitals have decontamination team PPE 1 hospital has biohoods 8 have PAPRs 8 have Tyvek suits
PPE Ensemble for Highly Infectious Disease	13/13 (100%)	PPE ensembles for the care of a patient with suspects/confirmed highly infectious disease agent	
PPE Ensemble for HAZMAT	13/13 (100%)	PPE ensembles for the decontamination team including respiratory protection.	
Public Health Resources			
Mass Mortuary / Body Bags	1/3 (33%)	Plans and/or resources for processing / identification / storage	Most PH will plan with the local Medical Examiner's Office or with nearby counties and tribes to increase fatality management capacity. 1 PH has body bags
Alternate Care Sites	2/3 (67%)	Includes materials for alternate care sites – may be managed by hospitals or local/tribal/state EM or federal	1 PH has PPE for alternate care sites. 1 PH has clinics and mobile clinic units. Most PH rely on support from local healthcare and state health department.
PPE Stockpile	3/3 (100%)	Available supplies and storage capacity, PPE stockpile	Most PH have stockpiles of gowns, gloves, surgical masks, N95 masks, shoe covers, head covers, googles, safety glasses, etc. However, they are limited in storage space.

Southern Region Assets and Member Resources			
Item	**Number (%)**	**Definition**	**Comments**
Communication Assets	3/3 (100%)	Number of public health departments that possess communication assets for primary and back-up emergency communication.	PH has the following: two-way radios, Amateur radios, individuals amateur radio certified, text alert system, email, Microsoft teams, phone lines (cellular and traditional), satellite phones, social media
Long Term Care/Skilled Nursing Facility Resources			
Evacuation Resources (Sleds, Stair Chairs, Pediatric Equipment, Evacuation Buses)	14/15 (93%)	Equipment (may be facility or cache-based) including patient movement, triage/tracking supplies	14 LTC/SNF have wheelchair vans 7 have bariatric equipment 2 have sleds 5 have evacuation buses
Long-term Acute Care Beds	395 total beds	Total number of long-term acute care beds reported by survey participants	Total responses = 6
LTC Beds	1596 total beds	Total number of long-term beds reported by survey participants	Total responses = 10
Communication Assets	12/15 (80%)	Number of LTC/SNF that possess communication assets for primary and back-up emergency communication.	LTC/SNF have the following: landline and cellular phones, email, two-way radios, social media. Very few have HAM radios or satellite phones.
System to communicate with families/patients	9/15 (60%)	Number of LTC/SNF that have a designated system for communication with patients and families	
Ability to receive community alerts (mobile apps, email subscriptions, etc)	10/15 (67%)	Number of LTC/SNF that receive community alerts	
Mass Communication Platform	4/15 (27%)	Number of LTC/SNF that use a mass communication platform to notify staff, patients, families, community partners, etc.	
PPE Cache	15/15 (100%)	Includes N95 masks, procedural/surgical masks, goggle, isolation gowns, and face shields	0/15 LTC/SNF have PAPRs 0/15 have Tyvek suits 0/15 have biohoods

Southern Region Assets and Member Resources			
Item	**Number (%)**	**Definition**	**Comments**
Hospice and Home Health Resources			
Communication Assets	10/11 (91%)	Number of hospice and home health that possess communication assets for primary and back-up emergency communication.	Home health and hospice have the following: landline and cellular phones, email, social media. Very few have HAM radios, two-way radios, or satellite phones.
System to communicate with families/patients	1/11 (9%)	Number of hospice and home health that have a designated system for communication with patients and families	
Ability to receive community alerts (mobile apps, email subscriptions, etc)	10/11 (91%)	Number of hospice and home health that receive community alerts	
PPE Cache	11/11 (100%)	Includes N95 masks, procedural/surgical masks, goggle, isolation gowns, and face shields	1/11 hospice/HH have PAPRs 0/11 have Tyvek suits 5/11 have biohoods 0/11 has decon PPE
Outpatient Care Resources			
Communication Assets	8/16 (50%)	Number of outpatient care facilities that possess communication assets for primary and back-up emergency communication.	Outpatient care has the following: landline and cellular phones, email, two-way radios, social media. Very few have HAM radios or satellite phones.
System to communicate with families/patients	7/16 (43%)	Number of outpatient care facilities that have a designated system for communication with patients and families	
Ability to receive community alerts (mobile apps, email subscriptions, etc)	11/16 (69%)	Number of outpatient care facilities that receive community alerts	
Mass Communication Platform	2/16 (12%)	Number of outpatient care facilities that use a mass communication platform to notify staff, patients, families, community partners, etc.	
PPE Cache	12/16 (75%)	Including N95 masks, training/fit-testing. Do not need to track masks at individual facilities but should reflect overall situation as well as any caches / specific assets	1/16 outpatient have PAPRs 0/16 have Tyvek suits 1/16 have biohoods 1/16 has decon PPE

Appendix 6: Western Region Survey Results

Highlighted CHVA Regional Results

This table lists the Western Region hazards in order of highest risk of occurrence and highest risk of response. These risk scores are weighted out of a total of 15 responses.

Overall Risk	
1	Pandemic (coronavirus, influenza, etc.)
2	Staffing Shortage
3	High Winds / Dust Storms
4	Patient Surge
5	Temperature Extreme (Hot)
6	High Consequence Infectious Disease Outbreak
7	Communications / Telephone Failure /Network Failure
8	Supply Chain Failure
9	Flood / Flash Flood
10	Information Systems Failure

Unique Regional Hazard Considerations:

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

Highlighted RGA Regional Results

This table lists the region-wide assets and member-specific resources available within the Western Region. A total of 15 responses were collected from this part of the survey.

Western Region Assets and Member Resources			
Item	**Number (%)**	**Definition**	**Comments**
Hospital Resources			
Platform to communicate with organization/system	0/3 (0%)	Number of hospitals that use a designated platform to communicate with other organizations or larger healthcare system	
System to communicate with families/patients	0/3 (0%)	Number of hospitals that have a designated system for communication with patients and families	
Mass Communication Platform	1/3 (33%)	Number of hospitals that use a mass communication platform to notify staff, patients, families, community partners, etc.	

Western Region Assets and Member Resources			
Item	**Number (%)**	**Definition**	**Comments**
Satellite Phones	0/3 (0%)	Number of hospitals that use satellite phones as back-up communication	
HAM Radio	1/3 (33%)	Number of hospitals that use HAM radios as back-up communication	
Two-way Radios	2/3 (67%)	Number of hospitals that use two-way radios	
Crisis Care Supplies	2/3 (67%)	Possession of cots that could be appropriately placed in flat space areas on hospital premises to create alternate care areas and including utilizing space where patients can be held awaiting treatment, actual treatment space (using cots, chairs, recliners, mobile vans, tents, air mattresses etc.).	
Morgue Capacity	4 spaces	Number of spaces to store decedents	1 hospital reports 0 spaces
Hospital Emergency Response Team (HERT)	1/3 (33%)	Number of hospitals that have at least one HERT	
Decontamination Capacity - Ambulatory	3 patients/hour on average	Patients / hour based on exercises - assume 10 minutes/person through process (e.g. 6 patients/hour per decon station)	2/3 hospitals have this capability
Decontamination Capacity – Non-ambulatory	3 patients/hour on average	Patients / hour based on exercises - assume 10 minutes/person at each decon station	2/3 hospitals have this capability
Evacuation Resources (Sleds, Stair Chairs, Pediatric Equipment, Evacuation Buses)	3/3 (100%)	May be listed in Evacuation Plan annex from above. Equipment (may be facility or cache-based) including patient movement, triage/tracking supplies. Include availability of adult, child and infant evacuation equipment.	0 sleds 1 stair chairs 0 pediatric equipment 0 bariatric equipment 0 wheelchair vans 0 evacuation buses 3 helipads
PPE Ensemble for Highly Infectious Disease	2/3 (67%)	PPE ensembles for the care of a patient with suspects/confirmed highly infectious disease agent	
PPE Ensemble for HAZMAT	2/3 (67%)	PPE ensembles for the decontamination team including respiratory protection.	
Public Health Resources			
Mass Mortuary / Body Bags	2/2 (100%)	Plans and/or resources for processing / identification / storage	Most PH will plan with funeral homes or with nearby counties and tribes to increase fatality management capacity. 1 PH has body bags

Western Region Assets and Member Resources			
Item	**Number (%)**	**Definition**	**Comments**
Alternate Care Sites	1/2 (50%)	Includes materials for alternate care sites – may be managed by hospitals or local/tribal/state EM or federal	1 PH has an alternate care cache Most PH rely on support from local healthcare and state health department.
PPE Stockpile	2/2 (100%)	Available supplies and storage capacity, PPE stockpile	Most PH have stockpiles of gowns, gloves, surgical masks, N95 masks, shoe covers, head covers, googles, safety glasses, etc. However, they are limited in storage space.
Communication Assets	2/2 (100%)	Number of public health departments that possess communication assets for primary and back-up emergency communication.	PH has the following: two-way radios, Amateur radios, individuals amateur radio certified, text alert system, email, Microsoft teams, phone lines (cellular and traditional), satellite phones, social media
Long Term Care/Skilled Nursing Facility Resources			
Evacuation Resources (Sleds, Stair Chairs, Pediatric Equipment, Evacuation Buses)	3/3 (100%)	Equipment (may be facility or cache-based) including patient movement, triage/tracking supplies	3 LTC/SNF have wheel chair vans 1 have bariatric equipment 0 have sleds 3 have evacuation buses
Long-term Acute Care Beds	142 total beds	Total number of long-term acute care beds reported by survey participants	Total responses = 2
LTC Beds	226 total beds	Total number of long-term beds reported by survey participants	Total responses = 2
Communication Assets	2/3 (67%)	Number of LTC/SNF that possess communication assets for primary and back-up emergency communication.	LTC/SNF have the following: landline and cellular phones, email, two-way radios, social media. Very few have HAM radios or satellite phones.

Western Region Assets and Member Resources			
Item	**Number (%)**	**Definition**	**Comments**
System to communicate with families/patients	2/3 (67%)	Number of LTC/SNF that have a designated system for communication with patients and families	
Ability to receive community alerts (mobile apps, email subscriptions, etc)	3/3 (100%)	Number of LTC/SNF that receive community alerts	
Mass Communication Platform	1/3 (33%)	Number of LTC/SNF that use a mass communication platform to notify staff, patients, families, community partners, etc.	
PPE Cache	3/3 (100%)	Includes N95 masks, procedural/surgical masks, goggle, isolation gowns, and face shields	0/3 LTC/SNF have PAPRs 0/3 have Tyvek suits 0/3 have biohoods
Hospice and Home Health Resources			
There was 1 hospice or home health facility that responded to the survey for the Western Region. This facility has sufficient PPE caches, utilizes phone, social media, and email, but no radios or internet-based phone.			
Outpatient Care Resources			
Communication Assets	3/5 (%)	Number of outpatient care facilities that possess communication assets for primary and back-up emergency communication.	Outpatient care has the following: landline and cellular phones, email, two-way radios, social media. Very few have HAM radios or satellite phones.
System to communicate with families/patients	1/5 (%)	Number of outpatient care facilities that have a designated system for communication with patients and families	
Ability to receive community alerts (mobile apps, email subscriptions, etc)	5/5 (%)	Number of outpatient care facilities that receive community alerts	
Mass Communication Platform	1/5 (%)	Number of outpatient care facilities that use a mass communication platform to notify staff, patients, families, community partners, etc.	
PPE Cache	5/5 (%)	Including N95 masks, training/fit-testing. Do not need to track masks at individual facilities but should reflect overall situation as well as any caches / specific assets	0/5 outpatient have PAPRs 0/5 have Tyvek suits 0/5 have biohoods 0/5 has decon PPE

Appendix 7: Central Region Vulnerability Profile

Appendix 8: Northern Region Vulnerability Profile

Appendix 9: Southern Region Vulnerability Profile

Appendix 10: Western Region Vulnerability Profile

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

Appendix 11: References

1. 2021-22 Arizona Coalition for Healthcare Emergency Response (AzCHER) Statewide Community Hazard Vulnerability Assessment. Accessed January 2023.
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4. Boege, S.L., Lauer, E.A., & Houtenville, A.J., 2019. 2017 State Report for Arizona County-Level Data: Prevalence. Durham, NH: University of New Hampshire, Institute on Disability. Retrieved from https://disabilitycompendium.org/compendium/2017-state-report-for-county-level-data-prevalence/AZ
5. Campbell, P., Trockman, S.J., and Walker, A.R. (2011). Strengthening Hazard Vulnerability Analysis: Results of Recent Research in Maine. Public Health Reports. 126(2):290-293.
6. Community Hazard Vulnerability Assessment – 2018/2019. Arizona Coalition for Healthcare Emergency Response – Central Region.
7. Coordinated Consulting Services, LLC. Final Draft Regional Hazard Vulnerability Analysis. Arizona Coalition for Healthcare Emergency Response - Northern Region. December 2017.
8. Federal Emergency Management Agency. (2018). Comprehensive Preparedness Guide (CPG) 201: Threat and Hazard Identification and Risk Assessment (THIRA) and Stakeholder Preparedness Review (SPR) Guide. (Third Edition.)
9. Kaiser Permanente. (2017). Kaiser Permanente Hazard Vulnerability Analysis (HVA) Tool. https://www.calhospitalprepare.org/hazard-vulnerability-analysis

Appendix 12: Glossary

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

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

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

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

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

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

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

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

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

Ventilators (Hospital Owned)	A ventilator is a machine that provides mechanical ventilation by moving breathable air into and out of the lungs, to deliver breaths to a patient who is physically unable to breathe or breathing insufficiently. Do not include anesthesia machines in OR. Include transport ventilators with high/low pressure and other alarms suitable for longer-duration simple ventilation situations. Quantify adult & pediatric vents. Also, ECMO.
Virtual Coordination	A platform for virtual coordination.
Volunteer Management Plan	This plan includes capabilities, deployment parameters/priorities, and processes inclusive of Medical Reserve Corps as applicable.
Wheelchair Vans	Wheelchair vans should include private services.