



EMERGENCY RESPONSE PLAN

Arizona Coalition for Healthcare Emergency
Response

June 2024

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Record of Changes

<u>DATE</u>	<u>CHANGE</u>	<u>PAGE(S)</u>
May 2024	Version 5 for review by staff, RSCs and general membership <ul style="list-style-type: none"> • Updated branding • Clarified EMS/Fire roles and responsibilities • Revised the activation levels to align with NIMS and public health 	Entire document
May 2023	Version 4 for review by staff, RSCs and general membership <ul style="list-style-type: none"> • DAFN Advisor review <ul style="list-style-type: none"> ○ Added CMIST framework • Added NDMS FSE action items • Revised response organizational structure • Burn Surge TTX <ul style="list-style-type: none"> ○ Added ADHS EMResource contact information for training and onboarding (based on area of improvement) • Revised response plan framework • Removed legal authorities' section since it is in ADHS plans • Formatting/grammar • Align with formatting of ADHS plans 	Entire document
May 2022	Version 3 for review by staff and general membership approval Incorporation of relevant improvement plan items	Entire Document
May 2021	Version 2 for review by RSCs and general membership approval	Entire Document
Aug 2020	Version 1 for review by RSCs and general membership approval	Entire Document

Background

The Arizona Coalition for Healthcare Emergency Response (AzCHER) is the healthcare coalition (HCC) serving the state of Arizona. Housed at the Arizona Hospital and Healthcare Association (AzHHA), it is a statewide healthcare coalition with four distinct regions: Central, Northern, Southern, and Western. It operates under the laws of the State of Arizona and in Region IX of the Federal Emergency Management Agency's (FEMA's) National Preparedness Division, funded and overseen by the Administration for Strategic Preparedness and Response (ASPR), a division of the U.S. Department of Health and Human Services (HHS). ASPR directs the Hospital Preparedness Program (HPP) funding to the Arizona Department of Health Services (ADHS), which is then distributed to AzCHER and other partners within the state while also ensuring program compliance with federal regulations.

The purpose of AzCHER is to ensure resiliency in the state's healthcare delivery system by preparing, responding, and recovering from large-scale emergencies or disasters. Additionally, AzCHER contributes to disaster response efforts by serving as an Emergency Support Function (ESF)-8 support to state and local public health entities, as requested. It can facilitate collaboration among public health, healthcare, pre-hospital and transport entities, emergency management, and various other community partners to build, strengthen, and sustain a healthcare preparedness and response system in Arizona.

Purpose

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

This Emergency Response Plan (ERP) is an all-hazards document and will be supplemented with incident-specific annexes over time, based on the gap and risk analysis as outlined in the Integrated Preparedness Plan (IPP). It aligns with the ADHS' All Hazard Emergency Response Plan and will continue to evolve as the state's plan and member plans contribute to its development. This plan will be posted in its continuously updated form for HCC members to view and utilize Basecamp (document sharing platform) and will be posted online. Coalition staff will maintain a copy for editing online at the SharePoint site. It is available to other partners upon request.

Scope

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

Organizations covered under this plan are members and partners, a set that includes healthcare facilities (hospitals, long-term care and skilled nursing facilities, hospice and home health, community health centers, behavioral health facilities, ambulatory surgery centers, and other provider types), Emergency Medical Services (EMS) and patient transport entities, fire departments, jurisdictional and tribal public health, and jurisdictional and tribal emergency management. AzCHER's response role does not supersede jurisdictional or agency responsibilities. It aims to work in concert with, and does not replace or interfere with, individual organizations' policies or official command and control structures authorized by state and local emergency management.

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

The scope of this plan encompasses coordination and support for at-risk populations, including limited English proficiency (LEP) populations, geographically isolated individuals, disabilities, access and functional needs (DAFN) groups, people with serious mental illness (SMI), and others requiring behavioral healthcare. Response strategies will consider the medical and public health needs of groups such as people with disabilities, pregnant women, children, senior citizens, and other sub-groups as dictated by the response.

The ERP is one of many documents intended to provide an operational infrastructure for the HCC's response activities toward meeting its purpose. This plan bidirectionally augments the following:

- Participation Agreement
- Memorandum of Understanding (MOU)
- Integrated Preparedness Plan
- Governance Document
- Regional Steering Committee (RSC) Member Job Description

The ERP and its hazard-specific annexes are integrated into the emergency response community and support responses at the state and local levels. Together, plans at all levels

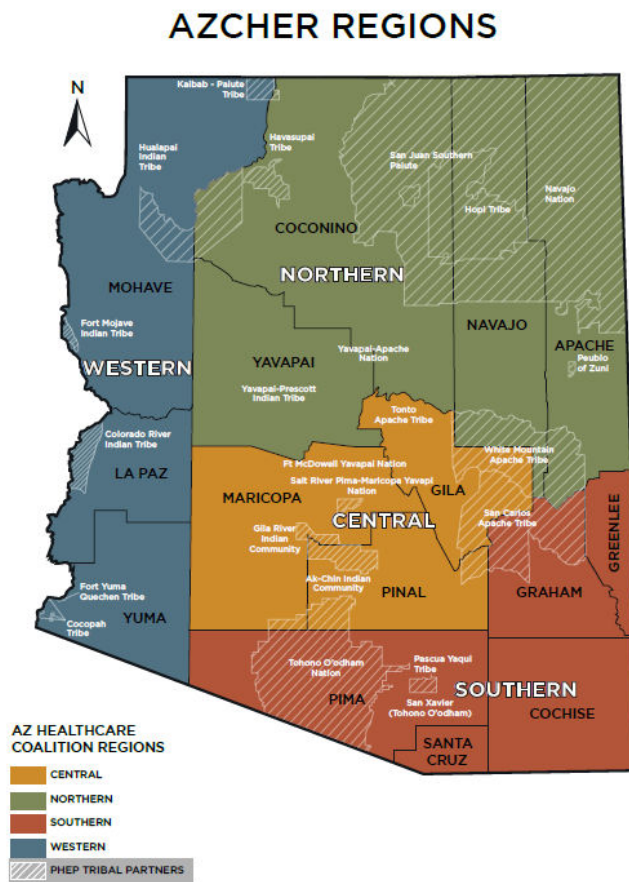
contribute to a synergistic response framework that supports the healthcare system and community resilience.

Appendix A illustrated the ERP alignment with the [2017-2022 Healthcare Preparedness and Response Capabilities](#) as described by ASPR.

Organization

Membership

Consistent with federal requirements, the HCC is charged with maintaining a core membership of hospitals and other healthcare entities; EMS / patient transport entities / prehospital coordination; public health (both county and tribal); and emergency management (both county and tribal). It also endeavors to maintain membership from diverse sectors including organizations targeting specific vulnerable populations, such as those dedicated to serving persons with DAFN; unhoused persons; children; and older adults. Efforts are made to include other types of organizations, such as non-governmental organizations (NGOs) having an interest in healthcare emergency management; law enforcement; public partners, such as the National Disaster Medical System (NDMS) and the Emergency System for the Advanced Registration of Volunteer Health Professionals (ESAR-VHP); and critical infrastructure partners, such as electric/gas companies and communications providers.



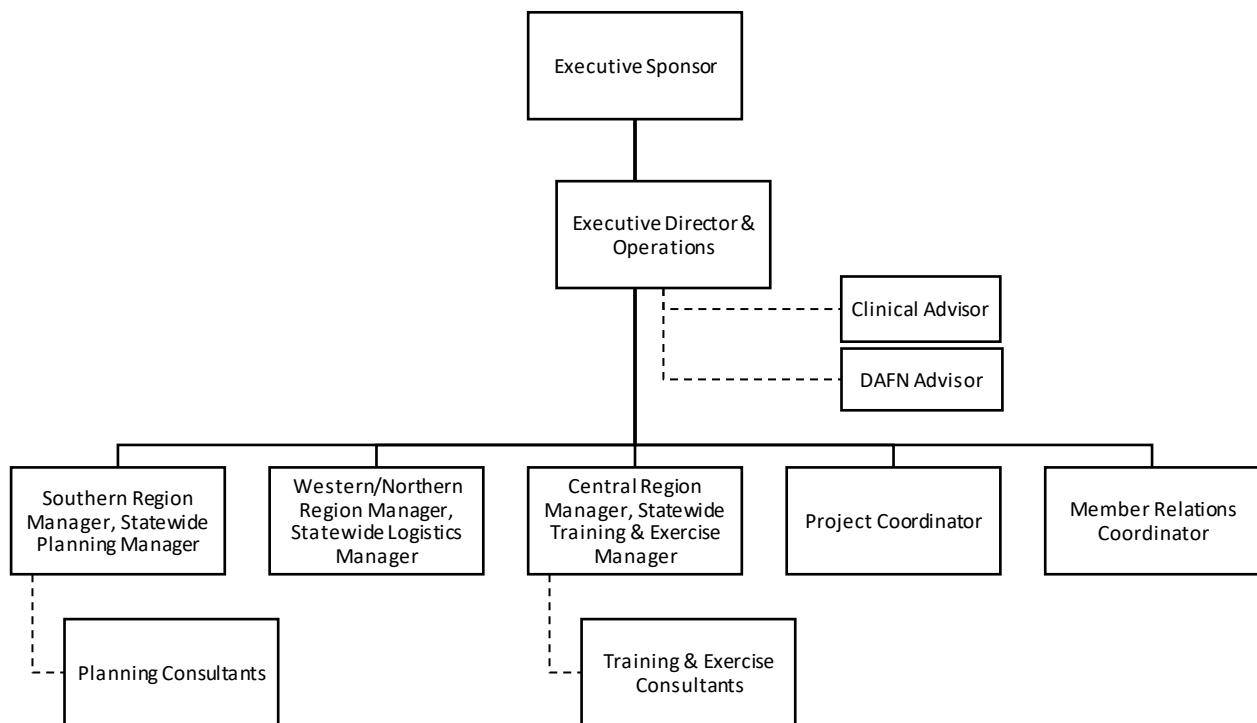
Membership and RSCs are organized by four regions in the state: Central, Northern, Southern, and Western. These are the four regions that previously served as independent coalitions prior to their consolidation in July of 2019.

Governance

As described in AzCHER's Governance Document (Integrated Preparedness Plan: Annex A), the HCC is led by four RSCs comprised of core members and other lead partners. For a routine,

annual plan update, RSCs review and provide input into key documents and plans prior to being voted on by the general membership, advise on trainings and exercises, determine what topics will be covered in general body meetings, and provide general leadership. They are the volunteer representatives and spokespersons for the HCC as supported by staff management (see chart 1 below). In turn, many individual activities, such as the Community Hazard Vulnerability Assessment noted below, are undertaken by functional work groups. Functional work group participation is open to general membership and RSC members alike.

Chart 1: Staff Organization Chart



Assumptions and Activation

Each sub-section below describes assumptions for when the plan will be activated and what members and AzCHER will do in response to an emergency, so that plans can be appropriately activated as necessary.

Member Assumptions

- Member organizations will have required EOPs and related procedures.
- Members will report on situational awareness under the assumption they will manage the incident according to each organization’s EOP (such as taking internal steps to

increase patient capacity and implement surge plans) before requesting outside assistance.

- A member organization or the local, tribal, regional, statewide, or national healthcare delivery system can be affected by an internal or external emergency that impacts operations up to and including facility evacuation.
- Member EOPs are based on certain assumptions about the existence of specific resources and capabilities that are subject to change. Therefore, flexibility is built into plans. Some variations in the implementation of the concepts identified may be necessary to protect the health and safety of patients, healthcare facilities, and staff.
- DAFN populations may be disproportionately impacted by emergencies and member organizations work to ensure compliance with the Americans with Disabilities and Rehabilitation Acts (ADA).
- Except in unusual circumstances, individual private healthcare organizations retain their respective decision-making sovereignty during emergencies.
- Events will be managed at the most appropriate local level possible by the jurisdictional public health department and emergency management agency. Local resources, whether municipal, tribal, or county, will be used first.

AzCHER Assumptions

- Will serve in a communication and coordination role between and among healthcare organizations and public health as requested by members or partners.
- Will promote coordination with multijurisdictional authorities. This could include but is not limited to:
 - Issuance of emergency or urgent alerts/notifications
 - Issuance of emergency or urgent resource facilitation
 - Survey administration and information collection
- Strongly encourages members to develop a facility based EOP utilizing the principles of NIMS.
- Resource sharing between and among members during a response will be conducted in accordance with the MOU when both affected and assisting organizations have signed the MOU and agreed to its terms.
- Staff have the necessary ICS training and can supplement ESF-8 staff at the EOC, if requested. This liaison will communicate with HCC members to update the status of an incident and request support for needed resources.
- The processes and procedures outlined in this ERP are designed to support and not supplant individual healthcare organizations emergency response efforts.
- The use of NIMS will enable consistent processes and procedures by the HCC and will promote integration with public sector response efforts.

Administrative Support

The initial draft of the Emergency Response Plan has been developed by HCC staff. Upon Level 3 review, it will be distributed to the four regional planning work groups for review, input, and editing, followed by a second draft that consolidates work group input and is shared with general membership (see Plan Maintenance section). General membership will have an opportunity to review the document, ask questions, and then vote. Voting will take place via an anonymous online tool with a direct link shared via email to primary organizational points of contact. Each member organization will have only one vote.

This ERP will be reviewed on an annual basis, at a minimum, at the conclusion of each budget period (fiscal year end, June 30th), taking into consideration the Community Hazard Vulnerability Assessment (CHVA) and Resource and Gap Analysis (RGA), and improvement plans as recorded in AAR of exercises and real-world events, as well as changes in the administrative requirements stipulated in the ASPR and the ADHS yearly grant guidance. Drafts of the revised plan will be reviewed by RSCs, modified as requested, then distributed to general membership for voting. Annual reviews will include the identification of gaps in the plan and the determination of how the HCC will collaborate with its members and external partners to define strategies that address those gaps.

The Statewide Planning Manager will maintain records of all changes and will ensure that the most recent version is made available on Basecamp and on the website.

Concept of Operations

AzCHER will serve as a multi-disciplinary support to the lead ESF-8 agency and its role is to support a coordinated response among healthcare agencies, including but not limited to:

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

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

AzCHER Staff

Response Role

- Promote a **common operating picture** through shared information to include:
 - Ensuring access and availability of the Warm Line (602-264-2930).
 - Facilitating information sharing and situational awareness by using communications platforms such as the Arizona Health Alert Network (AzHAN),

- BaseCamp, AzCHER Connect, the website, newsletters, emailed bulletins, or special announcements or requests.
- Collecting and sharing EEI to support response activities.
- Facilitating response coordination meetings among members, such as with daily or weekly huddles, as needed.
- Developing Incident Action Plans (IAP) and daily Situation Reports on an established timeline.
- Maintaining up-to-date member rosters, including important emergency management and public health contacts, to ensure members are receiving relevant communications.
- Maintaining and adhering to established communications and protocols.
- Assist in a **coordinated response** among members and the local/county/tribal jurisdictions (including local EOCs), serving as an intermediary for information sharing
 - Ensure access and availability through a Warm Line.
 - Support and integrate the healthcare system with ESF-8 to establish productive communications and information sharing.
- Assist with **resource management** between partner entities, particularly within the healthcare sector for healthcare resources, such as personal protective equipment (PPE), medical equipment, and staffing, utilizing the inventory tracking spreadsheet and the MOU.
 - Facilitate resources to support evacuation and medical surge activities.
 - Augment existing Strategic National Stockpile (SNS) and Medical Countermeasure (MCM) distribution by ESF-8.
 - Support resource coordination efforts that meet healthcare system needs, which may include building supply chain partnerships.
 - Provide direct coordination support to members with high-priority needs by directly responding to requests for assistance.
 - Note: While AzCHER assists health care organizations through MOU resource sharing and potential funding for select resources, it does not make formal requests to local or state ESF-8 agencies. Instead, health care organizations, if they are unable to obtain resources through the HCC or organizational processes, can make formal requests for resources to their local ESF-8 agency.

Coordination Role:

- Support jurisdictional programs, such as the Arizona Emergency System for the Advance Registration of Volunteer Health Professionals (AZ-ESAR-VHP) and Medical Reserve Corp (MRC).
- Serve as a multi-disciplinary support to the lead ESF-8 agency, including representation on state level task forces, workgroups, etc.
- Coordinate with federal responses as support to ESF-8 when requested. Examples include NDMS exercises and national public health emergencies.

- Patient transfers: provide guidance and collection of EEIs in coordination with the state and local ESF-8 agency to facilitate unique patient transfers.
- Facilitate the integration of DAFN considerations and the CMIST (Communications, Medical, Independence, Services/Support/Self-Determination, and Transportation) framework into member plans and exercises.
 - Coordinate with area disability partners as resources for unique functional need problem solving.

General Membership

Response Role:

- Submit EEI through EMResource, surveys, and other data-sharing platforms as available.
 - Examples of potential EEI include notification of incident to HCC members, time to bed availability reporting, time to setting up field triage, time to appropriately distribute casualties; time to stage transportation resources to transport casualties, and time to staff a family assistance center.
 - Incident-specific platforms such as the Arizona Surge Line and Post-Acute Care Capacity Tracking Tool (PACCT) were utilized during the COVID-19 response.
 - Maintain login credentials for submitting EEI to EMResource. Reach out to ADHS at isggtt@azdhs.gov if a new account or update is needed.
- Notify local or tribal public health when the facility's EOP is activated and the EOC or Command Center has been established.
- Participate in multi-agency coordination efforts that support and integrate with the ESF-8 lead agency to establish effective support for the healthcare system; this could include engaging in jurisdictional calls or "huddles," sharing facility status with local or tribal public health, and/or sharing facility resources with other members, ideally via the MOU.
- Request needed resources through local or tribal public health and with support from AzCHER by submitting the appropriate resource request form.

Coordination Role

- Share information and contribute to situational awareness by actively communicating with AzCHER and public health via email, phone, Basecamp, etc; this information could include facility status, security needs, staffing needs, and/or demand for services juxtaposed with the facility's ability to meet that demand.
- Include considerations for serving the DAFN population in emergency plans.

Membership Sector Roles

All HCCs are required to maintain a core membership of hospitals and healthcare; EMS/patient transport/prehospital patient care; public health; and emergency management. Other partners are welcome as well. Below is a list of the four core member types and their associated

response role and coordination role. Roles listed here are specific to HCC activities and are not exhaustive lists of response functions.

Hospitals and Healthcare Provider

Response Role:

- Must triage, admit (hospitals only), and provide fully accessible medical care for patients affected by the disaster.
- Provide continuous steady state services to the community, including managing traumatic injuries unrelated to the emergency, providing care for sudden acute illnesses, curative, rehabilitative, skilled nursing, home health, and hospice care.
- Protect workers from contaminants or disease through the proper use and application of PPE and prophylaxis.
- Respond to surges and activate triage and transfer protocols accordingly and through internal emergency surge plans.
- Provide a surge or discharge to the patient's home or an alternative step-down level of care.
- Plan for transportation and assistance with the evacuation of patients or residents.
- Address the type of patient or resident population, including using a facility or organization assessment to determine the type of services offered and the ability to provide them in an emergency.

Coordination Role:

- Maintain responsibility for identifying the need for additional staff, supplies, pharmaceuticals, and specialized equipment for all patients, including pediatric, burn, behavioral health, those with disabilities and other access and functional needs, and patients with limited English proficiency.
- Maintain effective communication of needs to ESF-8 coordination agencies and AzCHER.
- Coordinate and assist other local healthcare partners, as capable and as resources allow.
- Coordinate individual facility support needs such as security and law enforcement augmentation, food, fuel, water, and other facility support items per facility-specific disaster plans, including maintenance of supply chain contacts.

Emergency Medical Services (EMS) / Fire Departments

Response Role:

- Provide on-scene stabilization and medical treatment, including on-scene triage, treat and release, and transportation, as appropriate.
- Continually assess assets and priorities.
- Transport patients to a receiving facility or alternate care site in a timely and safe manner.
- Communicate directly with healthcare facilities and local ESF-8 agencies, especially regarding patient transfers.
- Protect workers from contaminants or disease through the proper use and application of PPE and prophylaxis.
- Utilize "just in time" training to expand scope of practice, as needed and under medical direction.

- Public Safety Answering Points and Emergency Communications Centers will coordinate local and regional resource response, including fire, police, and EMS.

Coordination Role:

- Provide situational awareness and track response activities with partners at the local level.

Public Health (state, tribal, local)

Response Role:

- Act as the lead ESF-8 agency in the jurisdiction.
- Investigate unusual occurrences of disease that have been identified as a public health concern or threat throughout the community (including new or emergent diseases, Chemical, Biological, Radiation, Nuclear (CBRN) agents, chemical agents, radiation sources, or other public health threats).
- Contain disease outbreaks by implementing control measures such as community outreach and education, the request and dispensing of medical countermeasures, the provision of social distancing recommendations, and/or, if necessary and in collaboration with ADHS, providing isolation and/or quarantine, as warranted by the nature of the threat.
- Coordinate with other local, tribal, state, and federal public health agencies to enhance monitoring for potential or actual significant events.
- Coordinate fatality management with local healthcare partners; coordinate with the jurisdictional Medical Examiner's Office and the Office of Emergency Management.
- Support public health education, information, and material during public health incidents.
- Maintain their jurisdiction's Vital Records Registrar

Coordination Role:

- Liaise with the HCC coordinating entities, providing situational awareness and information sharing based upon epidemiological systems, hospital discharge data, and EEI.
- Advise when ESF-8 has been activated within their jurisdiction.

Emergency Management (state, tribal, local)

Response Role:

- Activate and manage jurisdictional EOCs.
- Manage jurisdiction resources to support incident functions, including identifying and resolving shortfalls.
- Assist with the dissemination of public information.
- Will compile initial damage assessment information.

Coordination Role:

- Advise when an emergency has been activated within their jurisdiction and leverage AzCHER to support related ESF-8 functions.

Other Partners

Response Role:

- Execute internal response plans, fulfilling internal roles and responsibilities.

Coordination Role:

- Liaise with the coordinating entities, providing situational awareness and information as appropriate to the response operation.
- Honor MOU resource sharing requests as supply levels allow.

Response Organizational Structure

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

Chart 2: AzCHER’s Position in Emergency Response Coordination

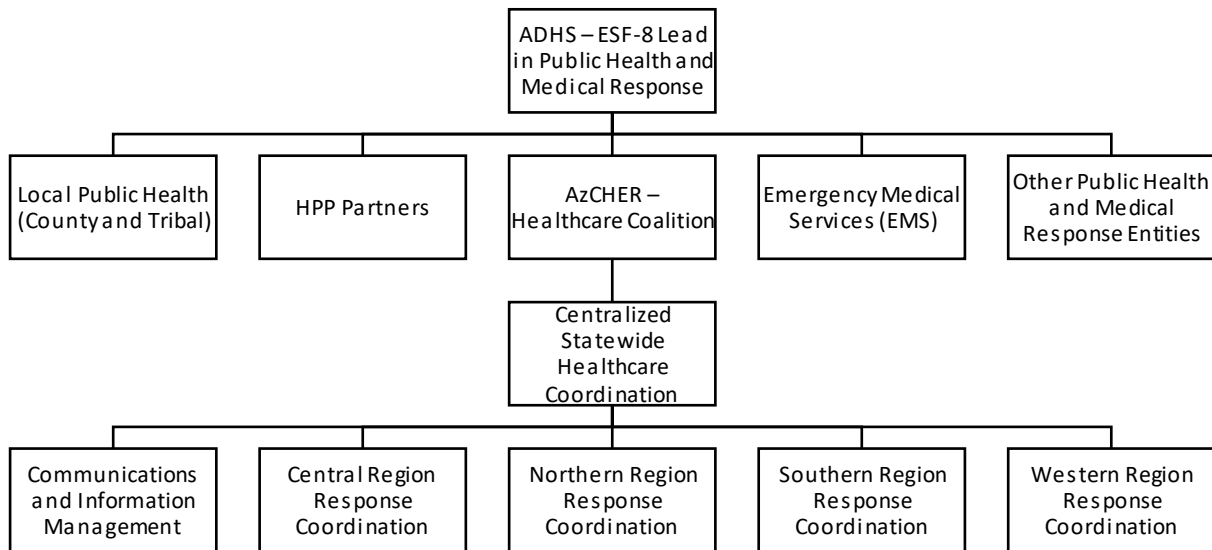


Table 1.0: Description of the response priorities for each coordinating functional area.

Coordinating Functional Area	Response Priorities
Communication and Information Management	Maintain communications using the following methods: AzCHER-Connect; Website; Survey Administration / EEI Collection; AzHAN <ul style="list-style-type: none"> • Basecamp • Situational Awareness Calls and/or Huddles • Mobile app • Newsletters • Emailed bulletins or special announcements/requests
Regional Response Coordination	<ul style="list-style-type: none"> • Healthcare response coordination and ESF-8 support • Situational awareness and information sharing • Facilitation of resource sharing • Serve in organizational or jurisdictional EOC as requested
Planning	<ul style="list-style-type: none"> • Provide planning services for response effort • Supervise preparation of IAP • Ensure response activities align with established Coalition plans
Logistics	<ul style="list-style-type: none"> • Provide incident support needs • Supports ESF-8 resource requests • Manage critical supply chain relationships
Operations	<ul style="list-style-type: none"> • Operational elements situational awareness and information sharing • Development of the operations portions of the IAP • Maintain emergency contacts • Coordinate information collection and sharing

Response Operations and Stages

Stage 1 - Incident Recognition

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

- A request to activate or monitor by ADHS, local/tribal public health, a member, or partner that may relate to:
 - A localized incident, such as a facility evacuation due to utility failure.
 - A multi-jurisdictional incident, such as a mass casualty incident involving more than one hospital in a large geographic area.
 - An incident in an area with few resources, such as low population or a large geographic area without a hospital.
- Open-source media, such as a press release issued to print or radio communications.
- Precipitation of requests for resource sharing, such as Strategic National Stockpile (SNS) deployment, epidemiological investigation, or facility evacuation.

- Any substantive alert message requiring action from public health and/or healthcare, such as through the AzHAN, including but not limited to:
 - A natural disaster
 - A biological attack
 - A chemical attack or spill
 - A biological disease outbreak
 - A radiological threat or incident
 - A credible terrorist threat or actual terrorist incident

Stage 2 – Plan Activation

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

Table 2.0: Activation levels and descriptions

Activation Level	Incident Recognition / Indicators	Response Plan Activation Level	Emergency Information Sharing
Tier 4: Not activated	<p>Single facility affected; no medical surge</p> <p>Healthcare facility or corporate networks able to manage operational functions without additional resources</p> <p>Facility EOP may or may not be activated</p>	Not activated; Monitoring	<ul style="list-style-type: none"> • A single healthcare facility, local/state/tribal public health or emergency management may communicate via the Warm Line or Regional Manager for informational purposes and situational awareness
Tier 3: Standby	<p>Initial stages of emergency that has potential to impact healthcare operations and may impact medical surge</p> <p>Regional resource coordination may be on standby and situational updates needed</p>	Approaching Activation or Partially Activated	<ul style="list-style-type: none"> • Local/state/tribal public health, emergency management, or responding facility communicates information to the Warm Line or Regional Managers • Regional Manager notification to local/tribal public health and local/tribal emergency

	Healthcare facility(ies) begin to activate EOP		<p>management via telephone, as appropriate</p> <ul style="list-style-type: none"> Regional Manager share advisory information to regional healthcare agencies, including LTC facilities, via the Arizona Health Alert Network (AzHAN), telephone, or other means Regional Manager notifies internal staff
Tier 2: Activated – Regional Impacts	<p>Emergency affects large populations or geographic areas precipitating additional demand for medical services and may result in a medical surge</p> <p>Multiple healthcare facilities affected and may be on <i>caution</i> or <i>divert</i> in EMResource</p> <p>Regional bed availability reaches concerning levels</p> <p>May result in facility evacuation or saturation and/or intra-regional patient transfer</p> <p>Additional healthcare facilities activate their EOPs</p>	Regional Activation	<ul style="list-style-type: none"> Activation requested by responding facility/ies, public health, or emergency management (especially if regional support is needed) Regional Managers share alert information to all affected organizations or agencies, including nearby healthcare facilities, local/state/tribal public health and emergency management, if not already notified Regional Managers will conduct situational awareness calls with healthcare community
Tier 1: Activated – Statewide Impacts	<p>Emergency affects large population resulting in medical surge/ healthcare demand beyond a regional jurisdiction</p> <p>Statewide bed availability reaches concerning levels</p>	Inter-Regional or Statewide Activation	<ul style="list-style-type: none"> Executive Director shares alert information with all affected organizations or agencies, including nearby healthcare facilities, public health, and emergency management, if not already shared

	<p>Healthcare facilities may require inter-regional/statewide or federal support (such as SNS distribution, supply chain management, or implementation of patient transfer protocols)</p> <p>The number of healthcare facilities requesting assistance through the MOU increases</p>		<ul style="list-style-type: none"> • Integrated coordination and activities as part of HCC’s statewide response • Regional Managers will increase the frequency of situational awareness calls
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Stage 3 - Information Sharing and Communication

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

Stage 4 - Mobilization

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

Stage 5 - Incident Operations

Initial AzCHER Actions – During the process of activation and to inform the tiered levels, staff will gather relevant information, assess the situation, and develop an initial IAP. Activities will include but may not be limited to:

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

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

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

If needed resources are not available through resource sharing, the MOU activation, or grant funding, formal resource requests will be made to the local ESF-8 agency by health organizations.

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

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

Plan Development and Maintenance

AzCHER plan review and revision involves three levels:

- Level 1 - Cosmetic and cursory internal review
- Level 2 - Operational partner review for content updates
- Level 3 - Complete plan overhaul

In collaboration with internal and external partners, the Statewide Planning Manager takes the lead in reviewing and revising the plan to ensure:

1. The plan will be evaluated through exercises or real-world events regularly. AzCHER and member participation will vary and is dependent on the scope of the exercise or event. The associated corrective actions, lessons-learned, and best practices will be implemented and integrated as appropriate.
2. The maintenance of the plan will include review by communicating through email, telephone, or in-person meetings with operational stakeholders as dictated by the level of review identified. This will occur at a minimum annually and in conjunction with exercise or real-world events.

3. Member comments will be obtained directly through an annual email and survey.
4. The revised plan will be posted to the document sharing platform, Basecamp, and filed in the Coalition's secure information sharing portal. In addition, the updated and approved plan will be shared with all operational stakeholders and other partners to promote local and state emergency planning alignment.

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

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

Acronym List

Acronym	Definition
AAR	After Action Report
ADHS	Arizona Department of Health Services
AFN	Access and Function Needs
AzCHER	Arizona Coalition for Healthcare Emergency Response
AzHAN	Arizona Health Alert Network
AZHHA	Arizona Healthcare and Hospital Association
CBRN	Chemical, Biological, Radiological, and Nuclear
CMIST	Communications, Medical, Independence, Services/ Support/ Self-Determination, and Transportation
DAFN	People with Disabilities and Other Access and Functional Needs
EEI	Essential Elements of Information
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operating Procedures
ESAR-VHP	Emergency System for the Advanced Registration of Volunteer Health Professionals
ESF	Emergency Support Function
FEMA	Federal Emergency Management Agency
HCC	Healthcare Coalition
HEOC	Health Emergency Operations Center
HHS	U.S. Health and Human Services
HICS	Hospital Incident Command System

HPP	Hospital Preparedness Program
IAP	Incident Action Plan
ICS	Incident Command Structure
IP	Improvement Plan
IPP	Integrated Preparedness Plan
LEP	Limited English Proficiency
MCM	Medical Countermeasures
MOU	Memorandum of Understanding
MRC	Medical Reserve Corp
NDMS	National Disaster Management System
NGO	Non-governmental Organization
NHICS	Nursing Home Incident Command System
NIMS	National Incident Management System
NRF	National Response Framework
PACCT	Post-Acute Care Capacity Tracking Tool
PPE	Personal Protective Equipment
RSC	Regional Steering Committee
RSS	Receive, Stage, Store
SDMAC	State Disaster Medical Advisory Committee
SEOC	State Emergency Operations Center
SNS	Strategic National Stockpile

Appendix A: Capability Alignment

The *Emergency Response Plan* has been developed in alignment with the *2017-2022 Healthcare Preparedness and Response Capabilities* as described by the Administration for Strategic Preparedness and Response (ASPR).

Capability 2. Healthcare and Medical Response Coordination (excerpt)

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

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

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

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

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

Appendix B: Emergency Plan Framework Supporting AzCHER Emergency Response Plan

Federal	State	Local Public Health	AzCHER Emergency Response Plan	Healthcare Facilities and Organizations (AzCHER Members)
<ul style="list-style-type: none"> • National Response and Recovery Framework 	<ul style="list-style-type: none"> • Arizona State Emergency Response and Recovery Plan (SERRP) and Disaster Recovery Framework • ADHS Plans and Guidance <ul style="list-style-type: none"> • All Hazard Emergency Response Plan • Infectious Diseases of High Consequence (IDHC) Plan • Public Health and Recovery • Medical Surge Personnel and Public Health Volunteer Coordination Plan • Arizona Crisis Standards of Care Plan • Crisis and Emergency Risk Communication Plan (CERC) • Fatality Management Plan • Medical Countermeasures (MCM) Operational Plan • Integrated Preparedness Plan 	<ul style="list-style-type: none"> • County and Tribal Emergency Response Plan/Emergency Operations Plan • Local Public Health Emergency Response Plan and Guidance <ul style="list-style-type: none"> • All Hazards Response Plan • MCM/Points of Dispensing (POD) • Non-Pharmaceutical Interventions • At-Risk Populations Emergency Response • Community Recovery • Continuity of Operations (COOP) • Crisis and Risk Communication • Disaster Behavioral Health • Disaster Recovery • Emerging Infectious Diseases • Environmental Health • Fatality Management • Isolation and Quarantine • Medical Surge • Outbreak Response • Pandemic Influenza Preparedness and Response • Reunification • Volunteer Management 	<ul style="list-style-type: none"> • HCC Response Plans and Guidance <ul style="list-style-type: none"> • Pediatric Surge Annex • Infectious Disease Surge Annex • Infectious Diseases of High Consequence CONOPS • Burn Surge Annex • Radiation Surge Annex • COOP • Integrated Preparedness Plan • Communications Plan • Chemical Surge Plan 	<ul style="list-style-type: none"> • All Hazards Emergency Operations Plan <ul style="list-style-type: none"> • Incident-specific Annexes • Communication Plan • Emerging Infectious Disease Protocols • Policy for subsistence needs for staff and patients • Policy for tracking staff, patients, and volunteers assigned to the facility • Evacuation Plan/Policy • Shelter in Place Plan/Policy • Medical Documentation (HIPAA) Policy • Surge Staff and Volunteer Policy • Patient Transfer Policy • 1135 Waiver and Policy

Annex A: AzCHER Communication Protocols

See attached annex.

Annex B: Information Sharing Plan

Annex C: Resource Sharing P

Annex B: Pediatric Surge Plan

See attached annex.

Annex C: Infectious Disease Surge Plan

See attached annex.

Annex D: Burn Surge Plan

See attached annex.

Annex E: Radiation Surge Plan

See attached annex.

Annex F: Chemical Surge Plan

Posted on document sharing platform.