



## AzCHER Community Hazard Vulnerability Assessment/Resource Gap Analysis 20

### 1. Demographic Questions

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

#### **Your Role:**

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

**The regional and statewide summary reports will be completed and shared with members and partners in December 2023. The assessments will assist organizations and facilities in creating site-specific HVAs and guide plans, trainings, and exercises over the next five years that address top hazards and identify gaps in the healthcare community.**

**Please note that you can return to this survey and pick up where you left off to edit your responses any time before September 29 at 5:00pm. You may make edits to previous responses, even after you have submitted them, up until the close date--just make sure to use the same computer and browser.**

**If you have any questions, please contact Shawna Murphy at [smurphy@azhha.org](mailto:smurphy@azhha.org) or Brianna Rooney at [brooney@azhha.org](mailto:brooney@azhha.org).**

\* 1. Name

\* 2. Email

\* 3. Organization Name

\* 4. Facility Name

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

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

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

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



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2. Community Hazard Vulnerability Assessment (CHVA) Questions

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

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

**List of Hazards**

Please refer to the following terms for the ranking below:

**Occurrence Probability:** Likelihood or probability of the incident to occur.  
 Consider known risk or historical data.  
 0 = Rare or N/A  
 1 = Low (Every 10-50 years)  
 2 = Moderate (Every 1-10 years)  
 3 = High (Annually)

**Impact:** Possibility of impact to humans, property, and business.  
 Consider potential for death and injury, interruption to business and critical supplies, cost to replace or repair property.  
 0 = No impact expected  
 1 = Low (causes minimal disruption; managed at daily level)  
 2 = Moderate (causes disruption outside of normal means but does not threaten service delivery)  
 3 = High (causes significant disruption and threatens service delivery)

**Preparedness:** Level of preplanning, frequency of drills, trainings, exercises.  
 Consider your current status of planning, frequency of drills, training and exercise implementation, insurance/liability protection, availability of alternate sources for critical supplies/services  
 0 = N/A  
 1 = High preparedness  
 2 = Moderate preparedness  
 3 = Low preparedness

**Response:** Capacity to respond required by your organization.  
 Consider type of supplies on hand and volume, staff availability, availability of back-up systems, coordination with community resources, local emergency response availability, memorandums of understanding  
 0 = N/A  
 1 = High response capacity  
 2 = Moderate response capacity  
 3 = Low response capacity

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

	Occurrence Probability	Impact	Preparedness	Response
Drought	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dust Storm	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Earthquake	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Flood/Flash Flood (includes post-wildfire flooding)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Landslide/Sinkhole	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Severe Weather (damaging winds, dust storm, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Temperature Extreme (Cold)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Temperature Extreme (Hot)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tornado	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wildfire	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other (please specify)

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

	Occurrence Probability	Impact	Preparedness	Response
<b>Outbreak of Treatable Infectious Diseases</b> (vaccine-preventable, waterborne illness, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>High Consequence Infectious Disease</b> (viral hemorrhagic fevers, Ebola, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Epidemic</b> (disease that affects a large number of people within a community)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Pandemic</b> (epidemic that is spread over multiple countries or continents)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other (please specify)

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

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

Other (please specify)

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

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

Other (please specify)

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

	Occurrence	Impact	Preparedness	Response
Communications/Telephone Failure/Network Failure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cyber Attack	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dam Failure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Extended Power Outage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Information Systems Failure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mass Electrical Failure (e.g. power grid issues)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Gas Failure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Natural Gas Leak	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transportation Disruption (includes roadway, railway, air transport failures)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Water Contamination	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Water Disruption	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wastewater Treatment Failure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other (please specify)



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3. Resource Gap Analysis (RGA)

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

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



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4. EMS / Fire Department Resource Questions

The below questions will address EMS / Fire Department resources.

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

BLS Ambulances: may include scheduled and 911 assets

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

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

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

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

MCI Trailer: includes contents necessary to treat casualties

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

Wheelchair Vans or ADA compliant vehicles

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

Burn Mass Casualty

Radiation Emergency

Pediatric Mass Casualty

Other

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

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

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

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

17. Do you receive Arizona Health Alert Network (AzHAN) notifications from AzCHER?

- Yes
- No

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

- Sleds
- Stair Chairs
- Pediatric Equipment
- Bariatric Equipment
- Other (please specify)
- Evacuation Buses (and certified drivers)
- Wheelchair Vans
- Not applicable due to facility type

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



## 5. Hospital Questions

**These questions will address hospital resources.**

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

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

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

22. Do you receive Arizona Health Alert Network (AzHAN) notifications from AzCHER?

- Yes  
 No

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

- Yes  
 No

24. Do you have any of the following HERT resources?

- Hard Shower  
 Tents

25. How many HERT-trained personnel do you have?

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

**Decontamination Capacity**

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

**Decontamination Capacity (non-**

**ambulatory):** Patients / hour based on exercises - assume 10 minutes/person at each decon station



\* 27. What evacuation resources do you have? Select all that apply:

- Sleds
- Stair Chairs
- Pediatric Equipment
- Bariatric Equipment
- Other (please specify)
- Evacuation Buses (and certified drivers)
- Wheelchair Vans
- Helipad
- Not applicable due to facility type

\* 28. Do you maintain a cache of PPE (i.e. level of PPE 20% above daily use) for the following items? Check all that apply.

- N95 masks
- Procedural/surgical masks
- Goggles
- Isolation gowns
- Face shields
- PAPR kits
- Tyvek suits
- Bio hoods
- Decontamination team PPE
- Not applicable due to facility type

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

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

Other (please specify)

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

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



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### 6. Public Health Questions

The below questions will assess public health resources.

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

**Alternate Care**

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

**Communication**

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

**Mass mortuary**

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

**Medical**

**Countermeasures**

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

**PPE Stockpile:**

Available supplies and storage capacity

**Healthcare**

**volunteer**

**management:**

Resources or MOUs for healthcare volunteers (e.g. CERT or MRC)

**Call centers:**

Capability to set up a call center for a public health emergency

33. Do you receive Arizona Health Alert Network (AzHAN) notifications from AzCHER?

Yes

No

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

Choose File

Choose File

No file chosen

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



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7. Long-term Care / Skilled Nursing Facility Questions

The below questions will assess long-term care resources.

\* 36. Do you maintain a cache of PPE (i.e. level of PPE 20% above daily use) for the following items? Check all that apply.

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

\* 37. What evacuation resources do you have? Select all that apply:

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

38. Does your evacuation plan include a Memorandum of Understanding (MOU) or similar agreement with another facility or hospital to take patients?

- Yes  
 No

39. Do you have the following incident command resources?

- |   |  |
|---|--|
| <input type="checkbox"/> Emergency preparedness binders           | <input type="checkbox"/> Incident command system board             |
| <input type="checkbox"/> Disaster management identification vests | <input type="checkbox"/> Radios                                    |
| <input type="checkbox"/> Go kit with job action sheets            | <input type="checkbox"/> Dedicated room or space for command staff |

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

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

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

- Yes
- No

42. **Bed Capacity:** Please indicate the number of licensed beds for the following categories.

Long-term acute care beds

Long-term beds

43. Do you have other specialized units (e.g. dialysis services, behavioral health)? Please list them in the box.

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



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**8. Outpatient Care Questions**

**The below questions will assess outpatient care resources.**

\* 45. Do you maintain a cache of PPE (i.e. level of PPE 20% above daily use) for the following items? Check all that apply.

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

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

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

47. Do you have the following incident command resources?

- |   |  |
|---|--|
| <input type="checkbox"/> Emergency preparedness binders           | <input type="checkbox"/> Incident command system board             |
| <input type="checkbox"/> Disaster management identification vests | <input type="checkbox"/> Radios                                    |
| <input type="checkbox"/> Go kit with job action sheets            | <input type="checkbox"/> Dedicated room or space for command staff |

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

- Yes
- No

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



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9. Emergency Management Resource Questions

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

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

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

51. Do you receive Arizona Health Alert Network (AzHAN) notifications from AzCHER?

- Yes  
 No

52. Please describe your resources for setting up a call center in a public health emergency.

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



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10. Hospice / Home Health Resources

**The below questions will assess hospice and home health resources.**

\* 54. Do you maintain a cache of PPE (i.e. level of PPE 20% above daily use) for the following items? Check all that apply.

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

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

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

56. Do you have the following incident command resources?

- Emergency preparedness binders
- Disaster management identification vests
- Go kit with job action sheets
- Incident command system board
- Radios
- Dedicated room or space for command staff

57. Do you receive Arizona Health Alert Network (AzHAN) notifications from AzCHER?

- Yes
- No

58. Do you have anything else to add regarding hospice and home health resources?



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11. Other Resources

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

\* 59. Do you maintain any PPE for the following items? Check all that apply.

- N95 masks
- Procedural/surgical masks
- Goggles
- Isolation gowns
- Face shields
- PAPR kits
- Tyvek suits
- Bio hoods
- Decontamination team PPE
- Not applicable due to organization type

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

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

61. Do you receive Arizona Health Alert Network (AzHAN) notifications from AzCHER?

Yes

No

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