



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

PREPAREDNESS

# ALL-HAZARD EMERGENCY RESPONSE PLAN

Arizona Department of Health Services

April 2023

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## Record of Changes

Date	Change	Page(s)
December 2022	Page 43-73 <ul style="list-style-type: none"> <li>• Added technical appendices for Wildfire, Flood, Extreme Heat, and Rad/Nuc</li> <li>• Updated Plan Maintenance section</li> <li>• Updated Acronym List</li> </ul> Entire Document <ul style="list-style-type: none"> <li>• Implemented corrective actions from COVID</li> </ul>	Page 43-73
January 2022	<ul style="list-style-type: none"> <li>• ASPHL emergency phone number updated</li> </ul>	Page 12
November 2019	<ul style="list-style-type: none"> <li>• Updated plan to encompass CPG 101 principles</li> <li>• Align with the National Incident Management System (NIMS)</li> <li>• Incorporate basic aspects of agency Continuity of Operations (COOP), Crisis and Emergency Risk Communication (CERC), Crisis Standards of Care (CSC) and other after action improvement items</li> <li>• New formatting and incorporation of the new agency branding standards</li> <li>• Further inclusion of an all-hazards approach for emergency response, plan now provides base for all other response plans</li> <li>• Added language about Fiscal/Administrative Preparedness</li> </ul> Page 26 <ul style="list-style-type: none"> <li>• PHIMS Template image updated in Appendix C</li> </ul> Page 41 <ul style="list-style-type: none"> <li>• Updated formatting to current BPHEP template</li> <li>• Incident Coordination Plan (ICP) - removed</li> <li>• Corrective actions added from COVID-19 Response</li> </ul>	Entire Plan
June 2018	Shift title to All-Hazard Emergency Response Plan	Entire Plan

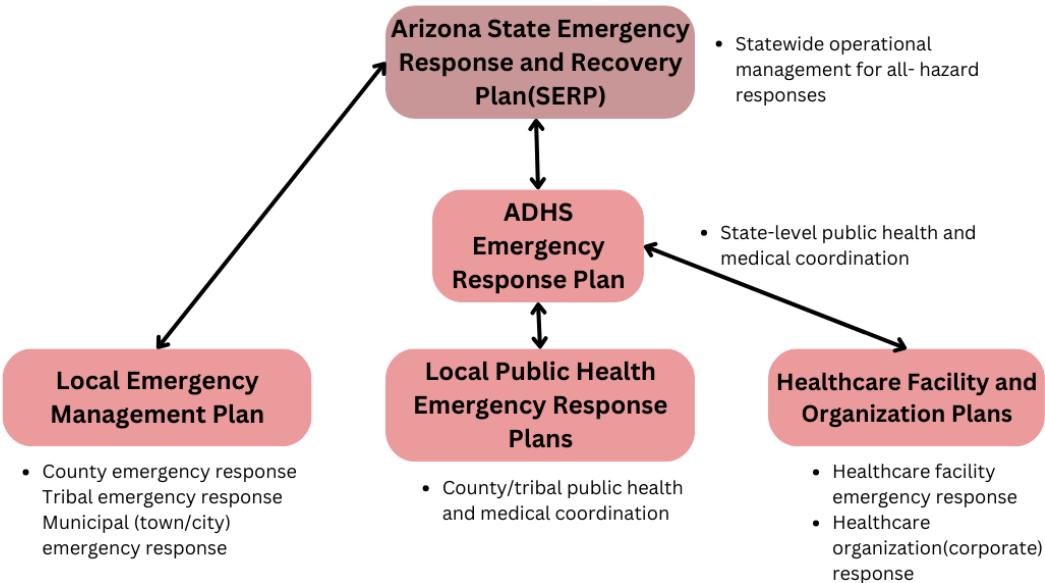


# Purpose

This document is the Arizona Department of Health Services (ADHS) All-Hazards Emergency Response Plan (AHERP). This plan, in conjunction with the Health Emergency Operations Center (HEOC) Standard Operating Procedure (SOP), provides guidance for all types of public health emergencies and disasters. This AHERP describes roles, responsibilities and the all-hazards concept of operations for a public health response, while the HEOC SOP contains specific steps to activate the HEOC and establish an Incident Command System (ICS) across the department. During an emergency or disaster, these two documents will be used by response staff to establish operations and implement incident structure for the public health and medical response.

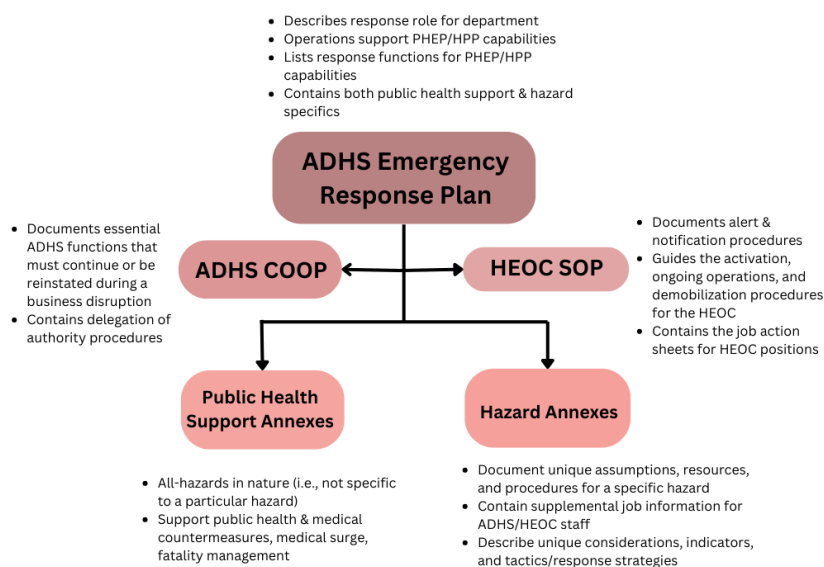
This plan is intended to work in concert with the Arizona State Emergency Response and Recovery Plan (SERRP), which is maintained by the Arizona Department of Emergency and Military Affairs (DEMA). The AHERP, HEOC Standard Operating Procedures (SOP) and other plan annexes may guide the Public Health and Medical - Emergency Support Function (ESF) 8 and other ESF support roles during all-hazards responses across the state. ADHS is the lead agency for ESF 8 but also may play support roles for other ESFs including; Communications (ESF 2), Mass Care (ESF 6) and External Affairs (ESF 15). Figure 1 explains the relationship between the SERRP, AHERP, the HEOC SOP and plan annexes.

**Figure 1**



The department also maintains a variety of support annexes which provide additional guidance to emergency response staff for specific functions (E.g., Crisis and Emergency Risk Communication (CERC) Plan, Receipt Stage and Storage Annex (RSS) and the Crisis Standards of Care (CSC) Plan). These functional annexes are all-hazards in nature and can be used to support many types of responses. In addition to the support annexes, other specific plans were developed to address challenges posed by various public health incidents, see [Appendix A](#). Figure 2 explains the relationship between this plan and these documents.

**Figure 2: Emergency Response Plan Overview**



## Scope

This plan supports responses to all levels of public health emergencies and disasters, from local responses with state involvement, to interstate and even international incidents. In keeping with the Incident Command System (ICS) concepts of flexibility and scalability, all or part of the procedures contained in this plan may be used to support response efforts depending on the scope of the emergency or disaster.

This plan is applicable to all types of natural and human-caused disasters including chemical, biological, radiological, nuclear and explosive (CBRNE), weather and natural disasters, terrorism and technological failures intended to support the statewide healthcare and local public health system.



## Situation Overview

Emergent events requiring public health or medical assistance are a viable threat and can happen at any time. Any event which may disrupt the public health or healthcare system may be enough to trigger an emergency activation. This document is the guide on how to navigate the Department's response.

ADHS incorporates elements of the National Incident Management System (NIMS) into emergency operations. The department's incident command structure, the Public Health Incident Management System (PHIMS), is NIMS compliant. PHIMS integrates multiple department-wide program activities into a cohesive and modular emergency response structure capable of expanding or contracting to fit the size of the emergency or disaster.

A wide variety of organizations, systems and resources can be used to support a public health response within the state. Additional state specific resources may include:

- Arizona Coalition for Healthcare Emergency Response
- Arizona Disaster Pediatric Coalition
- Senior Advisory Committee (for emergency preparedness)
- Homeland Security Senior Advisory Committee
- Arizona Disaster Burn Care Network
- Arizona Tribal Executive Committee (AzTEC)
- Arizona State Citizen Corp Council
- Arizona Emergency System for Advance Registration of Health Professionals (AZ-ESAR-VHP)
- Poison Control Centers (Phoenix and Tucson)
- Radiological Injury Treatment Network (RITN)
- Arizona Healthcare Associated Infection (HAI) Multidisciplinary Advisory Group
- Arizona Local Health Officers Association (ALHOA)
- Arizona Local Public Health Emergency Response Association (ALPHERA)
- Arizona State Emergency Council

During a disaster, HEOC staff will work with partner organizations and systems to support the public health and medical response. The Department may send a liaison to serve as

the Health and Medical Services Coordinator at the State Emergency Operation Center (SEOC), which is coordinated by DEMA. This position is typically staffed by an ADHS representative with substantial experience managing responses and is crucial to maintaining operational control and situational awareness during responses.

## At-Risk Individuals

This plan encompasses coordination and support for at-risk populations, including limited English proficiency (LEP) populations, geographically isolated individuals, access and functional needs (AFN) 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.

Planning for at-risk individuals occurs on several levels within Arizona. The U.S. Department of Health and Human Services (HHS) and ADHS use the Communication, Maintaining Health, Independence, Support and Safety and Transportation (CMIST) framework to identify and understand at-risk individuals with AFN when planning for, responding to, and recovering from a disaster. The CMIST Framework provides a useful and flexible framework for emergency planning and response that emphasizes a person's needs without having to define a specific diagnosis, status or label.

During a disaster, it has been observed that certain at-risk individuals, specifically those with AFN, have required additional response assistance before, during and after an incident. These additional considerations for at-risk individuals with AFN are vital towards inclusive planning for the whole community, and have been mandated for inclusion in federal, state, territorial, tribal, and local public health emergency plans by the Public Health Service (PHS) Act. In addition, Arizona Healthcare Coalitions will be called upon during an emergency event to share information throughout their members to ensure that the needs of at-risk individuals are addressed.

## Planning Assumptions

All-hazards emergency responses will be guided by this plan and applicable public health support and other specific annexes. This plan was developed to support any type of disaster including active shooter incidents, cyber security breach, explosive ordnance device, infectious disease outbreak, epidemic or pandemic, and wildfires.

ADHS may apply the following assumptions during activation of this plan:

- Activation of the AHERP may be based on minimal information.
- Activation of public health support may occur as more information is collected and deemed appropriate.
- Will serve as a communication bridge between local and tribal health departments, the SEOC and federal partners (E.g., HHS, Centers for Disease Control and Prevention (CDC)).
- Will support local and tribal response through personnel and resource support requests.
- Under Arizona Revised Statutes [\(A.R.S.\) § 36-136](#), if deemed necessary and effective, identify and prescribe isolation and quarantine measures.
- Activation of the AHERP can be triggered by any of the following:
  - Emergency, disaster or occurrence causing one or more local and tribal health partners to surpass resource capabilities
  - Emergency, disaster or occurrence with potential public health consequences
  - Activation of the SEOC
- Alerts from the Homeland Security National Terrorism Advisory System may prompt partial or full plan activation.

## International Planning Assumptions

As a border state, the Department staff routinely works with partners in Mexico. The Office of Border Health (OBH) coordinates and integrates public health program efforts to identify, monitor, control and prevent adverse health events in border communities. The OBH also strengthens cross-border public health collaboration with the Secretaría de Salud de Sonora en Sonora, Mexico. The Arizona Health Alert Network (AzHAN) may be used to facilitate communication, health alerts and updates between Arizona and Mexico.

Arizona epidemiology personnel coordinate with their Sonoran counterparts through the state's electronic disease surveillance system known as the Medical Electronic Disease Surveillance and Intelligence System (MEDSIS). Public health personnel use a Spanish version of the system, which allows the state to easily share bi-national cases with Sonora. This system will be used to share real-time data across the border during a response. The U.S. Mexico Border Health Commission promotes sustainable cross-border partnerships to address border health challenges. Outcomes include increased community and inter-agency networking relationships, information sharing and educational opportunities. During a disaster, the Arizona Mexico Commission will support economic recovery, transportation and emergency management. Given the heightened need for cross-border coordination in preventing and responding to emergencies, the Commission established the Emergency Management Committee in November 2003 to enhance preparedness and response throughout the Arizona Sonora region. ADHS will coordinate with these bi-national organizations and federal partners to coordinate cross-border emergency response activities.

## Concept of Operations

This section outlines the public health and medical response components that may be performed during a disaster. These components represent actions that the state can take to support a disaster response (i.e., state, local, tribal, and healthcare system partners can do). They correspond with the six domains and the fifteen capabilities published by the CDC in the [Public Health Preparedness Capabilities National Standards for State and Local Planning](#) (2018).

In addition to these defined response roles for public health, this section also covers continuity of operations (COOP) planning, which will be a critical component for disaster responses. *The Continuity of Operations – Executive Management Plan (COOP-EMP)* will be used to manage response elements that are internal to the department (E.g., Human Resources, emergency procurement, cost reimbursement) and ensure that essential functions identified by department leadership continue during the emergency response.

## Biosurveillance

Biosurveillance operations include both laboratory testing for biological and chemical agents and surveillance and epidemiology for all types of hazards. In many cases, staff from these two functional areas work closely together to collect, analyze and assess data for public health responses.

## Public Health Laboratory Testing

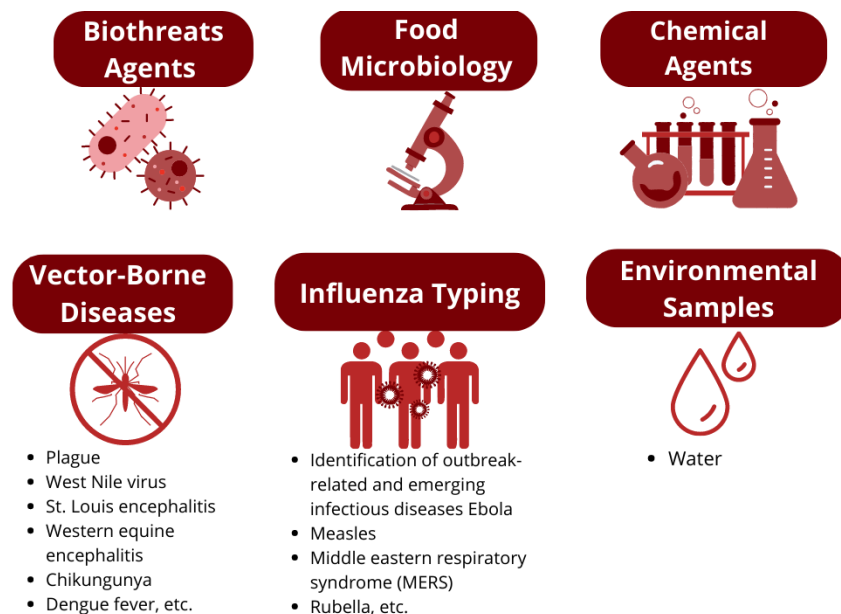
Primary emergency response functions for laboratory testing include managing laboratory activities, performing sample management, testing and analysis for routine and surge capacity, supporting public health investigations and reporting results.

The Arizona State Public Health Laboratory (ASPHL) maintains biosafety plans, chemical hygiene plans, and an *Incident Response Plan*. The purpose of these plans is to describe the response procedures for handling emergencies encountered during laboratory operations. ASPHL has a *Fire/Emergency Evacuation Plan* documenting procedures for actual emergencies and evacuation drills.

ASPHL works closely with the Bureau of Infectious Disease and Services (BIDS) to notify the staff of high priority samples and other relevant data. Details regarding laboratory emergency response procedures can be found in the *ASPHL Continuity of Operations Annex*. Surge capacity and emergency response are also addressed in this continuity plan.

ASPHL can conduct a wide variety of tests to support public health and medical operations. Examples of tests conducted at the facility can be seen in Figure 3.

Figure 3



In an emergency, certain portions of the laboratory, (such as bio-threat and chemical agent testing) can be made available during evenings and weekends. The Arizona State Health Laboratory emergency line can be accessed by calling: **602-887-9283**. ASPHL is a member of the Laboratory Response Network (LRN) and functions as a confirmatory level laboratory. It is the reference laboratory for the State of Arizona. The laboratory has a Memorandum of Understanding (MOU) with Colorado, New Mexico and Utah. The purpose of this MOU is to provide surge capacity for other labs during public health response.

### *Public Health Surveillance and Epidemiological Investigation*

Key response functions for this capability include conducting public health surveillance and detection, conducting investigations, recommending, monitoring and analyzing mitigation actions. Recent infectious disease responses have highlighted the importance of coordination between state, local, tribal and federal agencies, as well as contact tracing and active and passive monitoring of potentially exposed persons.

As part of the efforts to detect and respond to an outbreak of infectious disease or bio-threat event, state, county and tribal health departments have developed a web-based application called MEDSIS to electronically capture disease information from Arizona hospitals and clinical laboratories. Local, tribal, and state public health can use the system to document disease and outbreak investigations in addition to managing affected cases. This system is used to support public health operations during all types of emergencies and disasters. During a response, the system will shorten reporting lag time, facilitate secure data sharing between the state, county and tribal health departments and decrease the burden on reporting sources.

## Community Resilience

Community resilience includes both preparedness and recovery. Preparedness comprises all on-going, day-to-day activities (E.g., planning, training, exercising) intended to improve readiness for all types of emergencies and disasters. As a result, preparedness is not considered part of this response plan. Community recovery is a key part to any response. During the recovery phase, communities will need to assess impacts and set priorities for a “return to normal” and in some cases must redefine what “normal” means for their community.

## *Community and Healthcare System Recovery*

Community recovery is the ability to collaborate with community partners, (E.g., healthcare organizations, business, education and emergency management) to plan and advocate for the rebuilding of the public health and healthcare systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible. Key functions may include identifying and monitoring public health and healthcare system recovery needs, and implementing corrective actions to mitigate damages from future incidents.

## Countermeasures and Mitigation

This domain encompasses key capabilities for a public health response including medical countermeasures (MCM), medical supplies and materiel, non-pharmaceutical intervention and responder safety and health. This also includes many of the medical and non-medical actions the health and medical system can take to protect the public against a CBRNE threat.

### *Medical Countermeasures*

Key functions for this capability include identification and initiation of submitting federal requests for medical countermeasure materiel, conducting MCM distribution operations and recovery of durable medical equipment.

MCMs may be used to respond to all disaster types (E.g., CBRNE, pandemic influenza), for some responses, local supplies and caches may also be used. Larger responses requiring federal distribution of assets will involve state level receipt storage and shipping (RSS) of assets to local receiving sites for further distribution. See the [Medical Countermeasures Plan](#) and *RSS Operational Annex* for additional information on MCM management.

### *Medical Materiel Management and Distribution*

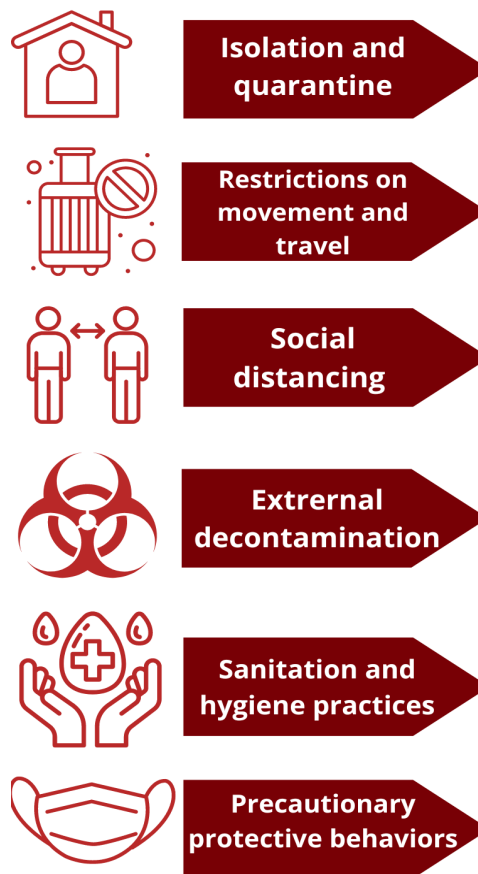
This capability encompasses the ability to acquire, maintain protocol (E.g., cold chain storage or other storage protocol), transport, distribute and track medical materiel (E.g., pharmaceuticals, gloves, masks and ventilators) during an incident and to recover and account for unused medical material, as necessary, after an incident. See the *RSS Operational Annex* for additional information.

A variety of medical materials may be required to support all-hazards responses. As with MCMs, local supplies and caches of medical materiel will be used first during a response.

### *Non-Pharmaceutical Intervention*

This capability includes the ability to recommend strategies for disease, injury and exposure control. Strategies that can be included in a non-pharmaceutical intervention (NPI) are outlined in Figure 4.

**Figure 4**



During a response, subject matter experts (SME)s in the HEOC will work with their local counterparts to implement appropriate NPI strategies. Coordination with public information staff is key to informing the public and implementing these actions.



## *Responder Safety and Health*

This capability is the ability to protect healthcare workers, first responders, front line staff and public health workers responding to an incident. Key functions include the identification of responder safety and health risks, safety and personal protective needs, coordination with partners to facilitate hazard-specific safety and health training and monitoring of responder safety and health. Emergency medical and psychological care for first responders may need to be coordinated with healthcare and behavioral health partners. SMEs within the HEOC will work with response partners to develop guidance and implement strategies for responder safety and health.

## Incident Management

This domain includes emergency operations and all the interagency coordination required to manage a response, procure resources and maintain situational awareness. In addition, Continuity of Operations is addressed in this section.

The state is not typically responsible for on-scene incident or emergency management, but rather functions as a coordination entity filling a gap between the local response and resources needed from the state or federal level.

## *Emergency Operations Coordination*

Emergency operations coordination is the ability to direct or support the public health and medical response to any type of emergency or disaster. Key response functions include conducting preliminary assessment to determine the need for public activation, activating the HEOC, developing an incident response strategy, managing and sustaining the statewide public health response, demobilization and evaluation of the public health response and recovery.

During a public health emergency the Department will assist in procuring resources utilizing its authorities outlined in Title 36 of the A.R.S. and capabilities in coordination with other support agencies. They will allocate available resources based on identified priorities in coordination with local and tribal health departments, state-designated healthcare coalitions and federal partners.

Two physical locations have been identified for the HEOC, the primary location is at the main ADHS building and the alternate location is on the Arizona State University campus. There are also resources and technical expertise to establish a virtual HEOC. Both physical and virtual HEOCs are viable methods to respond to a public health incident.

Additional information regarding activation, ongoing operation, and demobilization of the HEOC are contained in the *HEOC SOP*. The *HEOC Relocation Plan* outlines steps for activating and operating the Department's alternate operations center location. These and other supporting plans can be found in the Plans Library located in the shared HEOC drive.

### *Continuity of Operations*

In many cases, there may be a COOP component to an emergency response whereas essential functions must be maintained at all times. For the complete execution of COOP and a list of agency priority functions, please refer to the *COOP-EMP*:

#### **Succession**

During AHERP activation, the Director or designee maintains responsibility for control and direction of the operations. Should the Director become unavailable or incapacitated, the predetermined order of succession and delegations of authority will take effect, and terminate when these channels have resumed. The delegations of authority, referred to as deputations, are found in [A.R.S. § 36-136\(C\)](#).

The following delegations of authority have been identified:

- 1) Orderly succession of officials to the position of the Director in the case of absence, vacancy, or inability of the Director to act, especially during an emergency or national security emergency
- 2) Lines of succession for key positions identified in the Continuity Personnel Roles and Responsibilities chart. Delegations of Authority and Lines of Succession can be found in the *COOP-EMP*.

## Information Management

This domain involves two critical capabilities, Emergency Public Information and Warning and Information Sharing. Together these capabilities address the internal and external communication pathways as well as strategies for information exchange with the public.

### *Emergency Public Information and Warning*

Key functions for this capability include activating the public information system, determining the need for a joint public information system, establishing and participating in information system operations, establishing avenues for public interaction and issuing public alerts. Departmental public information and crisis communications procedures are covered in the [Crisis Emergency Risk Communication \(CERC\) Plan](#) which outlines communication strategies for an emergency response or internal crisis, including steps and considerations for activation of a Joint Information System (JIS).

### *Information Sharing*

This capability focuses on the ability to conduct a multijurisdictional, multidisciplinary exchange of health-related information and situational awareness data. This includes the routine sharing of information and issuance of public health alerts to federal, state, local, tribal levels of government and the private sector. During public health emergencies, the HEOC may use platforms such as the AZHAN, WebEOC, and GovDelivery for information sharing. In addition, MEDSIS data are reported to CDC electronically via HL7 case notifications for most of the reportable conditions. For conditions not reported via HL7, epidemiology staff use their standard protocols to manually upload data from the state's MEDSIS to CDC's Secure Access Management Services (SAMS) portal using the National Electronic Telecommunications System for Surveillance (NETSS) file format. Procedures for this electronic information sharing are documented in the ADHS *CDC NETSS Upload Protocol*. Epidemiology staff will make all reasonable attempts to meet CDC requests for sending additional, situation-specific data, which may be via line-lists, a separate SAMS application or other mechanisms.

## Surge Management

This domain includes four key capabilities associated with a mass casualty event, public health crisis, or other catastrophic disaster with a significant number of casualties and/or evacuees. Surge management encompasses fatality management, mass care (sheltering), medical surge within the healthcare system and volunteer management.

### *Fatality Management*

A multitude of programs and plans may need to come together to support fatality management operations. The Bureau of Vital Records (BVR) may expand operations to handle a surge in death certificates. These procedures are covered in the *Office of Vital Records Crisis Management Plan*. Additionally, the preparedness staff and state-level behavioral health staff could be called upon to support family assistance operations.

### *Mass Care*

This capability is the ability to coordinate with partner agencies to address the public health, medical and mental/behavioral health needs of those impacted by an incident at a congregate location. This includes the coordination of ongoing surveillance and assessment to ensure that health needs continue to be met as the incident evolves. See the ESF 6 (Mass Care) portion of the [SERRP](#) for more information on the roles and responsibilities during a response requiring evacuation and sheltering.

### *Medical Surge*

Medical Surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover compromised operations. Alternate care sites (ACS) may also be used to alleviate medical surge. The *Alternate Care Site Plan* provides considerations for local jurisdictions when establishing temporary healthcare access points. During a catastrophic response, additional guidelines may be needed to address the overwhelming number of patients. See the [Crisis Standards of Care \(CSC\) Plan](#) for additional considerations, indicators, and tactics for medical surge management, including conventional, contingency and CSC.

As with medical care, the demand for behavioral health services may increase during a disaster. Regular behavioral healthcare, including treatment of serious mental health (SMI) populations, and those with substance dependence, may be disrupted. Additional demand for behavioral health services (E.g., new cases) may arise from the disaster including grief counseling for disaster casualties and their families, as well as psychological first aid for first responders and other community members.

### *Volunteer Management*

This capability comprises the identification, recruitment, registration, credential verification and engagement of volunteers to support the jurisdictional response to incidents of public health significance. Key functions include the coordination, notification, organization and demobilization of volunteers. See the [Medical Surge Personnel and Public Health Volunteer Coordination Plan](#) for additional information on volunteer management.

## Organization and Assignment of Responsibilities

A variety of PHIMS chart positions are detailed in the HEOC SOP. Additionally, many of the public health support annexes provide further guidance on organization roles and responsibilities based on function or hazard. The positions listed in Table 1 provide an overview of some of the roles and responsibilities for HEOC staff.

**Table 1**

Role	Responsibilities
<b>Agency Administrator</b>	<ul style="list-style-type: none"> <li>● Oversees all PHIMS activities</li> <li>● Makes final policy decisions</li> </ul>
<b>HEOC Manager</b>	<ul style="list-style-type: none"> <li>● Oversees HEOC staff including the section chiefs</li> <li>● Implements the Incident Action Plan (IAP) / Incident Coordination Plan (ICP)</li> <li>● Authorizes resources as needed by the Command Staff</li> <li>● Authorized demobilization and conducts the hot wash debriefing</li> <li>● Coordinates the completion of the After Action Report/Improvement Plan</li> </ul>
<b>Public Information Officer</b>	<ul style="list-style-type: none"> <li>● Develops material for use in media briefings</li> <li>● Obtains HEOC Manager’s approval of media releases</li> <li>● Informs media and conducts media briefings</li> </ul>
<b>SEOC Liaison Officer</b>	<ul style="list-style-type: none"> <li>● Assists in establishing and coordinating interagency contacts</li> <li>● Keeps agencies supporting the incident aware of the incident status</li> <li>● Assigned to the SEOC</li> </ul>
<b>Safety Officer</b>	<ul style="list-style-type: none"> <li>● Identifies hazards associated with the response, assesses risk, and reports to the HEOC Manager</li> <li>● Reports instances of injury, illness, or exposure</li> <li>● Reviews the IAP/ICP for safety implications</li> </ul>

<b>Role</b>	<b>Responsibilities</b>
<b>State Epidemiologist</b>	<ul style="list-style-type: none"> <li>● Provides epidemiological information as needed</li> <li>● Serves as the media spokesperson, when appropriate</li> </ul>
<b>Operations Chief</b>	<ul style="list-style-type: none"> <li>● Conducts human and or animal case surveillance</li> <li>● Characterizes a disease outbreak</li> <li>● Disseminates data internally and to stakeholders</li> <li>● Handles public, media and healthcare provider inquiries</li> <li>● Develops public messages and oversees risk communication</li> <li>● Makes regular updates to local and tribal health departments and tribal jurisdictions</li> <li>● Communication and resource tracking with hospitals, urgent care centers and other facilities</li> </ul>
<b>Planning Chief</b>	<ul style="list-style-type: none"> <li>● Development and maintenance of IAP</li> <li>● Completion of PHIMS briefs into situation reports</li> <li>● Writing of Governor’s reports as necessary</li> <li>● Maintenance of the Incident Action Log if HEOC is activated</li> <li>● Track plan activation and maintenance</li> <li>● Establish an operational battle rhythm</li> <li>● Implement the Planning P</li> </ul>
<b>Logistics Chief</b>	<ul style="list-style-type: none"> <li>● Coordinates receipt, stage, storage and distribution of goods and supplies</li> <li>● Distribution of resources to receiving locations</li> <li>● Oversees the obtainment of goods and services such as: <ul style="list-style-type: none"> <li>○ Facilities</li> <li>○ Communication equipment and systems</li> <li>○ Personnel (above and beyond routine need)</li> </ul> </li> <li>● Public health communication and information sharing</li> </ul>
<b>Finance and Administration Chief</b>	<ul style="list-style-type: none"> <li>● Oversees procurement of items</li> <li>● Maintenance of contracts</li> <li>● Evaluation of overtime</li> </ul>

## Direction, Control, and Coordination

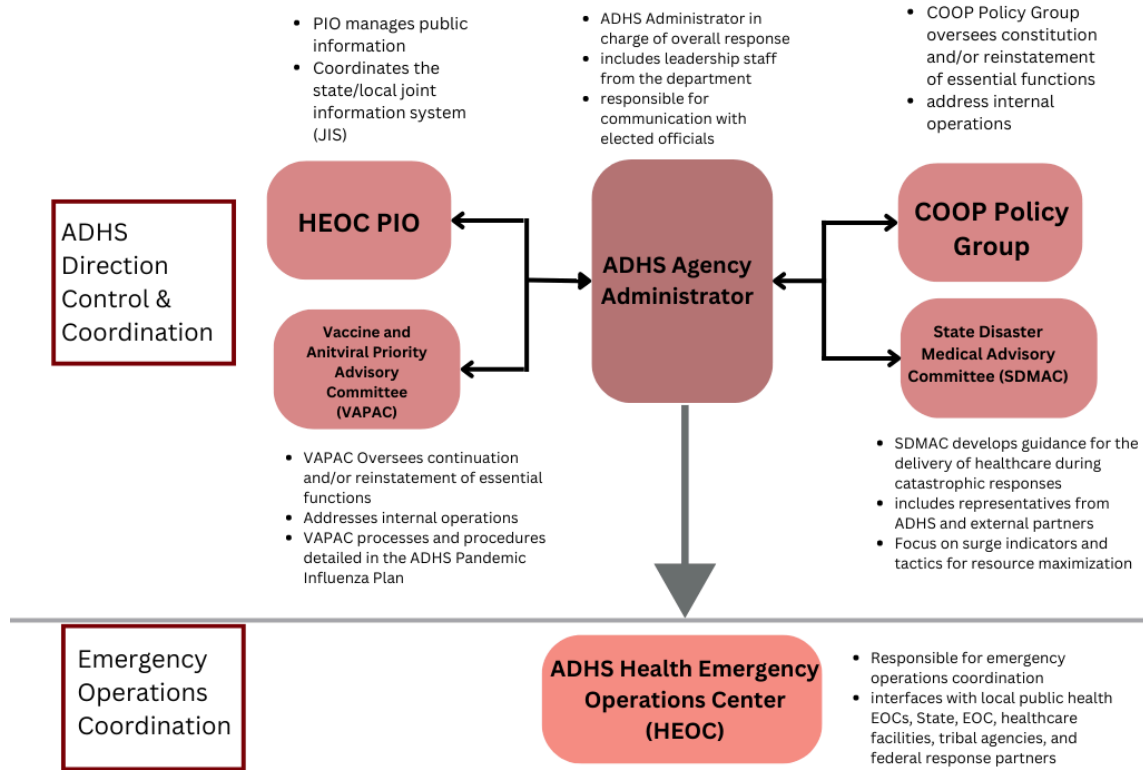
During AHERP activation, the Director will assign an HEOC Manager to coordinate emergency response activities and oversee HEOC command and general staff (E.g., Finance, Logistics, Operations, and Planning Section Chiefs). The command staff and the HEOC Manager will work together to keep the Director and policy advisors well informed. See [Appendix C](#) for the HEOC organizational chart, also known as the PHIMS chart. The HEOC manager will also coordinate with the SEOC Health and Medical Services Coordinator (staffed by ADHS staff personnel), local health departments, tribal partners, and other local, state, tribal and federal agencies.

Within the response structure, various policy groups will convene to advise the Director. The Public Information Officer (PIO) staff will address public information including internal and external communications. The COOP Policy Group will work with the Director to continue or reinstate essential functions. The Vaccine and Antiviral Priority Advisory Committee (VAPAC) will be convened to develop policy for the allocation of scarce medical countermeasures.

During a catastrophic disaster impacting the statewide healthcare system, the Arizona CSC plan will guide the public health and medical response. Health policy experts and partners from healthcare, public health, emergency management, legal staff and other disciplines will form the State Disaster Medical Advisory Committee (SDMAC). This committee will work with the Director to develop guidance for healthcare organizations and providers to maximize healthcare resources and promote a compassionate and comprehensive response across the state. The relationship between these policy groups is described in Figure 5 below.



**Figure 5: ADHS Direction Control and Coordination for Emergency Response**



# Direction Control and Coordination for Emergency Response

Role	Responsibility
<b>HEOC Manager</b>	<ul style="list-style-type: none"> <li>● Will be supported by the State Epidemiologist, PIO, Liaison Officer, Safety Officer and the Section Chiefs.</li> <li>● Responsibilities within the PHIMS remain with the HEOC Manager until they are assigned to another individual.</li> <li>● When the Operations, Planning, Logistics or Finance responsibilities are established as separate functions under the HEOC Manager then:               <ul style="list-style-type: none"> <li>○ They are managed by a section chief and can be supported by other functional units called Branch Managers, Group Supervisors and Unit Leads.</li> </ul> </li> <li>● Will execute the strategies approved by the Director and the above-mentioned policy groups to manage the Operations, Planning, Logistics, and Finance Sections. In addition, this individual may develop the HEOC Incident Action Plan (IAP) or Incident Coordination Plan (ICP) independently or in conjunction with the Planning Section.               <ul style="list-style-type: none"> <li>○ <b>IAP/ICP</b> is utilized when ADHS has a primary role in the response (E.g., pandemic influenza, Ebola) and includes the objectives and strategies to manage the public health and medical response.                   <ul style="list-style-type: none"> <li>■ The IAP/ICP is a written plan that sets forth the incident objectives and reflects the tactics necessary to manage an incident during an operational period. An ICP may be developed during an Incident Complex where two or more individual incidents in the same general proximity are assigned to a single incident commander.</li> </ul> </li> </ul> </li> </ul>
<b>Operations Section</b>	<ul style="list-style-type: none"> <li>● Personnel from various programs and disciplines will staff the Operations Section as needed.</li> </ul>

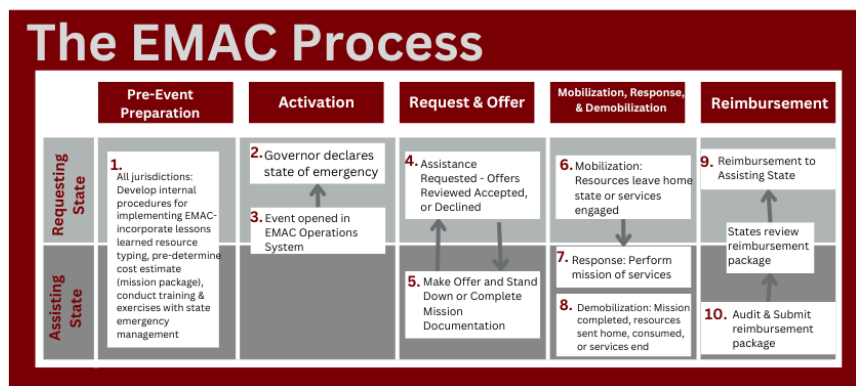
Role	Responsibility
	<ul style="list-style-type: none"> <li>● Staff for this section are identified and routinely used to support exercises and public health responses.</li> <li>● Is responsible for carrying out the response activities described in the IAP/ICP.</li> <li>● <b>Operations Section Chief:</b> <ul style="list-style-type: none"> <li>○ Coordinates the Operations Section activities and has primary responsibility for receiving and implementing the IAP/ICP.</li> <li>○ Reports to the HEOC Manager and determines the required resources and organizational structure within the Operations Section.</li> </ul> </li> </ul>
<b>Planning Section</b>	<ul style="list-style-type: none"> <li>● Is responsible for the collection, evaluation, dissemination and use of information about the development of the incident and status of resources.</li> <li>● When ADHS is the lead, we create the IAP, when we are in a support role we create the ICP. Which defines the response activities and resource utilizations for a specified time period.</li> <li>● May also compile and release regular situation reports during the incident.</li> <li>● Staff for this section are identified and routinely used to support exercises and public health responses.</li> </ul>
<b>Logistics Section</b>	<ul style="list-style-type: none"> <li>● Is responsible for primary and alternate HEOC facility set up, communications, personnel and materials for the incident response.</li> <li>● Staff for this section are identified and routinely used to support exercises and public health responses.</li> <li>● Is responsible for coordinating goods and service delivery for the response operations. <ul style="list-style-type: none"> <li>○ See the <a href="#">Communications section</a> of this plan for more information on available communication systems and platforms.</li> </ul> </li> </ul>

Role	Responsibility
<b>Finance Section</b>	<ul style="list-style-type: none"> <li>• Is responsible for all financial, administrative and cost analysis aspects of the incident</li> <li>• May facilitate emergency purchasing, and will ensure proper cost reimbursement forms for expenditures are made available.</li> <li>• Staff for this section are identified and routinely used to support exercises and public health responses.</li> </ul>
<b>General Staff</b>	<ul style="list-style-type: none"> <li>• Are assigned to the Operations, Planning, Logistics or Finance Section.</li> <li>• The PHIMS structure (<a href="#">Appendix B</a>) can expand and contract depending upon the severity and nature of the incident.</li> <li>• Staff for the Operations, Planning, Logistics and Finance Sections are identified and routinely used to support exercises and public health responses</li> </ul>

## Emergency Management Assistance Compact

The Emergency Management Assistance Compact (EMAC) offers assistance during governor-declared states of emergency through a responsive, straightforward system that allows states to send personnel, equipment and commodities to help disaster relief efforts in other states. This program also allows for states to transfer services, such as shipping newborn blood from a disaster-impacted lab to a lab in another state. The HEOC will coordinate with the SEOC, via the SEOC Health and Medical Branch Director, for any resource requests that require the use of EMAC. Figure 6 below illustrates the life cycle of an EMAC request.

Figure 6



## Information Collection, Analysis and Dissemination

Information will be collected, analyzed, and disseminated throughout the HEOC and to external partners. The Planning Section is primarily responsible for information collection, subject matter experts across the HEOC will perform information analysis, and the Logistics Section and the JIS is responsible for information dissemination. In keeping with ICS guidelines, a number of standard reports, meetings, and systems are used to manage information. These include the IAP/ICP, situation reports, command staff meetings and JIS.

## Incident Action/Coordination Plan

The IAP/ICP is developed by the Planning Section in conjunction with command and general staff. The plan covers the incident's primary goal and objectives and subsequent actions that are assigned to specific staff members. It is an active document and can change throughout the course of a response. The Planning Section maintains the plan and incorporates changes from the response as needed. ICS forms which make up the IAP/ICP can be found in the HEOC network Library or on [FEMA's website](#).

## PHIMS Situation Report

The PHIMS Situation Report may be incorporated into the response. This document is coordinated and maintained by the Planning Section with input from command and general staff. If implemented, a frequency and sharing mechanism will be decided upon at that time. Situation report templates can be found in the HEOC network library however the response may dictate the final elements of the document.

## Command Staff Meetings

Command and general staff meet regularly during the incident to share information and resolve issues outlined in the situation reports. Section chiefs will be responsible for communicating key information downstream within their respective sections.

## Public Information and Joint Information Systems

During a response, ADHS may be working with partner agencies to coordinate a JIS, either virtual or in person. The JIS will work closely with the department PIO to develop public messaging related to the health and medical components of the response. This information may include protective actions, health alerts, frequently asked questions, public service announcements and other health related information. Additionally, the information gathering and media monitoring functions of the JIS will be important for all response partners, including public health and medical responders. Information from the media and the general public (including online sources) will help HEOC personnel and public information officers tailor messaging and response strategies to address hot-topic issues in a timely manner. See the [CERC Plan](#) for additional information on public information and messaging.

## Communications

Juvaré<sup>®</sup> - EMResource

<https://emresource.juvaré.com/>

EMResource™ is a hospital Emergency Medical Services (EMS) diversion computer system that is used daily by hospitals and first responders to communicate capacity levels and help recognize when patient diversion is an optimal choice. The Department is able to notify hospital emergency departments statewide. In addition, it has the capability of notifying local and tribal health departments of outbreak alerts and other messages. The system enables hospital facilities to update their available bed status and to also respond to other inquiries. The type of events that engage the EMResource™ are incidents involving mass casualty, burn, explosion, chemical, radiation, trauma, biological, law enforcement action, evacuation, natural disaster, National Disaster Medical System (NDMS) (federally requested bed polls) and amber alerts. The hospitals and the county and tribal health departments do not have the capability to send out alerts unless passed on to the control centers, which are Phoenix Fire, Mesa Fire, and Tucson public service answering points (PSAP)s, as well as Bureau of Public Health Emergency Preparedness (BPHEP).

## AZ-ESAR-VHP

The AZ-ESAR-VHP project is designed to address the utilization of health care volunteers for adequately filling positions across the range of public health tasks required during an incident response, and in augmenting hospital and other medical facilities to meet crisis and surge capacity needs. This system currently performs the following functions:

- Register professional health care volunteers.
- Apply industry/association credentialing and licensing standards to registered volunteers.
- Allows for the rapid verification of the identity, credentials, and qualifications of registered volunteers during an emergency.

## Redundant Communication Methods

Cell phones (phone calls and text messages), landline phones, radios, and web-based software applications (E.g., Google, WebEx, etc.) will be the primary means of communication between any field operations (E.g., RSS sites, dispensing sites, etc.), the HEOC, and SEOC. In the event of a loss of power or communications, ADHS retains redundant communication options such as 800 MHz radios, cellular internet communications (VOIP and mobile Wi-Fi). Selected staff are also enrolled in the GETS/WPS program which allows for priority cellular communications during an emergency.

## Arizona Emergency Information Network

### [Arizona Emergency Information Network](#)

The Arizona Emergency Information Network (AzEIN) on-line system is an internet-based source of public information. AzEIN combines information from a wide variety of health and human service providers through a single information network that can easily be accessed by caseworkers and the public at large. In addition, Arizona citizens can access disaster response and homeland security information through the Emergency Bulletin System (EBS) of the AzEIN system, including assistance locating disaster relief organizations and services and obtaining accurate updates regarding threats and disasters.

# The Arizona Health Alert Network

<https://han.health.azdhs.gov/index.php>

The AzHAN was developed as part of the effort to enhance the public health response capabilities for the State of Arizona. This program was created to address the communications needs associated with both public health response and daily operational sharing of information for planning and disease surveillance. The AzHAN was designed around 6 major objectives which are outlined in Figure 7.

Figure 7



## ADHS 24-Hour Information Line

A 24-hour menu driven information line exists for the Department and it is overseen by the Arizona Department of Administration (ADOA). Information messages are available in English and Spanish. It is possible to track the number of callers who called, number of callers that selected English, number of callers that selected Spanish, and the number of callers who hung up. It is also possible to determine the number of callers for each available message. The dedicated phone lines are: **(602) 364-4500** or **(800) 314-9243**.

## WebEOC™

<https://azdema.webeocasp.com/azdema/default.aspx>

This system may be used to establish and maintain situational awareness between the SEOC and the HEOC during operations. Situation reports, IAPs, weather data, emergency declarations and other key events can be posted on the web-based platform. This electronic system may reduce reliance on email and other forms of communication and help reduce redundant information.



## Authority to Initiate Actions

1. The Agency Director of ADHS, or designated appointee, holds primary responsibility for activation of the HEOC and PHIMS. This power is also vested to the Assistant Director of Public Health Preparedness Services and the Bureau Chief of the BPHEP.
2. Implementation of the AHERP will come from the HEOC Manager or appointed official.

## Administration and Finance

ADHS staff from operations, information technology, human resources, finance and accounting may be called upon to assist with emergency operations. Participation from these groups will occur within the HEOC Finance Section and within the COOP Policy Group (see [PHIMS Chart](#) for more information). Specific roles identified in the Finance Section may include the Finance Section Chief, the Procurement Branch Director, Services/Contracts Supervisor, and the Cost Reimbursement Supervisor.

Finance and administration will be instrumental during the resource request process. Following traditional emergency management and response practices, all incidents begin at the local level. Local governments may request technical assistance from the state. Finance and administrative staff will be needed to track costs associated with technical assistance, including any staff deployments to local health departments.

Finance staff will also be involved in tracking any cost reimbursement associated with deploying medical countermeasures or other medical materiel allocated to local health departments. See the [Medical Countermeasures Plan](#) for more information on the resource request process. MCM and materiel may originate from different federal and state agency programs and funding streams. These assets may have varying specifics regarding federal request processes, administrative procedures, fiduciary policies and legal limitations.

## Emergency Procurement

During any emergency, there may be a need for the procurement of goods and services to further response efforts. Therefore, ADHS has developed a *Standard Work for Emergency Procurement* and an *Emergency Checklist* to address situations that pose a threat to the public health system and the welfare of the public's safety through the utilization of statewide procurement contracts and state purchasing cards (P-Cards). This procurement process gives ADHS the authority to respond to procurement needs in a fast and flexible way during a declared disaster.

## Emergency Funding to Counties and Tribes

The BPHEP maintains active Intergovernmental Agreements (IGAs) with counties and tribes across the state that can be used in an emergency for pass-through funding.

## Expedited Hiring of Contract Staff

In the event of an emergency, the HEOC Manager can authorize the emergency hiring of contract staff to supplement needed operations. The fast-tracking of hiring contract staff is coordinated by the Logistics Section through the Finance Section. Refer to the *COOP-EMP* for the steps involved in accelerating the hiring of contract staff.

## Plan Development and Maintenance

ADHS plan review and revision involves three levels

- Level 1 - Cosmetic and cursory internal review
- Level 2 - Operational stakeholder review for content updates
- Level 3 - Complete Plan Overhaul

In collaboration with internal and external stakeholders, BPHEP takes the lead in reviewing and revising the plan to ensure:

1. The plan will be evaluated through exercises or real-world events regularly. ADHS and stakeholder 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 a 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 of every three years and in conjunction with an exercise or real-world event.

3. Public comment is available for emergency preparedness plans directly through ADHS' website.
4. The revised plan will be posted to the ADHS public-facing website and filed in the agency's HEOC online library. 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.

## Authorities and References

### State

The summary is intended as a basic reference guide – for a comprehensive listing of Arizona Revised Statutes visit the Arizona State Legislature website

<http://www.azleg.gov/ArizonaRevisedStatutes.asp>

Under [A.R.S. § 26-303](#), the Governor:

- During a State of Emergency, shall have complete authority over all state agencies and the right to exercise all police power vested in the state by the constitution and the laws of the state; and may direct all state agencies to utilize and employ state personnel, equipment and facilities for the performance of activities designed to prevent or alleviate damage due to the emergency.
- During a State of War Emergency, shall have all authorities as with a State of Emergency; may suspend the provisions of any statute prescribing the procedure for the conduct of state business if the governor determines strict compliance with provisions of any statute would hinder mitigation of the effects of the emergency; may commandeer and utilize any property or personnel deemed necessary in carrying out the responsibilities of the governor and thereafter the state shall pay reasonable compensation.
- May confer to the Adjutant General the powers of the Governor prescribed under a State of Emergency.

## **Statutes/Laws**

### **Enhanced Surveillance Advisory**

Under [A.R.S. § 36-782](#), the Governor, in consultation with the Director of ADHS, may issue an enhanced surveillance advisory if the Governor has reasonable cause to believe that an illness, health condition or clinical syndrome caused by bioterrorism, epidemic or pandemic disease or a highly fatal and highly infectious agent or biological toxin has or may occur or that there is a public event that could reasonably be the object of a bioterrorism event. The illness or health condition may not include acquired immune deficiency syndrome or any other infection caused by the human immunodeficiency virus.

### **Professional Licensing & Credentialing**

Under [A.R.S. § 36-628](#), county health departments may employ physicians and other persons and provide such necessities of life as they deem necessary for care of persons afflicted with contagious or infectious diseases. If a physician is called by a county health department to examine a person with a contagious or infectious disease, expenses incurred shall be the responsibility of the county.

Under [A.R.S. § 26-310](#), During a state of war emergency or a state of emergency, any person holding any license, certificate or other permit issued by any state evidencing the meeting of the qualifications of such state for professional, mechanical or other skills may render aid involving such skill to meet the emergency as fully as if such license, certificate or other permit had been issued in this state, if any substantially similar license, certificate or other permit is issued in this state to applicants possessing the same professional, mechanical or other skills.

[A.R.S. § 36-787 \(A\) \(6\)](#), Establishing in conjunction with applicable professional licensing boards, a process for temporary waiver of the professional licensure requirements necessary for the implementation of any measures required to adequately address the state of emergency or state of war emergency.

[A.R.S. § 36-787 \(A\) \(7\)](#), Granting temporary waivers of health care institution licensure requirements necessary for implementation of any measures required to adequately address the state of emergency or state of war emergency.

### **Isolation and Quarantine**

[A.R.S. § 36-136](#) provides for the director of the Department of Health Services by rule, establish minimum periods of, and the procedures and measures to, institute isolation or quarantine, allowing for quarantine implementation prior to the completion of a hearing if

clear evidence exists that a person poses a substantial danger to another person in the community.

[A.R.S. § 36-624](#) provides that if a county health department identifies the presence of an infectious or contagious disease, the department may adopt quarantine and sanitary measures consistent with the Department rules adopted pursuant to A.R.S. § 36-136 to prevent the spread of the disease.

[A.R.S. § 36-627](#): allows the county health department to provide temporary hospitals or places of reception for persons with infectious or contagious diseases. Hospitals or other places in which infectious or contagious diseases exist shall be under the control and subject to regulations of the county health department while such disease exists. During such hospital control, inmates shall obey the regulations and instructions of the county health department.

[A.R.S. § 36-787 Section A](#). During a state of emergency or state of war emergency declared by the governor in which there is an occurrence or imminent threat of an illness or health condition caused by bioterrorism, an epidemic or pandemic disease or a highly fatal infectious agent or biological toxin and that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability, the department shall coordinate all matters pertaining to the public health emergency response of the state. The department has primary jurisdiction, responsibility and authority.

During a state of emergency or state of war emergency as defined by [A.R.S. § 36-787](#), under [A.R.S. § 36-790](#), a person or health care provider undertaking activities required by this article, including reporting, participating in isolation or quarantine procedures as ordered by local or state public health offices, is immune from civil or criminal liability if the person or health care provider acted in good faith.

[A.R.S. § 36-787 Section B](#). In addition to the authority provided in subsection A of this section, during a state of emergency or state of war emergency, the governor, in consultation with the director of the department of health services, may issue orders that:

- Mandate medical examinations for exposed persons.
- Ration medicine and vaccines.
- Provide for transportation of medical support personnel and ill and exposed persons.
- Provide for procurement of medicines and vaccines.

[A.R.S. § 36-787 Section G](#). At the governor's direction, the department may use reasonable efforts to assist the persons and institutions affected by the state of emergency or state of war emergency declared pursuant to this section in seeking reimbursement of costs incurred as a result of providing services related to the implementation of isolation and quarantine under this article to the extent these services are not otherwise subject to reimbursement.

[A.R.S. § 36-788](#) states that during a state of emergency or state of war emergency as defined in A.R.S. § 36-787, that the Department of Health Services or local health authority must initiate an investigation if that agency has reasonable causes to believe that a highly contagious and fatal disease exists within its jurisdiction. Persons who have contracted the disease or who have been exposed to the disease may be subject to isolation and quarantine if the director determines that quarantine is the least restrictive means by which the public can be protected from transmission of the disease, due to the nature of the disease and available preventative measures, or refusal by an individual to accept less restrictive measures to prevent disease transmission.

Under [A.R.S. 26-311](#), if a mayor or chairman of the board of supervisors declares a local emergency, said mayor or chairman shall impose all necessary regulations to preserve the peace and order within the respective political subdivision, including but not limited to:

- Imposition of curfews in all or portions of the political subdivision.
- Ordering the closing of any business.
- Restricting public access to any public building, street, or other public places.

[U.S.C. \(United States Code\) – Title 42-264](#) provides the U.S. Surgeon General who may be the authority to apprehend and examine any individual(s) reasonably infected with a communicable disease for purposes of preventing the introduction or transmission of such communicable disease when and only when:

- If the person(s) is moving or about to move from State to State
- If the person, upon examination, is found to be infected, he may be detained for such time and in such manner as may be absolutely necessary

## **Good Samaritan Law - Health care Provider and any other Person; Emergency Aid; Non-liability**

Under [A.R.S. § 32-1471](#) any health care provider licensed or certified to practice as such in this state or elsewhere, or a licensed ambulance attendant, driver or pilot as defined in section 41-1831, or any other person who renders emergency care at a public gathering or at the scene of an emergency occurrence gratuitously and in good faith shall not be liable for any civil or other damages as the result of any act or omission by such person rendering the emergency care, or as the result of any act or failure to act to provide or arrange for further medical treatment or care for the injured persons, unless such person, while rendering such emergency care, is guilty of gross negligence.

[A.R.S. § 32-1473](#) Limited Liability for Treatment Related to Delivery of Infants; Physicians; Hospitals; Exception; Definition

- A. Unless the elements of proof contained in section 12-563 are established by clear and convincing evidence, a physician licensed to practice pursuant to this chapter or chapter 17 of this title is not liable to the pregnant female patient, the child or children delivered, or their families for medical malpractice related to labor or delivery rendered on an emergency basis if the patient was not previously treated for the pregnancy by the physician, by a physician in a group practice with the physician or by a physician, physician assistant or nurse midwife with whom the physician has an agreement to attend the labor and delivery of the patient.
- B. Unless the elements of proof contained in section 12-563 are established regarding the acts or omissions of a licensed health care facility or its employees in cases covered by the provisions of subsection A of this section by clear and convincing evidence, the health care facility is not liable to the female patient, the child or children delivered or their families for medical malpractice related to labor or delivery.
- C. This section does not apply to treatment rendered in connection with labor and delivery if the patient has been seen regularly by or under the direction of a licensed health care provider or a licensed physician from whom the patient's medical information is reasonably available to the physicians attending the patient during labor and delivery.
- D. For the purpose of this section, "emergency" means when labor has begun or a condition exists requiring the delivery of the child or children.

## **Non-liability**

Under [A.R.S. § 26-314](#), the Department, or any other state agency, will not be liable for any claim based upon the exercise or performance, or the failure to exercise or perform, a discretionary function or duty by an emergency worker, engaging in emergency management activities or performing emergency functions. This state and its departments, agencies, boards and commissions and all other political subdivisions that supervise or control emergency workers engaging in emergency activities or emergency functions are responsible for providing for liability coverage, including legal defense, of an emergency worker if necessary. Coverage provided if the emergency worker is acting within the course and scope of assigned duties and is engaged in an authorized activity, except for actions of willful misconduct, gross negligence or bad faith.

During a state of emergency or state of war emergency as defined by [A.R.S. § 36-787](#), under [A.R.S. § 36-790](#), a person or health care provider undertaking activities required by this article, including reporting, participating in isolation or quarantine procedures as ordered by local or state public health offices, is immune from civil or criminal liability if the person or health care provider acted in good faith.

## **Volunteer Non-liability**

[A.R.S. § 23-901.06](#), In addition to persons defined as employed under A.R.S. 23-901, volunteer workers of a county, city, town, or other political subdivision of the State may be deemed to be employees and entitled to the benefits provided by this chapter upon the passage of a resolution or ordinance by the political subdivision defining the nature and type of volunteer work and workers to be entitled to such benefits. The basis for computing compensation benefits and premium payments shall be four hundred dollars per month.

[A.R.S. § 26-301, 26-303 and 26-314](#) Volunteers duly enrolled or registered with the Division of Emergency Management or any political subdivision, in a local emergency, a state of emergency, or a war emergency, or unregistered persons placed into service during a state of war emergency, in carrying out, complying with, or attempting to comply with any order or rule issued pursuant to the provisions of this chapter or any local ordinance, or performing any of their authorized functions or duties or training for the performance of their authorized functions or duties, shall have the same degree of responsibility for their actions, and enjoy the same immunities and disability workers' compensation benefits as officers and employees of the State and its political subdivisions performing similar work.



## Non-Emergency - Immunity Insurance Coverage

### [A.R.S. §12-982. Qualified immunity; insurance coverage](#)

- A. A volunteer is immune from civil liability in any action based on an act or omission of a volunteer resulting in damage or injury if:
  - a. The volunteer acted in good faith and within the scope of the volunteer's official functions and duties for a nonprofit corporation or nonprofit organization, hospital or governmental entity.
  - b. The damage or injury was not caused by willful, wanton or grossly negligent misconduct by the volunteer.
- B. Notwithstanding subsection A of this section, in any suit against a nonprofit corporation or nonprofit organization, hospital or governmental entity for civil damages based on the negligent act or omission of a volunteer, proof that the act or omission was within the scope of the volunteer's official functions and duties is sufficient to establish the vicarious liability, if any, of the organization.
- C. A motor vehicle liability policy, as defined in section 28-4001, which provides coverage to the operator of a motor vehicle is subject to the following provisions which need not be contained in the policy. The liability of the insurance carrier with respect to the insured and any other person using the vehicle with the express or implied permission of the insured shall extend to provide excess coverage for a nonprofit corporation or nonprofit organization for the acts of the operator in operating a motor vehicle at all times when the operator is acting as a volunteer for that nonprofit corporation or nonprofit organization.

## Federal

Stafford Act Immunity from liability provision ([42 U.S.C. 5148](#)), the Federal government shall not be liable for any claim based upon the exercise or performance of, or failure to exercise or perform a discretionary function or duty on the part of a Federal agency or an employee of the Federal government in carrying out the provisions of an emergency response.

Federal Tort Claims Act ([28 U.S.C. 2671](#)), no other state or its officers or employees rendering aid in this state pursuant to any interstate mutual aid arrangement, agreement or compact shall be liable on account of any act or omission in good faith on the part of such state or its officers or employees while so engaged, or on account of the maintenance or use of any equipment or supplies in connection with an emergency.

[CFR Title 42, Chapter 139, Section 14503](#) (Public Law limiting liability of volunteers)

No volunteer of a nonprofit organization or governmental entity shall be liable for harm caused by an act or omission of the volunteer on behalf of the organization or entity if:

- the volunteer was acting within the scope of the volunteers responsibilities in the nonprofit organization or government entity at the time of the act or omission
- if appropriate or required, the volunteer was properly licensed, certified or authorized by the authorities for the activities or practice in the State in which the harm occurred, where the activities were or practice was undertaken within the scope of the volunteer's responsibilities in the organization or entity
- the harm was not caused by willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed by the volunteer
- the harm was not caused by the volunteer operating a motor vehicle, vessel, aircraft, or other vehicle for which the State requires the operator or the owner of the vehicle, craft, or vessel to possess an operator's license or maintain insurance

Stafford Act Immunity from liability provision ([42 U.S.C. 5148](#)), the Federal government shall not be liable for any claim based upon the exercise or performance of, or failure to exercise or perform a discretionary function or duty on the part of a Federal agency or an employee of the Federal government in carrying out the provisions of an emergency response.

Federal Tort Claims Act ([28 U.S.C. 2671](#)), no other state or its officers or employees rendering aid in this state pursuant to any interstate mutual aid arrangement, agreement or compact shall be liable on account of any act or omission in good faith on the part of such state or its officers or employees while so engaged, or on account of the maintenance or use of any equipment or supplies in connection with an emergency.

## Acronyms

<b>ACS</b>	Alternate Care Site
<b>ADA</b>	Arizona Department of Agriculture
<b>ADEQ</b>	Arizona Department of Environmental Quality
<b>ADHS</b>	Arizona Department of Health Services
<b>ADOA</b>	Arizona Department of Administration
<b>ADOT</b>	Arizona Department of Transportation
<b>ADWR</b>	Arizona Department of Water Resources
<b>AFN</b>	Access and Functional Needs
<b>AHCCCS</b>	Arizona Health Care Cost Containment System
<b>AHERP</b>	All-Hazards Emergency Response Plan
<b>ALHOA</b>	Arizona Local Health Officer Association
<b>ALPHERA</b>	Arizona Local Public Health Emergency Response Association
<b>ARC</b>	American Red Cross
<b>ARS</b>	Arizona Revised Statutes
<b>ASL</b>	Arizona State Lab
<b>ASPR</b>	Administration for Strategic Preparedness and Response
<b>ASPHL</b>	Arizona State Public Health Laboratory
<b>AzCHER</b>	Arizona Coalition for Healthcare Emergency Response
<b>AzEIN</b>	Arizona Emergency Information Network
<b>AZ-ESAR-VHP</b>	Arizona Emergency System for Advance Registration of Health Professionals
<b>AzHAN</b>	Arizona Health Alert Network
<b>AzTEC</b>	Arizona Tribal Executive Committee

<b>BEDC</b>	Bureau of Epidemiology and Disease Control
<b>BDS</b>	Biohazards Detection Systems
<b>BPHEP</b>	Bureau of Public Health Emergency Preparedness
<b>BRC</b>	Bureau of Radiation Control
<b>BVR</b>	Bureau of Vital Records
<b>CBRNE</b>	Chemical Biological Radiological Nuclear Emergency
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CDRP</b>	Communicable Disease Response Plan
<b>CERC</b>	Crisis Emergency Response Communication
<b>CFC</b>	Conditions of Coverage
<b>CMIST</b>	Communication, Maintaining Health, Independence, Support, Transportation
<b>COOP</b>	Continuity of Operations Plan
<b>COOP-EMP</b>	Continuity of Operations Plan - Emergency Management Plan
<b>COP</b>	Conditions of Participation
<b>CMS</b>	Centers for Medicaid and Medicare Services
<b>CSC</b>	Crisis Standards of Care
<b>DEMA</b>	Department of Emergency Military Affairs
<b>DEOC</b>	Director's Emergency Operations Center
<b>DES</b>	Department of Economic Security
<b>DFFM</b>	Department of Forestry and Fire Management
<b>EBS</b>	Emergency Bulletin System
<b>ECL</b>	Emergency Classification Levels
<b>EDRS</b>	Electronic Death Registration System

<b>EMAC</b>	Emergency Management Assistance Compact
<b>EMS</b>	Emergency Medical Services
<b>EPA</b>	Environmental Protection Agency
<b>EPHT</b>	Environmental Public Health Tracking
<b>EPZ</b>	Emergency Planning Zone
<b>ESF</b>	Essential Support Functions
<b>FBI</b>	Federal Bureau of Investigation
<b>FDA</b>	Food and Drug Administration
<b>FEMA</b>	Federal Emergency Management Agency
<b>FRMAC</b>	Federal Radiological Monitoring and Assessment Center
<b>GE</b>	General Emergency
<b>GIS</b>	Geographical Information System
<b>HAI</b>	Hospital Acquired Infection
<b>HEOC</b>	Health Emergency Operations Center
<b>HHS</b>	U.S. Department of Health and Human Services
<b>HPP</b>	Healthcare Preparedness Program
<b>IAP</b>	Incident Action Plan
<b>ICP</b>	Incident Coordination Plan
<b>ICS</b>	Incident Command System
<b>IGA</b>	Intergovernmental Agreement
<b>IHS</b>	Indian Health Services
<b>IMAAC</b>	Interagency Modeling and Atmospheric Assessment Center
<b>IND</b>	Improvised Nuclear Device
<b>ITS</b>	Information Technology Services

<b>JIC</b>	Joint Information Center
<b>JIS</b>	Joint Information System
<b>KI</b>	Potassium Iodine
<b>LEP</b>	Limited English Proficiency
<b>LRN</b>	Laboratory Response Network
<b>MACC</b>	Multi-Agency Coordination Center
<b>MCDES</b>	Maricopa County Department of Environmental Services
<b>MCDPH</b>	Maricopa County Department of Public Health
<b>MCM</b>	Medical Countermeasures
<b>ME</b>	Medical Examiner
<b>MEDSIS</b>	Medical Electronic Disease Surveillance and Intelligence System
<b>MOU</b>	Memorandum of Understanding
<b>NDMS</b>	National Disaster Medical System
<b>NETSS</b>	National Electronic Telecommunications System for Surveillance
<b>NIMS</b>	National Incident Management System
<b>NGO</b>	Non-Governmental Organizations
<b>NPI</b>	Non-Pharmaceutical Intervention
<b>NRC</b>	Nuclear Regulatory Commission
<b>NWS</b>	National Weather Service
<b>OBH</b>	Office of Border Health
<b>P-Card</b>	Purchasing - Card

<b>PHIMS</b>	Public Health Incident Management System
<b>PHS</b>	Public Health Service Act
<b>PIO</b>	Public Information Officer
<b>PSAP</b>	Public Service Answering Points
<b>PVGS</b>	Palo Verde Generating System
<b>RBHA</b>	Regional Behavioral Health Authorities
<b>RCC</b>	Reception and Care Center
<b>REC</b>	Regional Emergency Coordinator
<b>RED</b>	Radiological Exposure Device
<b>RITN</b>	Radiological Injury Treatment Network
<b>RSS</b>	Receive, Stage and Store
<b>SAMS</b>	CDC's Secure Access Management Services
<b>SDMAC</b>	State Disaster Medical Advisory Committee
<b>SEOC</b>	State Emergency Operations Center
<b>SERRP</b>	State Emergency Response and Recovery Plan
<b>SME</b>	Subject Matter Expert
<b>SMI</b>	Serious Mental Illness
<b>SNS</b>	Strategic National Stockpile
<b>SOP</b>	Standard Operating Procedures
<b>TRBHA</b>	Tribal Regional Behavioral Health Authorities
<b>U.S.C.</b>	United State Code
<b>UE</b>	Unusual Event
<b>USDA</b>	United States Department of Agriculture

<b>VAPAC</b>	Vaccine and Antiviral Priority Advisory Committee
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# Appendix A: ADHS Plan Annexes

*As of August 2022*

## **Operations/Recovery**

- All-Hazard Emergency Response Plan (AHERP)
- Health Emergency Operations Center Standard Operating Procedure (HEOC-SOP)
- Crisis Emergency Risk Communication Plan (CERC)
- Bureau of Vital Records Continuity of Operations Plan
- Continuity of Operations-Executive Management Plan (COOP)
- Public Health and Healthcare Community Recovery Plan
- Arizona Department of Economic Security – State of Arizona Repatriation Plan
- Arizona Department of Emergency and Military Affairs - Arizona State Emergency Response and Recovery Plan (SERRP)

## **Resource Support (PHS 2)**

- Medical Countermeasures Operational Plan
- RSS Operational Annex
- CHEMPACK Playbook
- Medical Surge Volunteer Coordination Plan

## **Displacement/Surge**

- Fatality Management Plan
- Alternate Care Site (ACS) Plan
- Arizona Crisis Standards of Care (CSC) Plan
- HEOC Relocation Plan

## **Infectious Disease**

- Pandemic Influenza Plan
- Antiviral Medication Distribution Plan
- Influenza Vaccine Shortage Plan
- Non-Pharmaceutical Intervention (NPI) Guide

- PHX Sky Harbor Intl' Airport - Communicable Disease Response Plan (CDRP) West Nile (Arboviral) Plan
- Infectious Disease of High Consequence Plan

### **Human Caused/CBRNE**

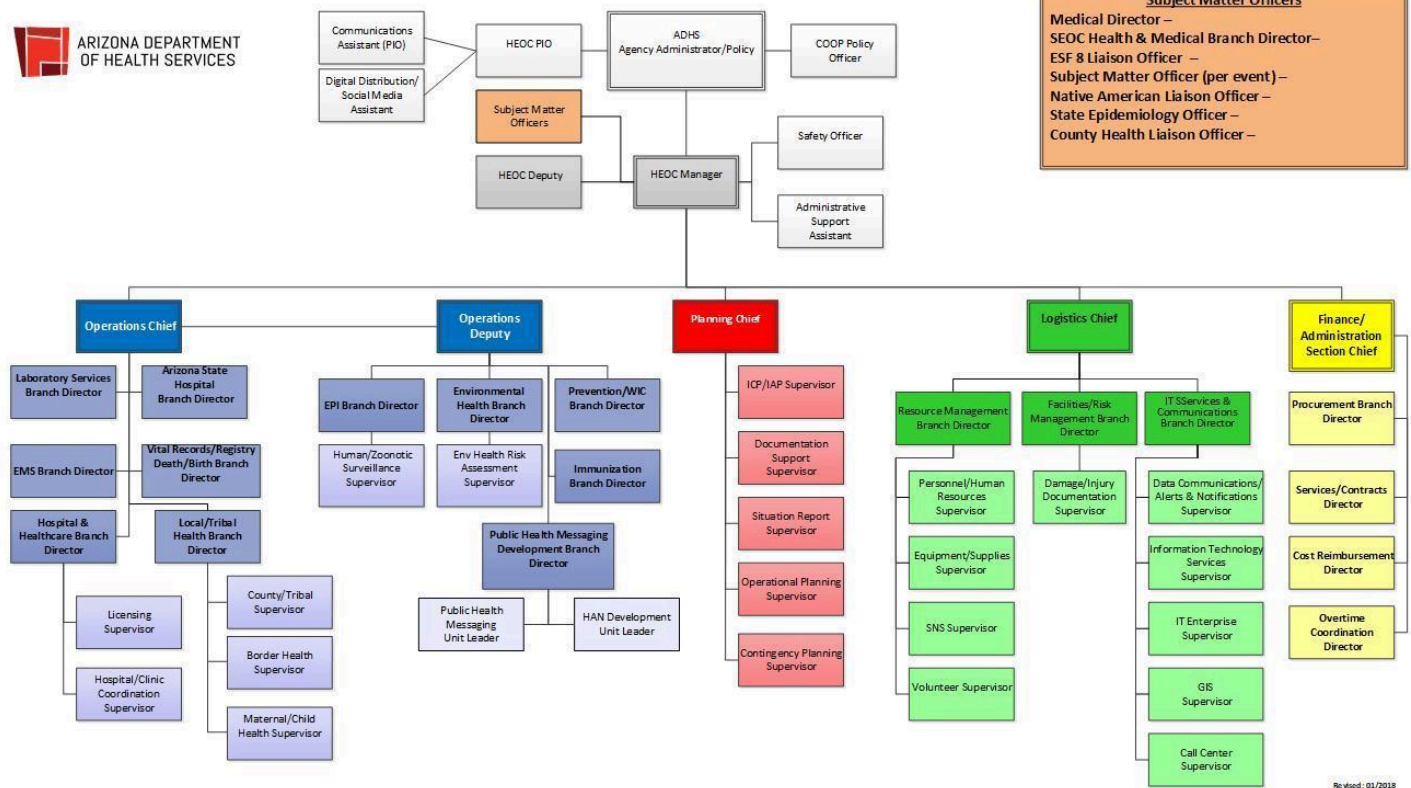
- Biowatch Consequence Management Plan (Appendix D of HA 3B.1)
- Bioterrorism Operational Plan for Arizona State Laboratory (ASL)
- Suspicious Substance Submission Guide
- Biohazards Detections Systems (BDS) Emergency Response Plan

# Appendix B: PHIMS CHART

AS OF:



## HEOC PHIMS



**Subject Matter Officers**  
 Medical Director –  
 SEOC Health & Medical Branch Director –  
 ESF 8 Liaison Officer –  
 Subject Matter Officer (per event) –  
 Native American Liaison Officer –  
 State Epidemiology Officer –  
 County Health Liaison Officer –

Revised: 01/2018

# Appendix C: Wildfire Response

## Scope

This appendix describes how to coordinate response elements specifically for a wildfire and can be built upon as needs are determined throughout an emergency response.

## Situation Overview

The likelihood of a wildfire in the State of Arizona remains extremely high as drought conditions remain in effect. Wildfires have been identified as a climate-sensitive hazard in the state according to the [Climate and Health Adaptation Plan](#).

In 2020, there were 2,524 reported wildfires that burned approximately 979,000 acres. Between 2011-2020 there were 4 notable fires: Wallow (2011), Horseshoe 2 (2011), Woodbury (2019), and Bush Fire (2021). Combined these fires burned more than 1 million acres according to the National Interagency Fire Center. These events have been caused by a combination of drought, human-causes, lightning, and high temperatures. The largest impacts have occurred in the northern part of the state, such as in Coconino County according to the [Arizona Environmental Public Health Tracking \(EPHT\) Explorer](#).

## Additional Planning Assumptions

- Full community evacuations creating need for mass care and sheltering
- Medical surge to hospitals and urgent cares for smoke inhalation
- Epidemiological and lab testing and surveillance for food and water contamination that can result from responder mitigation efforts

## Response Activities

ADHS Branch	Activity
Geographical Information System (GIS)	<ul style="list-style-type: none"> <li>• Mapping of licensed facilities and group homes near the impacted area.</li> </ul>
Licensing	<ul style="list-style-type: none"> <li>• Assist in requesting Centers for Medicaid and Medicare Services (CMS) licensing waivers for Conditions of Participation (COP) or Conditions of Coverage (CfCs).</li> </ul>
EMS	<ul style="list-style-type: none"> <li>• Would provide coordination and support for any patient transport or emergency medical care technician certification needs.</li> </ul>

## Organization and Assignment of Responsibilities

Primary Agency	Roles and Responsibilities
<b>State</b>	
Arizona Department of Health Services	<ul style="list-style-type: none"> <li>• Provides liaison to SEOC for public health representations</li> <li>• Assists county and tribal public health organizations in identifying additional emergency medical services</li> <li>• Identifies special needs supervised care facilities in evacuation area</li> <li>• Provides epidemiologist and laboratory support</li> <li>• Identifies ambulance support resources</li> <li>• Provides interpretation of air quality data relating to public health</li> <li>• Assists county public health agencies to ensure compliance with health and safety codes for food establishments relative to power outages</li> </ul>

	<ul style="list-style-type: none"> <li>• Provides a PIO to craft (in conjunction with the local health departments) various health messages for the SEOC Joint Information Center (JIC)</li> <li>• Coordinates with the CDC and Administration for Strategic Preparedness and Response (ASPR)</li> </ul>
Arizona Division of Emergency and Military Affairs (DEMA)	<ul style="list-style-type: none"> <li>• Activates the SEOC to provide coordination of state non firefighting resources</li> <li>• Develops operational procedures to include: <ul style="list-style-type: none"> <li>○ Internal and External alert notification</li> <li>○ Expenditure documentation to include the Supplemental Dispatch System</li> <li>○ Functional checklists</li> </ul> </li> <li>• Supports the Department of Forestry and Fire Management (DFFM) by activating appropriate emergency response plans</li> <li>• Coordinates assigned activities and missions with DFFM</li> </ul>
<b>Federal</b>	
National Weather Service (NWS)	<ul style="list-style-type: none"> <li>• Provides fire/weather forecasting and Incident Meteorologist</li> </ul>

Secondary/ Support Agencies	Roles and Responsibilities
<b>State</b>	
Arizona Department of Environmental Quality (ADEQ)	<ul style="list-style-type: none"> <li>• Provides data on air quality</li> <li>• Provides data on water quality</li> <li>• Provides technical assistance on proper and safe removal of waste, such as</li> </ul>

	wood ash and fire retardant, that may require special handling
<b>Local</b>	
County and Tribal Emergency Management and Public Health	<ul style="list-style-type: none"> <li>● Provides local EM/PH with situational awareness updates</li> <li>● Identifies EMS needs within jurisdiction, include the functional and access needs population</li> <li>● Identifies and communicates resources or support services required that exceed the ability of the local government</li> <li>● Gains and maintains awareness of healthcare system network operability <ul style="list-style-type: none"> <li>○ When necessary, identifies and coordinates to request services or resources necessary to maintain or restore the healthcare system</li> </ul> </li> <li>● Serves as the point of contact for State and Federal support services being requested in coordination of local emergency management, DEMA, and ESF-8 Lead</li> <li>● Provides a PIO to craft various messages and communicate with the JIC to share outgoing messages</li> </ul>

Support Agencies	Roles and Responsibilities
<b>Federal</b>	
U.S. Department of Health and Human Services (HHS)	<ul style="list-style-type: none"> <li>• Fulfills requests from DEMA in coordination of ESF-8 and the Governor’s Office</li> </ul>
Administration for Strategic Preparedness and Response (ASPR)	<ul style="list-style-type: none"> <li>• Fulfills Strategic National Stockpile (SNS) requests if needed/requested</li> </ul>
<b>Non-Governmental Organizations (NGOs)</b>	
Utility Companies	<ul style="list-style-type: none"> <li>• Provides situational awareness of utility status and impact on local community as well as any licensed facilities in area</li> </ul>
Arizona Burn Care Network	<ul style="list-style-type: none"> <li>• Provides and coordinates care for burn victims</li> <li>• Provides technical details to EMS/First responders for care of burn victims</li> </ul>
American Red Cross (ARC)	<ul style="list-style-type: none"> <li>• Provides sheltering support (ESF #6 Mass Care)</li> </ul>
Arizona Volunteer Organizations Active in Disaster (AzVOAD)	<ul style="list-style-type: none"> <li>• Provides personnel and resource support</li> </ul>



## Appendix D: Flood Response

### Scope

This appendix describes operations and tactics on how to manage a flood response impacting the public health and medical sector.

### Situation Overview

Despite its generally dry climate, many places in Arizona are at risk of flooding. As heavy rainfall drains off steep terrain, flash flooding downstream is common. In the deserts, the heavy rainfall hits dry, hardened ground and quickly runs off into normally dry washes that are generally un-bridged. An example of a flood risk would be the summer monsoon season thunderstorms. These storms drop large volumes of rain in 30 minutes or less statewide (*Situation Overview excerpt from the Vulnerability Assessment for Flooding in Arizona, 2016, ADHS Climate and Health Program*).

There are multiple strategies that the Department uses to identify and provide support for vulnerable critical facilities (E.g., nursing homes, schools, childcare centers, hospitals, long-term care centers and other healthcare facilities). Primarily, ADHS uses a licensed facility interactive map that shows a street-level view of all licensed facilities and gives key facility information.

### Additional Planning Assumptions

- This appendix applies to all flood types (E.g., flash flood, over bank (river/stream) flooding, urban, ground failures/dam breaks, and fluctuating lake levels) as well as all severity of floods (E.g., localized flash flooding, 100-year floods, and 500-year floods).

## Response Activities

Flooding can occur at many levels from a simple reported flood watch to massive flooding resulting in evacuations, EMS transport disruptions, and drinking water impacts. The HEOC will activate and respond appropriately to the level of disruption.

ADHS Position	Activity
Epidemiology Branch Director	<ul style="list-style-type: none"> <li>● Drafts environmental and public health messages for the public and healthcare practitioners</li> <li>● Tracks epidemiological data</li> </ul>
Environmental Health Branch Director	<ul style="list-style-type: none"> <li>● Provides technical advice and consultation to local health departments, healthcare providers, ADEQ, food and water entities and others for the following environmental and public health issues:               <ul style="list-style-type: none"> <li>○ General sanitation</li> <li>○ Safe food</li> <li>○ Water supply</li> <li>○ Re-entry</li> <li>○ Mold/contamination issues</li> <li>○ Carbon monoxide poisoning</li> </ul> </li> <li>● Provides public health information related to public health issues, such as maintaining sanitary conditions, a source of potable water and decontaminating food</li> <li>● Gives guidance and recommendations on food storage and food safety to the State Prison kitchens, as well as Assisted Living and Group Homes</li> <li>● Assists the local health departments for shelters, restaurants, retail food establishments and application of vector control measures, as needed</li> <li>● Ensures inspection of various shelters for sanitation and cleanliness</li> <li>● Provides support to the ADEQ and the local health departments to advise on safe drinking water and community water systems</li> </ul>

ADHS Position	Activity
Epidemiology Branch Director Human/Zoonotic Surveillance Supervisor	<ul style="list-style-type: none"> <li>• Provides technical advice on vectors and animals as they relate to public health</li> </ul>
Immunization Branch Director	<ul style="list-style-type: none"> <li>• Provide technical advice and consultation to local health departments, healthcare providers, first responders and the general public regarding tetanus and other vaccine administration</li> <li>• If requested by the county public health department(s), assists in the ordering and receiving of necessary vaccine</li> </ul>
Public Health Messaging Branch Director	<ul style="list-style-type: none"> <li>• Coordinates messaging to healthcare providers and the public</li> <li>• Develops provider messaging to be distributed through AzHAN</li> <li>• Develops public messaging to be distributed through the JIC</li> <li>• Develops fact sheets and talking points for internal staff and for external use by local health</li> <li>• May develop other materials, such as letters, toolkits, social media messaging, etc.</li> <li>• Coordinates Spanish translation of materials, as needed</li> <li>• Provides news and media updates</li> <li>• Provides guidelines as they are updated by CDC and other agencies</li> </ul>
Local/Tribal Health Branch Director	<ul style="list-style-type: none"> <li>• Helps to coordinate support of local and tribal health departments for resources and staff time</li> </ul>
Hospital and Healthcare Branch Director	<ul style="list-style-type: none"> <li>• Provides coordination and guidance to the Licensing Supervisor</li> <li>• Acts as the liaison to other PHIMS to ensure consistency and continuity as appropriate</li> </ul>

ADHS Position	Activity
Hospital and Healthcare Branch Director/Licensing Supervisor	<ul style="list-style-type: none"> <li>Support group homes, assisted living facilities, hospitals, community health centers, and other healthcare providers regarding environmental, public health and evacuation issues</li> </ul>

## Organization and Assignment of Responsibilities

Primary Agencies	Roles and Responsibilities
<b>State</b>	
Arizona Department of Health Services <ul style="list-style-type: none"> <li>Health Emergency Operations Center               <ul style="list-style-type: none"> <li>Division of Public Health Services</li> <li>Bureau of Public Health Emergency Preparedness</li> <li>Bureau of Infectious Disease</li> <li>Bureau of Emergency Medical Services and Trauma System</li> <li>Bureau of State Laboratory Services</li> <li>Public Health Licensing</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Activates HEOC to provide emergency operations coordination of health and medical services</li> <li>Provides liaison to SEOC for public health representation if needed</li> <li>Assists county and tribal public health organizations in identifying additional emergency medical services</li> <li>Identifies licensed care facilities in affected and/or evacuated areas</li> <li>Provides epidemiologist and laboratory support</li> <li>Identifies and shares EMS support resources</li> <li>Provides interpretation of water quality data relating to public health</li> <li>Provides ESAR-VHR coordination</li> <li>Provides PIO to craft (in conjunction with the local health departments) various health messages for the SEOC JIC</li> <li>Coordinates with the CDC</li> <li>Coordinates resource requests from local and tribal and healthcare system partners</li> <li>Liaison with Arizona Health Care Cost Containment System (AHCCCS) and provide a connection with Regional Behavioral Health</li> </ul>

	Authorities (RBHA) and Tribal Regional Behavioral Health Authorities (TRBHA) and local/tribal health departments to coordinate behavioral health services
Arizona Department of Emergency and Military Affairs (DEMA)	<ul style="list-style-type: none"> <li>• Coordinates flood response</li> <li>• Coordinates operations of JIC/JIS</li> <li>• Coordinates information sharing to maintain a common operating picture</li> </ul>

Secondary / Support Agencies	Roles and Responsibilities
<b>State</b>	
Arizona Department of Environmental Quality (ADEQ)	<ul style="list-style-type: none"> <li>• Environmental impact assessment (activated through HEOC)</li> <li>• Provides data on water quality</li> </ul>
Arizona Department of Transportation (ADOT)	<ul style="list-style-type: none"> <li>• Infrastructure Assessment (activated through HEOC)</li> <li>• Provides status reports and reporting on road closures, bridge issues, loss of transportation routes</li> <li>• Damage assessment of critical infrastructure organizations</li> </ul>
Arizona Department of Economic Security (DES)	<ul style="list-style-type: none"> <li>• Identifies access and functional needs populations</li> <li>• Social services assistance</li> </ul>
Arizona Department of Water Resources (ADWR)	<ul style="list-style-type: none"> <li>• Assesses and coordinates critical flood data from various federal, state and local agencies</li> </ul>
Other State Agencies	<ul style="list-style-type: none"> <li>• Additional information and state agency support may be requested from various agencies depending in the size, scope and nature of the incident</li> </ul>
<b>Local</b>	

Secondary / Support Agencies	Roles and Responsibilities
County and Tribal Emergency Management	<ul style="list-style-type: none"> <li>Assesses need for shelter</li> <li>Coordinates resource requests from local public health</li> <li>Work with ARC to coordinate shelter operations</li> </ul>
County and Tribal Public Health	<ul style="list-style-type: none"> <li>Monitors the medical and behavioral health needs of the community, including those in shelters</li> </ul>
Flood Control Districts	<ul style="list-style-type: none"> <li>Flood plain data and projections</li> <li>Floodplain management</li> <li>Storm water quality and management</li> </ul>
<b>Federal</b>	
Administration for Strategic Preparedness and Response (ASPR)	<ul style="list-style-type: none"> <li>Fulfills SNS requests if needed/requested</li> </ul>
National Weather Service (NWS)	<ul style="list-style-type: none"> <li>Provides weather data and future forecasting as well as Incident Meteorologist</li> <li>Issues hydromet forecasts, watches and warnings.</li> <li>Only NWS can issue official flood watches and warnings</li> </ul>
<b>Non-Governmental Organizations (NGOs)</b>	
Utility Companies	<ul style="list-style-type: none"> <li>Provides situational awareness on infrastructure status</li> <li>Assists in responder/public safety and health through deactivation of utilities to affected areas</li> </ul>
American Red Cross (ARC)	<ul style="list-style-type: none"> <li>Provides sheltering support (ESF #6 Mass Care)</li> </ul>
Arizona Coalition for Healthcare Emergency Response	<ul style="list-style-type: none"> <li>Healthcare systems monitoring/HEOC Liaison</li> </ul>

Secondary / Support Agencies	Roles and Responsibilities
Arizona Volunteer Organizations Active in Disaster (AzVOAD)	<ul style="list-style-type: none"> <li>• Provides personnel and resource support as needed</li> </ul>
Regional Behavioral Health Authority/Tribal Regional Behavioral Health Authority (RBHA/TRBHA)	<ul style="list-style-type: none"> <li>• Provides behavioral health outreach and identification of behavioral health populations</li> </ul>

## Arizona County Flood Control Districts

Apache County, Engineering Department	Apache County Annex Building 75 West Cleveland Street PO Box 238 St. Johns, AZ 85936 (928) 337-7528 <a href="https://www.apachecountyaz.gov/Engineering">https://www.apachecountyaz.gov/Engineering</a>
Coconino County, Engineering Department	2500 N. Fort Valley Rd. Building #1 Flagstaff, AZ 86001 (928) 679-8850 (800) 559-9289
Cochise County, Highway and Floodplain Department	1415 Melody Ln. Building F Bisbee, AZ 85603 (520) 432-9300 <a href="mailto:highways@cochise.az.gov">highways@cochise.az.gov</a> <a href="mailto:floodplain@cochise.az.gov">floodplain@cochise.az.gov</a>
Gila County Flood Control District	107 W. Frontier St. Suite A Payson, AZ 85541 (928) 474-1076 <a href="mailto:dderoulhac@gilacountyaz.gov">dderoulhac@gilacountyaz.gov</a>
Graham County, Engineering Department	General Services Building, 2 <sup>nd</sup> Floor 921 Thatcher Blvd. Safford, AZ 85546 (928) 428-0410 <a href="https://www.graham.az.gov/251/Engineering">https://www.graham.az.gov/251/Engineering</a>
Greenlee County, Engineering Department	Greenlee County Government 253 5 <sup>th</sup> St. Clifton, AZ 85533 (928) 865-2072 <a href="https://www.co.greenlee.az.us/departments/engineering/">https://www.co.greenlee.az.us/departments/engineering/</a>



## Arizona County Flood Control Districts

<p>La Paz County, Community Development Department</p>	<p>1112 S Joshua Ave. Suite 202                  Parker, AZ 85344                  (928) 669-6138  <a href="http://www.co.la-paz.az.us/346/Community-Development">http://www.co.la-paz.az.us/346/Community-Development</a></p>
<p>Flood Control District of Maricopa County</p>	<p>2801 W. Durango St.                  Phoenix, AZ 85009                  (602) 506-1501 (Main)                  (602) 506-2419 (Floodplain Information)                  (602) 506-6762 (Media Inquiries)                  (602) 506-4723 (Citizen Advocate)</p>
<p>Mohave County Flood Control District</p>	<p>3250 E. Kino Ave.                  Kingman, AZ 86409                  (928) 757-0925  <a href="mailto:MCFloodInfo@mohavecounty.us">MCFloodInfo@mohavecounty.us</a>  <a href="https://mohave.onerain.com/">https://mohave.onerain.com/</a>  <a href="https://www.mohavecounty.us/ContentPage.aspx?id=124&amp;cid=392">https://www.mohavecounty.us/ContentPage.aspx?id=124&amp;cid=392</a></p>
<p>Navajo County, Department of Public Works, Flood Control</p>	<p>Navajo County Governmental Complex in Holbrook                  (928) 524-4100  <a href="mailto:flood@navajocountyaz.gov">flood@navajocountyaz.gov</a>  <a href="https://www.navajocountyaz.gov/Departments/Public-Works/Flood-Control">https://www.navajocountyaz.gov/Departments/Public-Works/Flood-Control</a></p>
<p>Pima County Regional Flood Control District</p>	<p>201 North Stone Ave. 9<sup>th</sup> Floor                  Tucson, AZ 85701                  (520) 724-4600</p>
<p>Pinal County Flood Control District</p>	<p>85 N. Florence St.                  Florence, AZ 85132                  (520) 509-3555    <a href="mailto:FloodControl@pinal.gov">FloodControl@pinal.gov</a>  <a href="https://www.pinalcountyaz.gov/publicworks/floodcontrol/pages/home.aspx">https://www.pinalcountyaz.gov/publicworks/floodcontrol/pages/home.aspx</a></p>

## Arizona County Flood Control Districts

<p>Santa Cruz County Flood Control District</p>	<p>Gabilondo-Zehentner Building                  275 Rio Rico Dr.                  Rio Rico, AZ 85648                  (520) 375-7830  <a href="mailto:jhays@santacruzcountyz.gov">jhays@santacruzcountyz.gov</a>  <a href="https://www.santacruzcountyz.gov/238/Flood-Control">https://www.santacruzcountyz.gov/238/Flood-Control</a></p>
<p>Yavapai County Flood Control District</p>	<p>1120 Commerce Dr.                  Prescott, AZ 86305                  (928) 771-3197  <a href="mailto:WEB.FLOOD.CONTROL@YAVAPAI.US">WEB.FLOOD.CONTROL@YAVAPAI.US</a>  <a href="http://weather.ycflood.com">weather.ycflood.com</a></p>
<p>Yuma County Flood Control District</p>	<p>Department of Development Services                  2351 W. 26<sup>th</sup> St.                  Yuma, AZ 85364                  (928) 817-5000  <a href="mailto:contact.dds@yumacountyaz.gov">contact.dds@yumacountyaz.gov</a>  <a href="https://www.yumacountyaz.gov/government/development-services/development-services">https://www.yumacountyaz.gov/government/development-services/development-services</a></p>

# Appendix E: Extreme Heat Response

## Scope

This appendix describes operations and tactics on how to coordinate and manage an extreme heat incident affecting or having the potential to affect the public health system of the State of Arizona.

## Situation Overview

The NWS identifies heat as the single deadliest weather event in the United States, responsible for more fatalities per year than floods, lightning, tornadoes, and hurricanes combined. In Arizona, heat was responsible for 2,429 deaths between 2010 and 2020. Of these, 1,748 were heat-related deaths of Arizona residents and 681 were non residents. By recognizing a heat wave in its early stages, actions can be taken by state, county, tribal, and local public health agencies to mitigate the public health impact.

Data shows that extreme weather events, such as heat waves, will continue to become more frequent as well as more severe. Observed warming trends suggest that Arizona will experience significant warming in the coming years which, in turn, could have a significant impact on air quality, public health, and critical infrastructure. For this reason, long term planning for extreme weather events, such as extreme heat, is critical to ensure the health and safety of all Arizonans.

## Additional Planning Assumptions

- The State of Arizona experiences several, consecutive days of triple-digit heat throughout the summer; these are normally coupled with warm, overnight temperatures as well.
- By the time an extreme heat incident starts (extreme heat watch/warning) the window for preventative action is very short.
- The populations at risk from heat-related illnesses are vast with varied ages, pre existing health conditions, socio-economic factors, religious beliefs, and locations.
- Heat stroke is fast setting and has a high mortality rate. Early identification and prevention are essential in prevention.
- Warning and messaging systems are already established by the NWS using various media outlets (news, radio, web, etc.).

## Organization and Assignment of Responsibilities

Primary Agency	Roles and Responsibilities
<b>State</b>	
<p>Arizona Department of Health Services</p> <ul style="list-style-type: none"> <li>● Health Emergency Operations Center               <ul style="list-style-type: none"> <li>○ Division of Public Health Services</li> <li>○ Bureau of Public Health Emergency Preparedness</li> <li>○ Bureau of Infectious Disease Services</li> <li>○ Bureau of Emergency Medical Services and Trauma System</li> <li>○ Bureau of State Laboratory Services</li> <li>○ Public Health Licensing</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● EOC staffing and functioning</li> <li>● Communications</li> <li>● Supports shelter system operations in conjunction with the American Red Cross</li> <li>● Emergency public information (e.g. cooling center availability)</li> <li>● Alert and warning systems (e.g. public health syndromic surveillance)</li> <li>● Assistance from other jurisdictions</li> <li>● State assistance</li> <li>● Federal assistance</li> <li>● Rumor control</li> <li>● Damage assessment</li> <li>● Hospital surge</li> </ul>
<b>Federal</b>	
<p>National Weather Service</p>	<ul style="list-style-type: none"> <li>● Communications</li> <li>● Emergency public information</li> <li>● Alert and warning systems</li> <li>● Emergency preparedness training and education</li> <li>● Rumor control</li> <li>● Damage assessment</li> </ul>

Secondary / Support Agencies	Roles and Responsibilities
<b>State</b>	
Arizona Health Care Cost Containment System	<ul style="list-style-type: none"> <li>● Collaborates with Regional Behavioral Health Authorities (RHBAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) to provide outreach to clients and perform well checks</li> <li>● Collaborates with homeless outreach programs to perform wellness checks of homeless people</li> <li>● Assists in public messaging</li> </ul>
Arizona Department of Education	<ul style="list-style-type: none"> <li>● Arranges facilities for emergency public education</li> <li>● Arranges facilities for emergency housing of evacuees and responders.</li> <li>● Arranges facilities for emergency first aid stations, emergency hospitals, or emergency morgues</li> <li>● Arranges personnel for shelter managers and staff</li> <li>● Provides recreation plans for shelter occupants' use during shelter-stay period</li> <li>● Coordinates school bus and van transportation</li> </ul>

Secondary / Support Agencies	Roles and Responsibilities
<b>Local</b>	
First Responder Agencies	<ul style="list-style-type: none"> <li>● Emergency medical transportation</li> <li>● Emergency medical treatment</li> <li>● Assists with special needs evacuation</li> </ul>
Hospitals	<ul style="list-style-type: none"> <li>● Emergency medical care</li> <li>● Hospital evacuation</li> <li>● Traditional hospital medical services</li> </ul>
County and Tribal Emergency Management & Public Health	<ul style="list-style-type: none"> <li>● Emergency medical care information and coordination</li> <li>● Emergency hospital treatment information and coordination</li> <li>● Medical support to shelters</li> <li>● Health advisories</li> <li>● Identifies local health facilities, including hospitals, clinics, dialysis centers, and nursing or rehabilitation centers, supplying and using medical and health items</li> <li>● Identifies special needs populations, including the elderly and very young, and populations requiring specific life-saving services (E.g., dialysis or ventilator dependent people)</li> </ul>

## Technical Information for Extreme Heat

The State of Arizona is serviced by four different Weather Forecasting Offices from the NWS:

- The Phoenix Office has responsibility for southwest and south-central Arizona.
- The Tucson office has responsibility for southeastern Arizona.
- The Flagstaff office has responsibility for north-central and northeast Arizona.
- The office in Las Vegas has responsibility for northwest Arizona.

Each forecasting office is responsible for their messaging and issuing alerts.

<b>NWS Alert Type</b>	<b>Alert Timing and Basis</b>
<b>Heat Advisory</b>	There is high confidence that unusually hot conditions will develop or are imminent and persist for several days (exact area and timing vary from event to event & included in text of alert). Some heat-related impacts are expected.
<b>Excessive Heat Watch</b>	There is medium confidence that excessively hot weather conditions may develop in the next two to seven days (exact area and timing vary from event to event & included in text of alert).
<b>Excessive Heat Warning</b>	There is high confidence that excessively hot weather will develop or is imminent and persist for several days. Exact area and timing vary from event to event & included in text of alert. Many heat-related impacts are expected.

The following websites explain the State’s heat program:

- <https://www.weather.gov/psr/heat>
- [HeatRisk](#)

Category	Level	Meaning
Green	0	No Elevated Risk
Yellow	1	Low Risk for those extremely sensitive to heat, especially those without effective cooling and/or adequate hydration
Orange	2	Moderate Risk for those who are sensitive to heat, especially those without effective cooling and/or adequate hydration
Red	3	High Risk for much of the population, especially those who are heat sensitive and those without effective cooling and/or adequate hydration
Magenta	4	Very High Risk for entire population due to long duration heat, with little to no relief overnight

**HeatRisk Chart**



# Appendix F: Radiological / Nuclear Response

## Scope

This appendix describes operations and tactics on how to coordinate and manage a radiological or nuclear incident affecting or having the potential to affect the public health system of the State of Arizona. While much of the information herein may cover an incident at Palo Verde Generating Station (PVGS), full details of this type of response can be found in the *State of Arizona / Maricopa County Offsite Emergency Response Plan Palo Verde Generating Station* plan.

## Situation Overview

Radiological or nuclear events can pose unique challenges to health and human safety resulting in cascading effects in the hospital and healthcare system. Radiological emissions vary in resulting effects to the human body. In addition, they cannot be seen or heard and are odorless. These emissions however are detectable and measurable with appropriate detection equipment.

State subject matter experts for this type of event are the Bureau of Radiation Control (BRC) - Arizona Department of Health Services, 91st Civil Support Team, Technical Hazards Branch - Department of Emergency and Military Affairs, Department of Energy, and the Nuclear Regulatory Commission.

Incident Type	Description
Radiological Dispersal Device (Dirty Bomb)	A dirty bomb is a mix of explosives, such as dynamite, with radioactive powder or pellets. When the dynamite or other explosives are set off, the blast carries radioactive material into the surrounding area. Contamination and exposure threat.
Radiological Exposure Device (RED)	Radioactive material or an object containing radioactive material can expose people to radiation without their knowledge. Such objects are called Radiological Exposure Devices (REDs), or hidden sealed sources. Exposure threat
Transportation Accident	Accidents involving the transport of radioactive materials could result in debris, contamination, and exposure on major roadways.

Improvised Nuclear Device (IND)	An explosion that produces an intense pulse of heat, light, air pressure, and radiation resulting in fallout.
Palo Verde Generating Station	The largest nuclear power plant in the United States.

## Additional Planning Assumptions

- Local government authorities have response plans in place to deal with a radiological emergency.
- The initial response phase may be complicated by the fact that the incident site could be a mass casualty scene, possibly a life-threatening hazard area, and a crime scene.
- Based on the severity of the event, sheltering-in-place may be used as a protective action.
- Local hazardous materials teams have proper equipment and training to search, detect, and characterize radioactive materials.
- Potassium iodide (KI) or other prophylactics may be distributed to the public (based on recommendations of the Department of Emergency and Military Affairs DEMA, ADHS or other public health agencies).

## PVGS

Below is some specific technical information regarding an incident at PVGS.

### *Emergency Planning Zones*

The Nuclear Regulatory Commission (NRC) has established two Emergency Planning Zones (EPZs) around each commercial nuclear power plant in the nation. The zone within 10 miles (16 km) of the plant is designated the Plume Exposure Pathway EPZ and the region within 50 miles (80 km) from the plant is designated the Ingestion Exposure Pathway EPZ. This plan documents the health response activities at both of these EPZs in response to an event at PVGS. EPZs are defined as offsite areas for which emergency response contingency operations are planned to protect the public health and safety in the event of a fixed nuclear facility incident.

### *Plume Exposure Pathway EPZ*

The plume EPZ lies entirely within Maricopa County and has a radius of 10 miles from the plant center. The principal sources of radiation dose are direct exposure from a passing plume of radioactive material and inhalation of radioactive materials resulting from immersion in the plume.

### *Ingestion Exposure Pathway EPZ*

The Ingestion EPZ lies within Maricopa County and extends to a radius of 50 miles from the plant center. If the Ingestion Exposure pathway extends to the 50-miles, it may also affect La Paz, Pinal, Yavapai and Yuma counties. The principal sources of radiation dose are the ingestion of foodstuffs, particularly milk, contaminated with radioactive materials. Additional sources of dose may include direct exposure from deposited materials and inhalation of deposited materials that have been re-suspended.

## External Organizational Roles and Responsibilities

External Organization	Roles and Responsibilities
<b>Maricopa County Department of Public Health (MCDPH)</b>	<ul style="list-style-type: none"> <li>● The Director or his/her designees are responsible for making the decision to dispense potassium iodide (KI) to the general public</li> <li>● MCDPH has the authority to recommend KI for immediate release</li> <li>● With consultation from ADHS, MCDPH is responsible for the distribution of KI to the general population at the Reception and Care Center (RCC)s</li> </ul>
<b>Maricopa County Department of Environmental Services (MCDES)</b>	<ul style="list-style-type: none"> <li>● Coordinate with state agencies on contamination control operations</li> <li>● Responsible for the safety of food products at retail (through a delegation agreement by ADHS) from the produce warehousing stage to the retail stage</li> <li>● Through ADEQ, has delegated authority to regulate public water supplies with MCDPH</li> </ul>
<b>Department of Emergency and Military Affairs (DEMA)</b>	<ul style="list-style-type: none"> <li>● Oversees trained volunteers to conduct field sampling and radiological screening of persons</li> <li>● Performs radiological analysis of water, soil, vegetation, milk and limited clinical samples either in their mobile laboratory or at their permanent facility</li> <li>● Responsible for the decision and/or recommendation to dispense KI to general public and emergency workers</li> <li>● Has a technical operations director at the SEOC</li> <li>● Has a subject matter expert available for the JIC</li> <li>● Has a subject matter expert at Incident Command Center if established for radiological response activities</li> </ul>

External Organization	Roles and Responsibilities
<b>Arizona Department of Agriculture (ADA)</b>	<ul style="list-style-type: none"> <li>• Responsible for the safety of agricultural commodities including milk, eggs, meat, grain and fresh fruits and vegetables in the affected area</li> <li>• Responsible for establishing checkpoints to ensure food that is being transported meets food safety standards</li> <li>• Responsible to issue embargo, if needed</li> </ul>

## Emergency Classification Levels (ECL)

There are four Incident Classifications (emergency classification levels) for the Palo Verde Generating Station:

### *Notification of Unusual Event (UE)*

An UE assures the first response steps are organized and the emergency information system and decision-making policies are in place. While there is no expectation of a release of radioactive materials requiring offsite response, offsite authorities monitor the situation until it escalates or is resolved.

### *HEOC Actions following an UE*

Activation Status	Monitoring
Public Health Messaging	Preparing for dissemination based upon incident
Protective Action Recommendations	Supporting SEOC and other response partners with Subject Matter Expert input. Reach out to public health partners in affected and surrounding areas

### *Alert*

Offsite facilities and response agencies will partially or fully activate. The activation schedule is dependent on the situation and the agencies' responsibilities for a response. Lines of communication will be established for current information. JIC will provide media updates.

### *HEOC actions following an Alert*

Activation Status	Potential for HEOC Activation under discretion of ADHS Administration. Deploy REAT Forward and TOC for staging, as needed.
Public Health Messaging	Unified public health messaging to the public and healthcare facilities
Protective Action Recommendations	Supporting SEOC and other response partners with Subject Matter Expert input. Reach out to public health partners in affected and surrounding areas.

### *Site Area Emergency (SAE)*

This ECL provides the basis for the immediate alert, activation and the deployment of the offsite response organization although elements of that organization may have previously activated at the Alert. This notification indicates that offsite authorities need to consider protective actions for the public. Media updates will be provided by the JIC.

### *HEOC actions following an SAE*

Activation Status	Activated
Public Health Messaging	Unified public health messaging to the public and healthcare facilities
Protective Action Recommendations	<ul style="list-style-type: none"> <li>● Supporting SEOC and other response partners with Subject Matter Expert input regarding             <ul style="list-style-type: none"> <li>○ Evacuation</li> <li>○ Shelter in Place</li> <li>○ KI Distribution</li> </ul> </li> <li>● Reach out to public health partners in affected and surrounding areas</li> </ul>

### *General Emergency (GE)*

This notification indicates that offsite authorities need to consider protective actions for the public or additional measures as the situation dictates. Media updates will be provided by the JIC.

### HEOC actions following a GE

Activation Status	Activated
Public Health Messaging	Unified public health messaging to the public and healthcare facilities
Protective Action Recommendations	<ul style="list-style-type: none"> <li>● Supporting SEOC and other response partners with Subject Matter Expert input regarding             <ul style="list-style-type: none"> <li>○ Evacuation</li> <li>○ Shelter in Place</li> <li>○ KI Distribution</li> </ul> </li> <li>● Reach out to public health partners in affected and surrounding areas</li> </ul>

Evacuation is the movement of the Plume (10-mile) EPZ resident population out of the area of risk due to a release of radioactive material. Currently, there are three, pre-selected RCCs for persons residing in the 10-mile plume EPZ:

1. Youngker High School (Buckeye)
2. Desert Edge High School (Goodyear)
3. Wickenburg High School (Wickenburg)

MCDPH and MCDEM will partner together to set up, via WebEOC, an RCC Family Registration Board. MCDEM staff and volunteers will register the head of each household; that information will then be utilized for family/patient registration, screening and KI dispensing (if necessary). The Licensing Services Group will work closely with the Arizona DES to identify access and functional needs of individuals who might need assistance during evacuation. In addition, the Licensing Services Group will also identify licensed facilities within the plume (10-mile) EPZ and coordinate assistance to those residing in the facilities in the event of an evacuation.

## ADHS Response Activities

ADHS Branch	Activity
Public Health Messaging	<ul style="list-style-type: none"> <li>● Prepare AzHAN information concerning environmental and public health messages for healthcare practitioners covering a wide variety of public health issues, such as:                             <ul style="list-style-type: none"> <li>○ Health effects of radiation exposure</li> <li>○ General sanitation</li> <li>○ Safe food</li> <li>○ Water supply</li> <li>○ Vectors</li> <li>○ Animals (possible zoonotic diseases, decontamination of domestic animals)</li> </ul> </li> <li>● Use technical information provided by subject matter experts to support the PIO and create materials for the JIS, AzEIN, the ADHS 24-Hour Information Line, and the Department’s website</li> <li>● Prepare public education materials such as public health brochures or emails</li> <li>● Prepare public educational messaging on social media</li> <li>● May coordinate messaging for behavioral and mental health services through AHCCCS and affected RHBA or TRBHA.</li> </ul>

ADHS Branch	Activity
Environmental Health	<ul style="list-style-type: none"> <li>● Provide technical information related to public health issues, such as the health effects of radiation exposure, sheltering-in-place, decontamination of food, safe food for consumption, having a source of potable water, and maintaining sanitary conditions</li> <li>● Provide guidance and recommendations on food storage and food safety</li> <li>● Inspect various shelters for sanitation and cleanliness.</li> <li>● Provide support (if needed) to local health departments, conducting inspections of permitted facilities and gathering food samples</li> <li>● Provide support to the Arizona Department of Environmental Quality and local health departments to advise on safe drinking water and community water systems</li> <li>● Continue to provide assistance with education, messaging and outreach</li> </ul>
Hospital and Healthcare	<ul style="list-style-type: none"> <li>● Serve as a point of contact to communicate with hospitals across the state with EMResource</li> <li>● Coordinate with Licensing Services to support group homes, assisted living facilities, hospitals, community health centers, Indian Health Service (IHS) facilities, and other healthcare facilities regarding public health issues</li> <li>● Provide information regarding available resources (E.g., bed availability) for hospitals, community health centers, and other healthcare facilities that are located in the evacuation area</li> <li>● Identify available emergency medical services</li> </ul>
Licensing	<ul style="list-style-type: none"> <li>● Coordinate with county public health departments to identify special needs and other supervised care facilities that may need to be evacuated or sheltered-in-place</li> </ul>



ADHS Branch	Activity
	<ul style="list-style-type: none"> <li>Grant temporary waivers of health care institution licensing requirements necessary for shelter-in-place, evacuation, or receiving of additional patients from other evacuated facilities</li> </ul>
Human Surveillance / Epidemiology	<ul style="list-style-type: none"> <li>Tracking of epidemiological and registry data</li> </ul>
Laboratory Services	<ul style="list-style-type: none"> <li>The laboratory services branch will determine where to send environmental or clinical samples for radiological compounds. Required items include: <ul style="list-style-type: none"> <li>Direct communication with the CDC Director's Emergency Operations Center (DEOC)</li> <li>Request assistance from the Laboratory Response Network-Radiological (LRN-R).</li> <li>Obtain approval and agreement from CDC to accept specimens and specifics as to how many they can accept and to whom and where these specimens are to be sent</li> <li>ADHS may assist in facilitating the collection, packaging, and shipping of specimens from individuals deemed to have been exposed to radiological contamination to laboratories of the CDC's choosing</li> <li><i>*Note: the state laboratory would not determine "who" should be tested or for the triage of specimens to differentiate the worried well from those in the EPZs</i></li> </ul> </li> </ul>
Bureau of Vital Records	<ul style="list-style-type: none"> <li>Should fatalities occur resulting from a radiological incident, the BVR would become involved in guidance and response activities. Below are some probable response activities: <ul style="list-style-type: none"> <li>Coordinate response among BVR and any or all of the below listed partners. This may include answering questions</li> </ul> </li> </ul>

ADHS Branch	Activity
	<p>regarding registration &amp; issuance and providing guidance based on statues, rules, policies, &amp; procedures</p> <ul style="list-style-type: none"> <li>● Support Local county health department(s) vital registration office(s) <ul style="list-style-type: none"> <li>○ Office of the Medical Examiner (ME)</li> <li>○ Funeral home partners</li> <li>○ Medical certifiers</li> </ul> </li> <li>● Ensure the Electronic Death Registration System (EDRS) is operational and provide system support expertise for electronic death registration of each decedent <ul style="list-style-type: none"> <li>○ In the event the EDRS is unavailable: <ul style="list-style-type: none"> <li>▪ Coordinate system restoration with Information Technology Services (ITS)</li> <li>▪ Provide guidance on back up paper registration process</li> </ul> </li> </ul> </li> <li>● Provide education and information to the victims' surviving families or responsible persons</li> <li>● Maintain surveillance of the local county health department and medical certifier or Medical Examiner responsible for registration of the decedent's death record <ul style="list-style-type: none"> <li>○ In the event of a multi-county incident BVR will assist in coordination among the counties involved</li> <li>○ In the event of a large-scale mass fatality incident, BVR may need to assist in registration of death records to assist the local county health department.</li> </ul> </li> <li>● In the event of a large-scale mass fatality incident, each of the above listed actions would occur and potentially require additional support from BVR.</li> <li>● In the event of a large-scale mass fatality incident, where decedents are unable to be</li> </ul>

<b>ADHS Branch</b>	<b>Activity</b>
	found or identified, an executive order from the Governor may be necessary to register each decedent's death

## Technical Information for Rad/Nuc Incident

Term	Definition	Units
Activity	The activity of a sample of radioactive matter is defined by the number of disintegrations taking place at its core at any given moment. The activity also represents the number of radiations emitted.	Curie (Ci), Becquerel (Bq)
Absorbed Dose	The absorbed dose is the radiation energy absorbed per unit mass of an organ or tissue.	Rad, Gray (Gy)
Effective Dose	Effective dose is calculated for the whole body. It is the addition of equivalent doses to all organs, each adjusted to account for the sensitivity of the organ to radiation.	Rem, Sievert (Sv)
Exposure	Typically by gamma radiation, your body has absorbed energy.	Rad, rem, Sv, Gy
Contamination	A person has radioactive material on their clothes or body. Simple washing with soap and water to remove the contamination is ideal.	NA

Radiation Type	Potential Hazard	Shielding
Alpha	Internal	Paper, clothes, PPE, etc.
Beta	Internal and External	Low Z Material such as: <ul style="list-style-type: none"> <li>● Polyethylene Terephthalate (PET or PETE)</li> <li>● High-Density Polyethylene (HDPE)</li> <li>● Polyvinyl Chloride (PVC or Vinyl)</li> <li>● Low-Density Polyethylene (LDPE)</li> <li>● Polypropylene (PP)</li> <li>● Polystyrene (PS or Styrofoam)</li> </ul>
Gamma	External	High Z materials such as : <ul style="list-style-type: none"> <li>● Lead</li> <li>● Tungsten</li> <li>● Steel</li> <li>● Concrete</li> </ul>

Scientific Prefixes	Symbol	10 <sup>n</sup>
femto	f	10 <sup>-15</sup>
pico	p	10 <sup>-12</sup>
nano	n	10 <sup>-9</sup>
micro	μ (mu)	10 <sup>-6</sup>
milli	m	10 <sup>-3</sup>
deci	d	10 <sup>-2</sup>
deka	da	10 <sup>1</sup>
hecto	h	10 <sup>2</sup>
kilo	k	10 <sup>3</sup>
mega	M	10 <sup>6</sup>
giga	G	10 <sup>9</sup>
tera	T	10 <sup>12</sup>
peta	P	10 <sup>15</sup>

## Radiation Safety Basics

Time	Decreasing your time around a radioactive source will reduce your exposure.
Distance	Increasing your distance from a source will greatly reduce your exposure. Distance vs exposure principles follow the inverse square law where $I_1D_1^2 = I_2D_2^2$
Shielding	Use proper shielding based on the radiation type to block emissions from your body.

## Epidemiologic Surveillance and Exposure Registry Forms

Epidemiologists will conduct public health surveillance after an event to understand the burden of disease or amount of exposure in the community. Knowledge of illnesses, injuries, and deaths are critical measures of disaster status and conditions. Health surveillance attempts to provide situational awareness for decision makers such as public health and emergency response authorities. Several standardized surveillance forms have been developed that may be used after a radiological incident to collect surveillance information, as follows:

- 1)** Morbidity Surveillance Forms (individual and aggregate) to capture active surveillance of medical conditions and other disaster related outcomes
- 2)** Mortality Surveillance Forms (individual and aggregate) to identify number of deaths related to the disaster/event and provide basic mortality information
- 3)** Shelter Needs Assessment to record environmental assessments of shelters and evacuation centers
- 4)** Exposure Registry Form to capture contact information of persons potentially exposed to radiation and identify long-term health consequences to further inform the need for ongoing care or public health measures as well as developing health education and disease prevention measures.



### Arizona Disaster Morbidity Surveillance Form

For Active Surveillance in Facilities (e.g., Acute Care Facilities, Shelters) with Medical Staff  
Complete one form for each individual interviewed



Event Name _____		Location Name _____		Date of Visit (MM) / (DD) / (YYYY)	
Interviewee Information	Medical Record Number/ID _____	Age (Yrs) (Mos)	Date of Birth (MM) / (DD) / (YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Primary Reason(s) for Visit: Check all categories related to patient's current reason for seeking care</b>					
<b>TYPE OF INJURY</b> <input type="checkbox"/> Abrasion, laceration, cut <input type="checkbox"/> Avulsion, amputation <input type="checkbox"/> Concussion, head injury <input type="checkbox"/> Fracture <input type="checkbox"/> Sprain/strain <b>MECHANISM OF INJURY</b> <input type="checkbox"/> Bite/Sting <input type="checkbox"/> Animal <input type="checkbox"/> Insect <input type="checkbox"/> Snake <input type="checkbox"/> Burn <input type="checkbox"/> Chemical <input type="checkbox"/> Fire, hot object or substance <input type="checkbox"/> Sun exposure <input type="checkbox"/> Cold-related (e.g., hypothermia) <input type="checkbox"/> Electrocutation <input type="checkbox"/> Fall <input type="checkbox"/> Heat-related <input type="checkbox"/> Hit by object <input type="checkbox"/> Near drowning/Submersion <input type="checkbox"/> Nerve Agent <b>specify:</b> _____ <input type="checkbox"/> Poisoning <b>specify:</b> <input type="checkbox"/> CO exposure <input type="checkbox"/> Inhalation of fumes, dust, or gas <input type="checkbox"/> Ingestion <input type="checkbox"/> Radiological <b>specify:</b> <input type="checkbox"/> Cutaneous exposure <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input type="checkbox"/> Use of machinery, tools, or equipment <input type="checkbox"/> Vehicle collision <input type="checkbox"/> Violence / assault <b>specify:</b> <input type="checkbox"/> Sexual assault <input type="checkbox"/> Self-inflicted injury <input type="checkbox"/> Other assault <input type="checkbox"/> Other, <i>specify:</i> _____		<b>ACUTE ILLNESS/SYMPTOMS</b> <input type="checkbox"/> Cardiac emergency (e.g., pain, arrest) <input type="checkbox"/> Conjunctivitis / eye irritation <input type="checkbox"/> Dehydration <input type="checkbox"/> Dermatologic <b>specify:</b> <input type="checkbox"/> Rash <input type="checkbox"/> Lesions <input type="checkbox"/> Infection <input type="checkbox"/> Infestation (e.g., lice, scabies) <input type="checkbox"/> Other, <i>specify:</i> _____ <input type="checkbox"/> Fever (i.e., >100.4°F or 36°C) <input type="checkbox"/> Gastrointestinal <b>specify:</b> <input type="checkbox"/> Nausea / vomiting <input type="checkbox"/> Bloody diarrhea <input type="checkbox"/> Watery diarrhea <input type="checkbox"/> Jaundice <input type="checkbox"/> Meningitis / encephalitis <input type="checkbox"/> Neurological (e.g., altered mental status or confused / disoriented, syncope, stroke) <input type="checkbox"/> Oral / dental pain <input type="checkbox"/> Pain, <b>specify:</b> <input type="checkbox"/> Abdominal pain or stomachache <input type="checkbox"/> Chest pain, angina, cardiac arrest <input type="checkbox"/> Ear pain or earache <input type="checkbox"/> Headache or migraine <input type="checkbox"/> Muscle or joint pain (e.g., back, hip) <input type="checkbox"/> Oral/dental pain <input type="checkbox"/> Respiratory <b>specify:</b> <input type="checkbox"/> Cough <b>specify:</b> <input type="checkbox"/> Dry <input type="checkbox"/> Productive <input type="checkbox"/> With blood <input type="checkbox"/> Wheezing in chest <input type="checkbox"/> Pneumonia, suspected <input type="checkbox"/> Shortness of breath, difficulty breathing <input type="checkbox"/> Sore throat <input type="checkbox"/> Other, <i>specify:</i> _____		<b>OTHER CONDITIONS</b> <input type="checkbox"/> Cancer <input type="checkbox"/> Cardiovascular <b>specify:</b> <input type="checkbox"/> Hypertension <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Diabetes <input type="checkbox"/> Immune compromised <input type="checkbox"/> Neurological <b>specify:</b> <input type="checkbox"/> Seizure <input type="checkbox"/> Stroke <input type="checkbox"/> Obesity <input type="checkbox"/> Respiratory <b>specify:</b> <input type="checkbox"/> Asthma <input type="checkbox"/> COPD <input type="checkbox"/> Other, <i>specify:</i> _____	
				<b>BEHAVIORAL HEALTH</b> <input type="checkbox"/> Agitated behavior (e.g., violent behavior/threatening violence) <input type="checkbox"/> Alcohol and/or other drug intoxication or withdrawal <input type="checkbox"/> Anxious or stressed <input type="checkbox"/> Depressed <input type="checkbox"/> Disoriented or confused <input type="checkbox"/> Psychotic <input type="checkbox"/> Suicidal thoughts or ideation	
				<b>PREGNANCY RELATED</b> <input type="checkbox"/> Complication of pregnancy (e.g. premature bleeding, abdominal pain, fluid leakage) <input type="checkbox"/> In labor with/without complication <input type="checkbox"/> Routine pregnancy check-up	
				<b>ROUTINE/WELLNESS VISIT</b> <input type="checkbox"/> Medication refill <input type="checkbox"/> Vaccination <input type="checkbox"/> Influenza-like-illness (ILI) Fever (temperature of 100°F [37.8°C] or greater) AND a cough or a sore throat in the absence of a KNOWN cause other than influenza	
Other comments or co-morbidities, <b>specify:</b>					



## Arizona Disaster Morbidity Surveillance Form

**Purpose:** To capture individual-level active surveillance of medical conditions and other disaster-related outcomes when timely, detailed, patient-level information is needed for response efforts.

**Setting:** Form should be filled out by public health staff or medical personnel in acute care facilities (e.g., shelters with medical staff, special needs shelters, field hospitals, Disaster Medical Assistance Teams (DMAT)).

**How to use this form:** Use the one-page form to record information about the chief complaints and specific infectious syndromes, behavioral health conditions, injuries, and chronic diseases that best describe the reason the patient is currently seeking care. One form should be filled out per patient. This form also may be filled out by abstracting information from patient records. Send completed forms to designated public health official.



**Arizona Disaster Morbidity Surveillance Form (Aggregate)**  
 For Active Surveillance in Facilities (e.g., Acute Care Facilities, Shelters) with Medical Staff  
**Complete one form for all patients seeking care per reporting period**



Event Name _____	<b>Instructions:</b> Tally total number of patients in each category Example: <b>LHT</b>	Initials _____				
Facility Location & Date		Registrant or Patient Information				
(Name of Facility) _____ (City) _____ (State) _____ Date of Visit (MM) / (DD) / (YYYY) Select one: Mo Tu We Th Fr Sa Su Reporting Period START ____:____ AM PM Reporting Period END ____:____ AM PM		<b>Tally (#)</b>	<b>Total(#)</b>			
		<b>Gender</b>	Male			
			Female			
Unknown						
<i>Please provide a census of ALL patients in the top row and the number of those patients who were responders in the bottom row.</i>		<b>Pregnant</b>	Yes			
			<b>Age Category</b>		< 1	
					1 to 17	
					18 to 64	
					65+	
		Unknown				
<b>Total PATIENTS seeking care</b>	<b>Tally (#)</b>	<b>Total(#)</b>				
<b>Total RESPONDERS seeking care</b>						
Reasons for Visits: Place a mark next to all corresponding categories and tally total number of patients per category						
	<b>Tally (#)</b>	<b>Total(#)</b>		<b>Tally (#)</b>	<b>Total(#)</b>	
UNINTENTIONAL INJURY (e.g., fall, cut, vehicle collision)			FEVER (i.e., >100.4°F or 38°C)			
ANY INJURY, <i>not specified</i>			MENINGITIS, <i>Suspected</i>			
POISONING			RADIOLOGICAL			
HEAT-RELATED ILLNESS (e.g., heat stroke, hypothermia)			BURN (e.g., chemical, fire, sun)			
GI ILLNESS (e.g., nausea, vomiting, diarrhea, jaundice)			ANY DERMATOLOGIC (e.g., rash, infection, infestation)			
INFLUENZA-LIKE ILLNESS*			ANY CARDIOVASCULAR (e.g., hypertension, MI)			
RESPIRATORY ILLNESS (e.g., cold, bronchitis)			ANY BEHAVIORAL (e.g., depression, anxiety, suicidal)			
PNEUMONIA, <i>Suspected</i>			OTHER, <i>not specified, or unknown</i>			
OTHER UNDERLYING (e.g., diabetes, cancer, obesity)			<b>Patient Tracking</b>			
MEDICATION REFILLS			Admitted to Hospital			
VACCINATIONS			Released			
Other events of concern, <b>specify:</b>			Unknown			

\*Influenza-like Illness: Fever (temperature of 100°F [37.8°C] or greater) AND a cough or a sore throat in the absence of a KNOWN cause other than influenza

## Arizona Disaster Morbidity Surveillance Form (Aggregate) Description

**Purpose:** To collect aggregate morbidity data when detailed individual-level patient information is not necessary or is too cumbersome to collect. This form serves as a summary of key disaster-related outcomes observed in a facility and can be used for monitoring population level trends.

**Setting:** Form should be filled out by public health staff or medical personnel in acute care facilities (e.g., shelters with medical staff, special needs shelters, field hospitals, Disaster Medical Assistance Teams (DMAT)).

**How to use this form:** Fill out the form based on individual forms or data from an existing surveillance or reporting system, or by reviewing patient logs and triage records. Send completed forms to designated public health official.



### **Arizona Disaster Mortality Surveillance Form Description**

**Purpose:** Identify the number of deaths related to the disaster/event and provide basic mortality information.

**Setting:** Form should be filled out by medical examiners, coroners, Disaster Mortuary Operational Response Teams (DMORT), hospital, nursing home, or funeral home staff during a disaster. This form does not replace the death certificate.

**How to use this form:** Use this form for all known deaths related to the disaster. Complete one form per decedent. Send completed forms to designated public health official.





**Arizona Disaster Mortality Surveillance Form (Aggregate)**  
 For Mortality Surveillance in Facilities (e.g., Acute Care Facilities, Shelters) with Medical Staff  
**Complete one form for all decedents per reporting period**



Event Name _____		Instructions: Tally total number of decedents in each category Example: <b>HHH</b>		Initials _____	
Facility Location & Date			Decedent Information		
_____ (Name of Facility) _____ (City) _____ (State) Date of Report (MM) / (DD) / (YYYY) Select one: Mo Tu We Th Fr Sa Su Reporting Period START _____ AM PM Reporting Period END _____ AM PM					<b>Tally (HH)</b>
			<b>Gender</b>	Male	
				Female	
			<b>Pregnant</b>	Unknown	
				Yes	
<i>Please provide a census of ALL fatalities in the top row and the number of those fatalities who were responders in the bottom row.</i>			<b>Age Category</b>	< 1	
				1 to 17	
				18 to 64	
				65+	
				Unknown	
	<b>Tally (HH)</b>	<b>Total(#)</b>			
<b>Total DECEDENTS</b>					
<b>Total RESPONDER fatalities</b>					
Cause and Circumstance of Death: Place a mark next to all corresponding categories and tally total number of decedents per category					
	<b>Tally (HH)</b>	<b>Total(#)</b>		<b>Tally (HH)</b>	<b>Total(#)</b>
BURN			RADIOLOGICAL		
HEAT/COLD-RELATED (e.g., heat stroke, hypothermia)			ACUTE RADIATION SYNDROME		
UNINTENTIONAL INJURY (e.g., fall, cut, vehicle collision)			ALLERGIC REACTION		
DROWNING/ SUBMERSION			DEHYDRATION		
ELECTROCUTION			RESPIRATORY FAILURE		
LIGHTNING			CARDIOVASCULAR FAILURE		
POISONING			GI/ENDOCRINE (e.g., hepatic failure, diabetes complication)		
SUFFOCATION			RENAL FAILURE		
SUICIDE/SELF-INFLICTED			SEPSIS		
FIREARM/GUNSHOT			NEUROLOGICAL DISORDERS		
VIOLENCE (NON-FIREARM)			NERVE AGENT		
Other events of concern, <b>specify:</b>			OTHER, <i>not specified, or unknown</i>		

### **Arizona Disaster Mortality Surveillance Form (Aggregate) Description**

**Purpose:** To collect aggregate mortality data when detailed individual-level information is not necessary or is too cumbersome to collect. This form serves as a summary of key disaster death-related outcomes observed.

**Setting:** Form should be filled out by medical examiners, coroners, Disaster Mortuary Operational Response Teams (DMORT), hospital, nursing home, or funeral home staff during a disaster. This form does not replace the death certificate.

**How to use this form:** Fill out the form based on individual forms or data from an existing surveillance or reporting system, or by reviewing logs. Send completed forms to designated public health official.



**Arizona Shelter Assessment Form**  
 For Environmental Health Assessment in Shelters and Evacuation Centers  
 Complete one form for each facility



Event Name _____		Assessing Agency _____		Emergency Contact (____) _____ - _____	
<b>Shelter Information</b>				<b>Shelter Type</b>	
Current Census # _____ Staff # _____		_____		<input type="checkbox"/> Community/Recovery <input type="checkbox"/> Special Needs <input type="checkbox"/> Other: _____ American Red Cross Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/NA ARC Code: _____	
(Location Name and Description OR Designated Name of Facility)					
(Street) _____ (City) _____					
(County) _____ (Zip Code) _____					
Date Shelter Opened: (MM) / (DD) / (YYYY)					
<b>Reason for Assessment:</b>				<b>Time and Date of Assessment</b>	
<input type="checkbox"/> Preoperational <input type="checkbox"/> Initial <input type="checkbox"/> Routine <input type="checkbox"/> Other _____				Date Assessed: (MM) / (DD) / (YYYY)	
				Time: _____; _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
<b>I. FACILITY</b>			<b>V. FOOD and WATER</b>		
1 Structural damage	Y	N	U	28 Preparation on site	Y N U
2 Security/law enforcement available	Y	N	U	29 Served on site	Y N U
3 Water system operational	Y	N	U	30 Safe food source	Y N U
4 Hot water available	Y	N	U	31 Adequate supply	Y N U
5 HVAC system operational	Y	N	U	32 Proper storage	Y N U
6 Adequate ventilation	Y	N	U	33 Appropriate food temperatures	Y N U
7 Adequate space per person	Y	N	U	34 Hand-washing facilities available	Y N U
8 Free of injury/ occupational hazards	Y	N	U	35 Safe food handling	Y N U
9 Free of pest or vector issues	Y	N	U	36 Dish washing facilities available	Y N U
10 Acceptable level of cleanliness	Y	N	U	37 Clean kitchen area	Y N U
11 Electrical grid system operational	Y	N	U	38 Adequate water supply	Y N U
12 Generator in use (type: _____)	Y	N	U	39 Adequate ice supply	Y N U
13 Indoor air temperature adequate	Y	N	U	40 Safe water source	Y N U
				41 Safe ice source	Y N U
<b>II. SANITATION</b>			<b>VI. SOLID WASTE</b>		
14 Access to adequate laundry services	Y	N	U	42 Adequate number of collection receptacles	Y N U
15 Adequate number of toilets	Y	N	U	43 Appropriate separation	Y N U
16 Adequate number of showers	Y	N	U	44 Appropriate disposal	Y N U
17 Adequate number of hand-washing stations	Y	N	U	45 Appropriate storage	Y N U
18 Hand-washing supplies available	Y	N	U	46 Timely removal	Y N U
19 Toilet supplies available	Y	N	U	47 Hazardous waste generated	Y N U
20 Acceptable level of cleanliness	Y	N	U	48 Medical waste generated	Y N U
21 Sewage system type:				<b>VII. SLEEPING and CHILDCARE</b>	
<b>III. HEALTH and MEDICAL</b>			49 Adequate number of beds/cots/mats		
22 Reported outbreaks, unusual illness/injuries	Y	N	U	50 Adequate supply of bedding	Y N U
23 Medical care services on site	Y	N	U	51 Bedding changed regularly	Y N U
24 Mental health care services on site	Y	N	U	52 Adequate spacing	Y N U
<b>IV. COMPANION ANIMALS</b>			53 Clean diaper-changing facilities		
24 Companion animals present	Y	N	U	54 Adequate toy hygiene	Y N U
25 Animal care available	Y	N	U	55 Safe toys	Y N U
26 Designated animal area	Y	N	U	56 Clean food and bottle preparation area	Y N U
27 Acceptable level of cleanliness	Y	N	U	57 Adequate child care supervision	Y N U
				58 Acceptable level of cleanliness	Y N U
<b>VIII. CRITICAL NEEDS or COMMENTS (write on back if necessary)</b>					



## Arizona Shelter Assessment Form Instructions

**Purpose:** To standardize and record environmental assessments of shelters and evacuation centers. This form can serve as a basis for sharing timely environmental health information related to shelters and evacuation centers with local and state health officials.

**Setting:** Shelters and Evacuation Centers

**How to use this form:** Instructions are provided on the form for designated environmental health staff tasked with inspecting and assessing shelters and evacuation centers.

**Shelter type:** "Community/Recovery": general public. "Special Needs": population with specific medical requirements. "Other": relief workers base camp, etc.

**Reason for Assessment:** "Preoperational": before opening. "Initial": first assessment after opening. "Routine": assessments occurring on a regular basis (e.g., daily, weekly). "Other": occurrence such as an outbreak or a complaint.

**Current Census:** Estimated number of persons, including workers, in shelter at the time of inspection.

**Number of Staff/Volunteers:** Number of persons working in the facility at the time of assessment.

### I. Facility

- 1 Structural damage: note damage to physical structure (e.g., roof, windows, walls, etc).
- 2 Security/law enforcement available: security guards or police officers available at facility site.
- 3 Water system operational: self-explanatory.
- 4 Hot water available: self-explanatory.
- 5 HVAC system operational: self-explanatory.
- 6 Adequate ventilation: facility well-ventilated and free of air hazards such as smoke, fumes, etc.
- 7 Adequate space per person in sleeping area:
  - a. evacuation shelters, 20 ft<sup>2</sup> per person;
  - b. general shelters, 40 ft<sup>2</sup> per person;
  - c. special needs shelters, 60–100 ft<sup>2</sup> per person.
- 8 Free of injury/occupational hazards: With regard to general safety, some examples include:
  - a. Is the facility free of frayed or exposed electrical wires, carbon monoxide hazards, hazardous materials, etc.?

- b. Are on-duty staff and members wearing PPE?
- 9 Free of pest/vector issues: note presence of mosquitoes, fleas, flies, roaches, rodents, etc.
- 10 Acceptable level of cleanliness: self-explanatory.
- 11 Electrical grid system operational: self-explanatory.
- 12 If generator in use: check for appropriate location, capacity, adequate fuel and ventilation.
  - a. If yes, indicate fuel type: gas, diesel, solar, etc.
- 13 Indoor temperature (°F): temperature measurement from random inside location (ASCE standard for temperatures in buildings).

### II. Sanitation

- 14 Access to adequate laundry services: provided with separate areas for soiled and clean laundry.
- 15 Adequate # operational toilets: minimum 1 per 20 persons or as specified by sex.
- 16 Adequate # operational showers/bathing facilities: 1 per 15 persons.
- 17 Adequate # operational hand-washing stations: 1 per 15 persons.
- 18 Hand-washing supplies available: water, soap, and paper towels; if water is unavailable, hand sanitizers (at least 60% alcohol).
- 19 Toilet supplies available: toilet paper, feminine hygiene supplies, and diapers/pads for children and adults.
- 20 Acceptable level of cleanliness: self-explanatory.
- 21 Sewage system type: self-explanatory.

### III. Health and Medical

- 22 Any illnesses or injuries reported by residents/staff.
- 23 Medical care services available: If yes, list type of care available in comments section.
- 24 Counseling services available: If yes, list type of mental/social services available in comments section.

### IV. Companion Animals

- 25 Companion animals present: animals in facility.
- 26 Animal care available: animals have clean, fresh water and food.
- 27 Designated animal area: animals located away from people and separately housed.
- 28 Acceptable level of cleanliness: self-explanatory.

### V. Food and Water

- 28 Preparation on site: self-explanatory.
- 29 Served on site: self-explanatory.
- 30 Safe food source: food source from licensed contractor or caterer.
- 31 Adequate supply: self-explanatory.

### VI. Solid Waste

- 42 Adequate collection receptacles: minimum 1 (30-gal) container for every 10 persons.
- 43 Appropriate separation between medical/infectious waste and general refuse.
- 44 Appropriate disposal and labeling in approved containers.
- 45 Appropriate storage and separation from common areas.
- 46 Timely removal of waste – collected regularly.
- 47 Check all types of waste generated at facility (e.g., solid, hazardous, medical).
- 48 Check all types of waste generated at facility (e.g., solid, hazardous, medical).

### VII. Sleeping and Child Care

- 49 Adequate cots/beds/mats for each resident/staff.
- 50 Adequate bedding for each cot, bed, or mat.
- 51 Clean bedding available: self-explanatory.

- 32 Appropriate storage: food stored according to safe storage practices to prevent contamination or spoilage – refer to local code or US Food Code.
- 33 Appropriate temperatures: hot food kept above 135 °F; cold food kept below 40 °F. Or refer to local code or US Food Code.
- 34 Hand-washing facilities available: fixed or portable, as long as they are operational.
- 35 Safe food handling: food preparers are using gloves, avoiding cross contamination, using appropriate utensils, etc. – refer to local code.
- 36 Dishwashing facilities available: place to wash, rinse and sanitize kitchen utensils and cooking equipment.
- 37 Clean kitchen area: self-explanatory.
- 38 Adequate water supply: drinking water in range of 1–2 gallons/per person/per day, for all uses 3-5 gallons/per person/per day.
- 39 Adequate ice supply: sufficient to maintain cold food temperatures.
- 40 Safe water from an approved source.
- 41 Safe ice from an approved source.
- 52 Adequate spacing: at least 3 ft between cots/beds/mats.
- 53 Clean diaper-changing facilities: self-explanatory.
- 54 Adequate toy hygiene: toys cleaned with a nontoxic, approved disinfectant. Refer to local code.
- 55 Safe toys: should adhere to applicable age group standards.
- 56 Clean food/bottle preparation area: self-explanatory.
- 57 Adequate child/caregiver supervision ratio: a. birth-12 mos (3:1); b 13-30 mos (4:1); c. 31-35 mos (5:1); d. 3 years (7:1); e. 4-5 years (8:1); 6-8 years (10:1); 9-12 years (12:1).
- 58 Acceptable level of cleanliness: self-explanatory

### VIII. Critical Needs or Comments

List any critical needs requiring public health follow-up or comments.





**Arizona Exposure Registry Form**  
 For Long-Term Tracking of Exposed Individuals  
 Complete one form for interviewee



Hello, my name is \_\_\_\_\_. We are collecting emergency-related health information for the Arizona Department of Health Services. This information is important to us and affected people. May I read you a consent statement, and then ask you some health questions?

We are getting information from people exposed to [event] so they can receive information about exposures, health, or services. This is a voluntary interview. If you choose to participate, we will ask you questions that will take about 5-10 minutes. You can choose not to answer any question you wish. All the information will be kept confidential to the extent allowed by law.

Event Name _____	Location of Interview _____	
Interviewer Initials _____	Date of Interview (MM)/(DD)/(YYYY) _____	Time of Interview ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM

**Registrant Information**

- Do you speak English?  Yes  No IF NO: What language do you prefer? \_\_\_\_\_
- Data obtained from:  Registrant  Proxy  Medical/Medical Examiner's/Other Record  Don't know  
 Refuse to answer  Other, specify: \_\_\_\_\_
- What is (your/the registrant's) full name? \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI)
- How old (are you/is registrant)? (Yrs) (Mos)  Don't know  Refuse to answer
- What is (your/the registrant's) date of birth? (MM)/(DD)/(YYYY)  Don't know  Refuse to answer
- What is (your/the registrant's) sex?  Male  Female  Not determined  Refuse to answer
- What is (your/the registrant's) ethnicity?  White  Black or African American  Hispanic or Latino  Native American or American Indian  Asian/Pacific Islander  Other, specify: \_\_\_\_\_  Refuse to answer
- What is (your/registrant's) employment status?  Employed, specify employer's name: \_\_\_\_\_  
 Not employed  Self-employed  Student  Retired  Other, specify: \_\_\_\_\_  
 Don't know  Refuse to answer  
 If employed, what is your work address?  
 \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (County) \_\_\_\_\_ (State)
- Where are (you/registrant) staying right now?  Own home  Friend/family's home  Other private residence  
 Hotel/motel  Campground  Evacuation center/shelter  Other, specify: \_\_\_\_\_  
 No place to stay (Skip to question 11)  Don't Know  Refuse to Answer  
 A. What is the name of where (you/registrant) are staying now? \_\_\_\_\_  
 B. What is the address of where (you/registrant) are staying now?  
 \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 C. What is the phone number where (you/registrant) are staying now? (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_  
 None  Don't Know  Refuse to Answer  
 D. How long have you been at your current location? (Days) (Hours)

**Exposure Information**

Now I'm going to ask you just a few questions about (your/ registrant's) experience with this event.

- (Were you/was registrant) exposed to this event as (check all that apply) :  A resident  A passerby  
 An employee  A responder or rescue worker  A government official  A clean-up worker  
 An non-governmental organization/site volunteer  Don't Know  Refuse to Answer
- (Were you/was registrant) at the event site when the event started?  Yes  No  Don't Know  Refuse to answer
- At the start of the event on (Date) at (Time), at what address (were you/was registrant)?  
 Don't know  Refuse to answer  
 \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (County)
- What was the name of nearest building to (you/registrant)?  Don't know  Refuse to answer  
 \_\_\_\_\_
- What was the nearest intersection?  Don't know  Refuse to answer  
 \_\_\_\_\_

15. What was the nearest landmark?  Don't know  Refuse to answer

16. At the start of the event, (were you/was registrant) (check all that apply):  Inside a building or structure  
 Inside a vehicle  Outside  Other, specify: \_\_\_\_\_  Don't know  Refuse to answer

17. As a result of the event, did (you/registrant) get injured or ill?  Yes, describe: \_\_\_\_\_  
 No  Don't Know  Refuse to Answer

18. As a result of the event, did you seek medical care?  Yes  No  Don't Know  Refuse to Answer

A. If yes, what was the name of the facility? \_\_\_\_\_

B. What was the address of the facility?

\_\_\_\_\_  
(Street) (City) (County) (State)

C. What date did you seek medical care? (MM)/(DD)/(YYYY)  Don't Know  Refuse to Answer

D. Were you hospitalized?  Yes  No  Don't Know  Refuse to Answer

19. Before the event, did (you/registrant) have any of the following conditions? (check all that apply)?

Chronic illness  Physical disability  Behavioral health issue  Other, specify:

Please describe your condition:

If  None  Don't Know  Refuse to answer, then ► SKIP TO QUESTION 20

20. IF REGISTRANT IS MALE, SKIP TO QUESTION 21. OTHERWISE ASK: (Are you/is registrant) pregnant?

Yes  No  Don't Know  Refuse to Answer

21. Which best describes the level of health insurance (you have/ registrant has)?

Full or comprehensive  Partial or limited

If  None  Don't Know  Refuse to answer ► SKIP TO QUESTION 23

22. Please give me the name of your health insurance plan: \_\_\_\_\_

#### Event Specific Questions

23. **[INSERT EVENT SPECIFIC QUESTIONS HERE]**

*That completes our interview. Thank you very much for your time.*

#### To Be Completed by the Interviewer

24. THE SEVERITY OF THE EFFECT ON REGISTRANT:  No Obvious Effect  Affected, Ambulatory  
 Unconscious, Non-Ambulatory, Or Badly Injured/Ill  Dead  Not Applicable  Don't Know

Other additional comments, specify:

## Arizona Exposure Registry Form Description

**Purpose:** This tool can be used to register responders and other persons exposed to chemical, biological, or nuclear agents from a disaster to obtain more detailed exposure history. It can be implemented quickly to collect information in order to identify and locate victims and people displaced or affected by a disaster. Information from the registry survey instrument can be used to:

- Support real-time needs assessment during an emergency affecting public health
- Assess future needs for medical assistance, health interventions, and health education for public health planning purposes
- Contact enrolled individuals with information regarding potential exposures and adverse health impacts, health updates, available educational materials, and follow-up services

**Setting:** Form can be filled out by public health staff or medical personnel in shelters, hospitals or acute care facilities (e.g., shelters with medical staff, special needs shelters, field hospitals, Disaster Medical Assistance Teams (DMAT)).

**How to use this form:** Use the form to record basic information about the registrant such as demographic information and information about how to locate the individual for future follow-up as well as information of the registrant's exposure history. One form should be filled out per person.

## Agriculture and Food

Responsibility for the radiation testing of all exposed food lies with the Arizona Department of Agriculture or their Federal designee and that for general food safety is delegated through delegation agreements to the Food Safety and Environmental Services Program. In addition to radiological contamination, there may be more traditional food safety circumstances to contend with such as proper refrigeration of foods in the event of a power outage and an adequate supply of potable water for hand washing and washing of equipment and utensils.

The Food Safety and Environmental Services Program is the regulatory authority for retail food establishments, which include facilities such as produce warehouses, food processors engaged in intrastate commerce, food service at special events, school food service (school cafeterias), restaurants, grocery stores, and convenience stores. The Arizona Department of Agriculture is responsible for the safety of eggs, dairy, raw meats, grains and fresh fruits and vegetables (in the field or on the farm). The ADA has the authority under (A.R.S. § 3-107) to abate, suppress, control, regulate, seize, quarantine or destroy any agricultural product or food that has been adulterated or contaminated as a result of an incident at a commercial nuclear generating station. See the table below for the , FDA Recommended Derived Intervention Levels (DILs) for Human Food and Animal Feed.

FDA Derived Intervention Level (DIL)  
or Criterion for Each Radionuclide Group<sup>(a),(b)</sup>

Radionuclide Group	All Components of the Diet		Alternate units for Milk <sup>(c)</sup>
	(Bq/kg)	(pCi/kg)	(pCi/L)
Sr-90	160	4300	4400
I-131	170	4600	4700
Cs-134 + Cs-137	1200	32,000	33,000
Pu-238 + Pu-239 + Am-241	2	54	56
Ru-103 + Ru-106 <sup>(d)</sup>	$[(C_3 / 6800) + (C_6 / 450)] < 1$	$[(C_3 / 18,00) + (C_6 / 12,00)] < 1$	$[(C_3 / 190,000) + (C_6 / 12,000)] < 1$

Notes:

- (a) The DIL for each radionuclide group is applied independently (see discussion in Appendix D). Each DIL applies to the sum of the concentrations of the radionuclides in the group at the time of measurement.
- (b) Applicable to foods as prepared for consumption. For dried or concentrated products such as powdered milk or concentrated juices, adjust by a factor appropriate to reconstitution, and assume the reconstitution water is not contaminated. For spices, which are consumed in very small quantities, use a dilution factor of 10.
- (c) Conversion to units of pCi/L given for convenience for milk, assuming a density of 1.03 kg/L. Due to rounding, the reference DIL value for Ru-106 is the same in pCi/L as in pCi/kg.
- (d) Due to the large difference in DILs for Ru-103 and Ru-106, the individual concentrations of Ru-103 and Ru-106 are divided by their respective DILs and then summed. The sum must be less than one. C3 and C6 are the concentrations, at the time of measurement, for Ru-103 and Ru-106, respectively

## Federal Response

The Department of Homeland Security (DHS) coordinates the federal government response to radiological incidents of national significance in accordance with Homeland Security Presidential Directive-5 and the National Response Framework. The Nuclear/Radiological Incident Annex of the National Response Framework describes how the coordinating agencies and cooperating agencies support the Department of Homeland Security's overall coordination of the response. Coordinating agencies have specific nuclear/radiological expertise and assets to respond to an incident. If the incident or threat of an incident falls below the threshold of a nuclear/radiological Incident of National Significance, then the activities mentioned for the coordination and cooperation agencies in the Nuclear/Radiological Incident Annex of the National Response Framework may take place without the coordination of DHS.

The United States Attorney General generally acting through the Federal Bureau of Investigation (FBI) has lead responsibility for criminal investigation of terrorist acts or terrorist threats. (For a complete list of federal roles and responsibilities, refer to the Nuclear/Radiological Incident Annex of the National Emergency Response Framework).

## Interagency Modeling and Atmospheric Assessment Center (IMAAC)

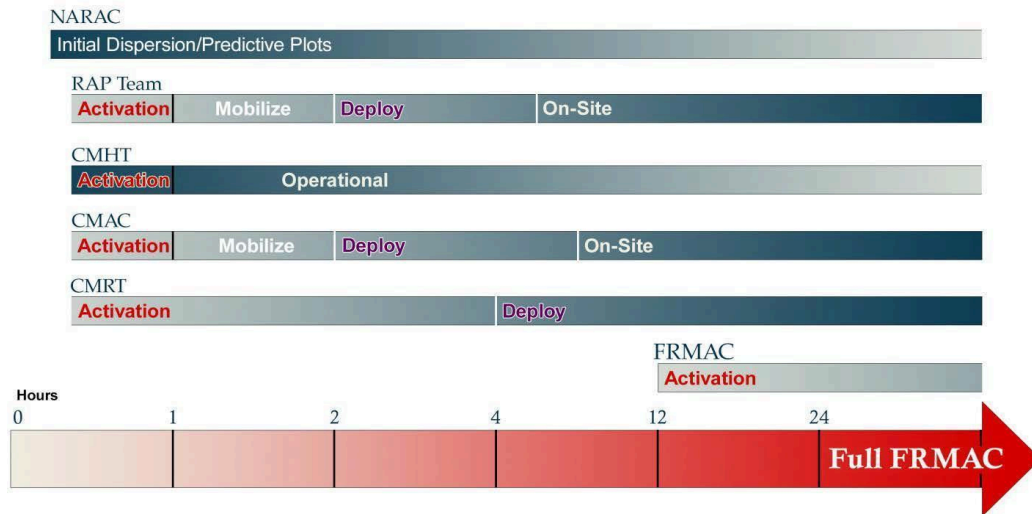
- Production, coordination and dissemination of consequence predictions for an airborne hazardous materials release



# The Federal Radiological Monitoring and Assessment Center (FRMAC)

- Coordinate radiological assessment and monitoring at or near the scene
- Approximate Readiness Time After Activation – Emergency (Early) Phase**

**DOE**



## Federal “Advisory Team”

The Federal “Advisory Team” (for Environment, Food and Health) includes representatives from DHS, Environmental Protection Agency (EPA), Department of Agriculture (USDA), the Food and Drug Administration (FDA), CDC, and other Federal agencies.

The Advisory Team develops coordinated advice and makes recommendations to State, local and tribal governments concerning environmental, food health and animal health matters, such as:

- Environmental Assessments
- Protective Action Guides
- Protective Action Recommendations
- Contaminated livestock, poultry and foods (especially perishable commodities)
- Losses of agricultural resources
- Availability of food, animal feed and water supply inspection programs
- Relocation, reentry, and other radiation protective measures
- Recovery, return and clean-up issues
- Health and safety advice
- Estimated effects of radioactive releases on human health and the environment



## Federal Region 9 Emergency Coordinator (REC)

- Health and Human Services, Public Health and Medical Emergency Support is coordinated between the SEOC Health and Medical Group Supervisor (staffed by ADHS) and the Federal REC.

RECs serve as ASPR's primary representatives at the region level and facilitate preparedness and response activities for public health and medical emergencies, providing situational awareness to headquarters, responding to events and providing command and control for deployment of departmental resources and assets.

# Appendix G: References

## Federal

- [National Incident Management System – FEMA](#)
- [National Response Framework – FEMA](#)
- [Comprehensive Planning Guide 101 - FEMA](#)
- [Public Health Preparedness Capabilities: National Standards for State and Local Planning – CDC](#)
- [Hospital Preparedness Program \(HPP\) Cooperative Agreement – ASPR](#)

## State

- [Arizona State Emergency Response and Recovery Plan – DEMA](#)

## HEOC Reference Materials

- United States Department of Health and Human Services (HHS) - [emPower GIS map](#).
  - State to Zip Code map displaying the amount of Medicare beneficiaries and individuals dependent on Durable Medical Equipment (DME).
- [EMAC](#)
- [Arizona Department of Health Services - Licensed Facilities Interactive GIS map](#).
  - Shows street level view of all ADHS licensed facilities and gives key facility information.
- [National Wildfire Coordinating Group – inciWeb Incident Information System](#)
  - Provides GIS mapping with frequently updated information on wildland fires
- [State of Arizona Personnel Directory](#)
  - ADOA listing of all State of Arizona personnel including email and phone numbers

## Appendix H: HEOC Activation and Notification Process

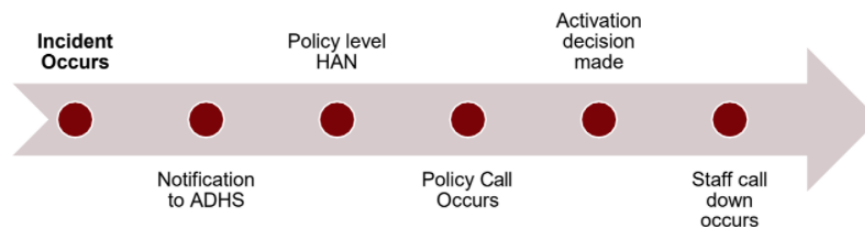
Notification of an incident may come through the Arizona Health Alert Network, Centers for Disease Control and Prevention, U.S. Department of Homeland Security, State or local agencies, or by direct communication with personnel at the Arizona Department of Health Services.

Potential activation triggers may include, but are not limited to:

- The activation of the SEOC
- A request from the CDC to assist in any public health incident
- An event involving a CBRNE incident
- An actual or possible disease outbreak that exceeds the ability of local health officials to respond
- An actual or possible public health event outbreak with the potential to affect areas or enter into the local jurisdiction
- An actual or possible environmental health event with the potential to affect areas or enter into the local jurisdiction
- At the discretion of the Director, or any other individual with activation authority
- Any event that requires a coordinated public health response

**The general activation and notification process is outlined below:**

- The ADHS Executive Team is notified of the situation (Policy Level HAN - Call 1)
- Based on the scenario, the Executive Team will determine the response level of the Department
  - Stand-by and Monitor
  - Activate the HEOC
- If HEOC activation is determined, this team will identify staff and positions to activate
- The HAN alert is sent to those staff identified (Staff Call down - Call 2)



### Policy Alert Positions (Call 1)

ADHS Positions
• Agency Director
• Assistant Director Policy & Intergovernmental Affairs
• Deputy Director Planning & Operations
• Assistant Director Public Health Preparedness
• Communications Director
• PHEP Bureau Chief
• PHEP Deputy Bureau Chief
• Event SME where applicable

### HEOC Activation Positions (Call 2)

HEOC Positions
• HEOC Manager
• Finance / Administration Section Chief
• Logistics Section Chief
• Operations Section Chief
• Planning Section Chief
• Public Information Officer
• Chief Medical Officer
• Liaison Officer - to deploy to sister EOCs if applicable