



ARIZONA DEPARTMENT
OF HEALTH SERVICES

The State of Arizona
Department of Health Services

2022 - 2025

INTEGRATED PREPAREDNESS PLAN

June 2022

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Purpose

The purpose of this plan is to establish preparedness priorities and develop multi-year activities to support preparedness goals for public health departments, health care organizations, and other community partners. The Integrated Preparedness Plan (IPP), formerly the Multi-Year Training and Exercise Plan (MYTEP), is a living document that enables organizations to participate in a series of increasingly complex exercises, with successive events building upon lessons learned and best practices. Further, by including training activities in this IPP, organizations can address known capability gaps prior to exercising those capabilities.

This IPP is based on the PHEP and HPP cooperative agreement guidance, capability assessments, and improvement plans from previous exercises and real-world responses. It documents training and exercise activities associated with the Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) Cooperative Agreement, and the Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) from the Department of Health and Human Services (HHS).

The training opportunities and exercises listed in this document focus on critical gaps in preparedness capabilities, workforce knowledge, and operational integration among health care facilities and public health partners. Collaboration between local, state, tribal, and federal partners is principal to the improvement of public health emergency preparedness and response. PHEP and HPP partners meet at least twice each year to assess capability gaps and identify preparedness priorities. This IPP provides a road map to progressively address these capability gaps and execute program priorities and work plans.

Planning years in advance provides information to assist local, state, and federal officials to coordinate training and exercise activities across all levels of government, public health and health care sectors. This four-year plan lists activities for years 2022-2025 and will be updated annually to reflect evolving program priorities and will assist preparedness planners in meeting both short and long-term objectives. These schedules incorporate the natural progression of training and exercise activities that should take place in accordance with the Homeland Security Exercise Evaluation Program (HSEEP) progressive approach.

Preparedness Activity Considerations

ADHS Preparedness Training and Exercise Program priorities correspond with the six domains identified in the CDC's Public Health Preparedness Capabilities. Associated national priorities, capabilities, training, and exercise opportunities are also listed for each priority. These priorities are ranked according to risk assessments and operational gaps identified by PHEP and HPP partners at annual strategic planning sessions and workshops.

Priorities are determined at the local level for each region. These regional priorities are then shared with the Senior Advisory Committee to develop the Statewide Program Priorities. In addition, trainings and exercises identified for this year stem from an overall assessment of Arizona's Hazard Vulnerability Assessment (HVA), Threat and Hazard Identification and Risk Assessment (THIRA), previous exercise and real-world corrective actions, PHEP and HPP grant guidance, and other regulations and standards.

Preparedness Priorities

Based on the above-mentioned considerations, the IPPW participants determined the following priorities will be the focus for this multi-year preparedness cycle:

Preparedness Domain Priorities
● Surge Management
● Biosurveillance
● Countermeasures and Mitigation
● Information Management
● Community Resilience
● Incident Management

Domain Priority 1: Surge Management

Ensure that staff are trained and systems are in place to manage public health and health care surge capabilities for all hazards responses including Fatality Management, Mass Care, Medical Surge, and Volunteer Management.

Corresponding Public Health Preparedness Capabilities:

- Fatality Management
- Mass Care
- Medical Surge
- Volunteer Management

Corresponding Health Care Preparedness Capabilities:

- Continuity of Health Care Delivery
- Medical Surge

Corresponding FEMA Core Capabilities:

- Fatality Management Services
- Mass Care Services
- Public and Private Resources and Services
- Public Health and Medical Services
- Response/Health and Safety

Support Tools:

- 800 MHz Radio System
- AZ Crisis Standards of Care (CSC) stakeholder outreach and public engagement
- AZ PHEP & HPP Joint Exercise
- EMResource™
 - Bed Polling
- Fatality Management
- Fatality Management Toolkit
- Homeland Security Exercise and Evaluation Program (HSEEP)
- National Incident Management System (NIMS)
- Web-based Emergency Operations Center (WebEOC™)
- Arizona Emergency System for Advance Registration of Volunteer Health Professionals (AZ-ESAR-VHP)

Domain Priority 2: Bio Surveillance

Strengthen public health laboratory, surveillance, and epidemiological investigation capabilities, so that these systems and processes can support statewide, all-hazards responses.

Corresponding Public Health Preparedness Capabilities:

- Public Health Laboratory Testing
- Public Health Surveillance and Epidemiological Investigation

Corresponding Health Care Preparedness Capabilities:

- N/A

Corresponding FEMA Core Capabilities:

- Environmental Response/Health and Safety
- Information Gathering and Recognition of Indicators and Warning
- Public Health and Medical Services
- Response Health and Safety
- Screening Search and Detection

Support Tools:

- 800 MHz Radio System
- ADHS Bureau of Epidemiology and Disease Control (EDC) Training and outreach
- AZ State Public Health Laboratory (ASPHL) Training
- Arizona Health Alert Network (AZHAN)
- EMResource™
 - Bed Polling
- Health Emergency Operations Center (HEOC)
- HSEEP
- MEDSIS
- NIMS
- WebEOC™

Domain Priority 3: Countermeasures & Mitigation

Ensure systems and processes are in place and staff is trained to conduct community mitigation activities (e.g. non-pharmaceutical intervention, responder safety and health), and to support the delivery of medical countermeasures and materiel during disasters.

Corresponding Public Health Preparedness Capabilities:

- Medical Countermeasure Dispensing and Administration
- Medical Materiel Management and Distribution
- Non-Pharmaceutical Intervention
- Responder Safety and Health

Corresponding Health Care Preparedness Capabilities:

- Foundation for Health Care and Medical Readiness
- Continuity of Health Care Service Delivery

Corresponding FEMA Core Capabilities:

- Environmental Response/Health and Safety
- Public and Private Services and Resources
- Public Health and Medical Services

Support Tools:

- AZ State Public Health Laboratory (ASPHL) Training—First Responder Training
- AZ Medical CounterMeasures (MCM) exercises (state and/or local)
- HEOC
- Inventory Control and Asset Management (iCAM™)
- NIMS
- PVGS annual exercises
- MCM Training (on-going)
- WebEOC™

Domain Priority 4: Information Management

Ensure that staff are trained and systems are in place to develop, coordinate, and disseminate information to the public and share situational awareness data with response partners.

Corresponding Public Health Preparedness Capabilities:

- Emergency Public Information and Warning
- Information Sharing

Corresponding Health Care Preparedness Capabilities:

- Foundations for Health Care and Medical Readiness

Corresponding FEMA Core Capabilities:

- Cybersecurity
- Intelligence and Information Sharing
- Operational Communications
- Public Health and Medical Services
- Public Information and Warning

Support Tools:

- AZ PHEP & HPP Joint Exercises
- AzHAN
- Geographical Information System (GIS)
- EMResource™
 - Bed Polling
- HEOC
- Medical Electronic Disease Surveillance Intelligence System (MEDSIS)
- NIMS
- WebEOC™

Domain Priority 5: Community Resilience

Promote the development of public health, medical and mental/behavioral health systems that support emergency response and recovery efforts.

Corresponding Public Health Preparedness Capabilities:

- Community Preparedness
- Community Recovery

Corresponding Health Care Preparedness Capabilities:

- Health Care and Medical Response Coordination
- Corresponding FEMA Core Capabilities:
- Community Resilience

Support Tools:

- AZ HPP Operational Exercises (annual)
- AZ HPP Tabletop Exercises (annual)
- HEOC
- NIMS
- Palo Verde Generating Station (PVGS) annual exercises
- Psychological First Aid & Mental Health First Aid
- Recovery Planning Toolkit
- WebEOC™

Domain Priority 6: Incident Management

Ensure that personnel are able to conduct emergency operations and establish a standardized, scalable system consistent with state and local practices and the National Incident Management System.

Corresponding Public Health Preparedness Capabilities:

- Emergency Operations Coordination

Corresponding Health Care Preparedness Capabilities:

- Foundation for Health Care and Medical Readiness
- Health Care and Medical Response Coordination
- Continuity of Health Care Service Delivery

Corresponding FEMA Core Capabilities:

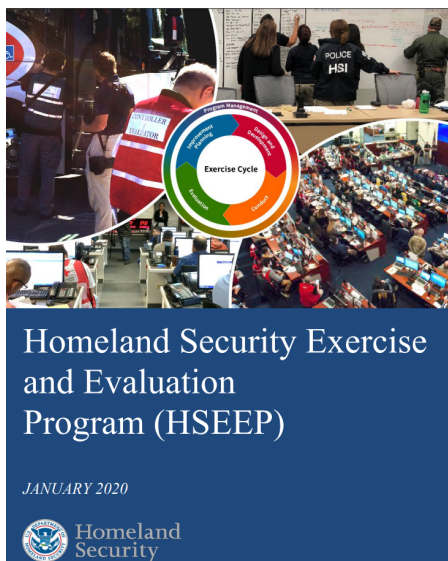
- Community Resilience
- Critical Transportation
- Operational Communications
- Operational Coordination

Support Tools:

- 800 MHz Radio System
- EMResource™
 - Bed Polling
- AZ PHEP & HPP Joint Exercises
- HEOC
- HSEEP
- NIMS
- Psychological First Aid & Mental Health First Aid
- WebEOC™

Methodology

ADHS methodology is consistent with HSEEP guidelines which provide a standardized framework for planning, training and exercising. This common framework allows for capabilities-based planning between public health, health care, emergency management, and other sectors involved in emergency preparedness and response.



Since 2007, health care and public health agencies have participated in an annual Training and Exercise Planning Workshop (TEPW) hosted by ADHS and in partnership with the Arizona Department of Emergency and Military Affairs (DEMA). However, the TEPW model did not support integration of risk assessments, planning efforts, grant prioritization and other preparedness activities to drive exercise activities. The Integrated Preparedness Plan is a plan for combining efforts across the elements of the Integrated Preparedness Cycle to ensure jurisdictions/organizations have the capabilities to handle threats and hazards.

As gaps in preparedness are identified, new topics for training and exercises are integrated into this IPP.

Within 120 days after each exercise, ADHS drafts, reviews, and distributes After Action Reports (AARs) to partners involved in PHEP/HPP funded exercises. The AAR is the document that summarizes key information related to evaluation and the resulting analysis and improvement of capabilities. Generally, AARs also include basic exercise information,

such as the exercise name, type of exercise, dates, location, participating organizations, mission area(s), specific threat or hazard, a brief scenario description, and the name of the exercise sponsor and POC. The AAR includes an overview of performance related to each exercise objective and associated capabilities, while highlighting strengths and areas for improvement. The Homeland Security Exercise and Evaluation Program (HSEEP) has defined a standard format for the development of AAR's, this format allows for consistency across jurisdictions and nation-wide emergency preparedness communities to gain a broad view of capabilities.

In order to complete the preparedness planning cycle and ensure that improvements are made, ADHS personnel monitor corrective actions to ensure timely implementation. Training and exercise activities are tracked throughout the year, AAR and Improvement Plans (IPs), and attendance records are collected, and validation reports are generated to support PHEP and HPP program compliance.

Community partnerships and collaboration are fundamental to the ADHS training and exercise program and this IPPW. Preparedness professionals from partner agencies and health care facilities are routinely engaged to support exercises and training sessions as evaluators, facilitators, planners and presenters. This approach ensures representation from a variety of disciplines and helps increase resiliency across the state.

Representatives from at-risk population groups (e.g. AFN, long-term care, and skilled nursing), are routinely included in the development of trainings and exercises. ADHS staff and community partners work closely with colleagues from the Arizona Statewide Independent Living Council (AzSILC), Arizona Department of Emergency and Military Affairs (DEMA), the Arizona Department of Economic Security, Arizona Agency on Aging, and other agencies with the purpose of enhancing preparedness, response, and recovery planning for at-risk populations.

When appropriate, these training and exercise opportunities are conducted in multiple locations across the state to increase local participation and foster regional collaboration. Health care and public health professionals are encouraged to train and exercise with local and regional response partners to build community resiliency within the state's multiple health care coalitions. All PHEP and HPP sub-recipients (e.g. counties, tribes, health care coalitions) have annual training and exercise requirements. These requirements support an integrated approach and encourage coordination between local, tribal, state, and health care system partners.

Education and training are regular and ongoing for communications and web-based systems (e.g. EMResource, WebEOC, AzHAN and 800 MHz Radios). Training formats are flexible (i.e., in-person, online and "just-in-time") in order to accommodate varying schedules and emergent situations. In addition, ADHS staff from the Office of Infectious

Disease Surveillance (OIDS) and the Arizona State Public Health Laboratory (ASPHL) deliver routine training to the epidemiology and laboratory workforce across the state to support capabilities within the Bio Surveillance Domain.

As a part of the PHEP and HPP program in Arizona, public health and health care professionals regularly participate in Incident Command System (ICS) and National Incident Management System (NIMS) training. This training is needed to ensure that partners are adequately prepared to support emergency operations at local health agencies and health care facilities.

Training for the Arizona Emergency System for the Advanced Registration of Volunteer Health Professionals (AZ ESAR-VHP) is an integral part of Arizona's ability to respond to a real-world emergency locally, nationally, or internationally. ADHS staff is available to provide ESAR-VHP training for county and health care coalition partners on a just-in-time basis, or as required for new staff. The volunteer and resource request processes are routinely tested during functional and full-scale exercises, as well as recovery and continuity of operations.

Tracking the Implementation of Program Improvements

ADHS Bureau of Public Health Emergency Preparedness uses a Corrective Action Work Plan (CAWP) tool to track the implementation of areas of improvements. This standard process and implementation tool is a resource for assessing reoccurring gaps or trends in real-world incidents, discussion (TTX) or operational (Drill, FE, and FSE) based exercises and identifying specific improvements made among Plans, Trainings, Future Exercises, and Systems and Communications Equipment.

The CAWP tool consists of the following fields:

- PHEP/HPP Capability = Lists capabilities tested
- Capability Function or Objective = Lists function or objective tested
- Exercise name = List the exercise or incident name including the date of the event
- Areas for Improvement = List the areas for improvement
- Recommended action steps = PHEP Leadership provide recommended guidelines or action steps to complete the task
- Key action steps = the responsible person list the key action steps it took to complete the task or make progress in completing the task
- Responsible agency (Department) = List the departments/sections within ADHS responsible for the completion of the areas for improvement
- Priority Level (High, Medium, and Low) = PHEP Leadership provide guidelines as to the priority level of the task
- Target Date of Completion = PHEP Leadership provide guidelines as to the target date of completion (1, 3, 6, 9 or 12 months)
- Responsible person = PHEP management assigns a person to resolve the area of improvement
- Status update (In-progress, Completed, and In-complete with comments) = The CAWP Project Lead updates the areas of improvement periodically with feedback from the responsible person. When an item is listed "In-complete," it means that there is no current solution and it is beyond ADHS purview to resolve.

Within the CAWP, a link to the improvement output items (e.g. updated plan, new training record, etc.) provides a record and location of evidence regarding the improvement implementation.

The process begins with an assessment of all written after-action report/improvement plans. Followed by a thorough review and analysis of the AAR/IP and the areas for

improvements to identify any recurring gaps or trends and ensure a comprehensive preparedness capability assessment cycle is integrated into the POETE (Plan, Organize, Equip, Train, and Evaluate) program. Additional assessment steps include the following actions:

- Review the areas of improvement
- Identify and assign each recommended action to a core resource element that is defined with a specific implementation strategy
- Assign lead to follow up on recommendation(s)
- Document a timeframe
- Enter all data into the CAWP Tool

The CAWP tool is reviewed, approved, and finalized, with assignments sent to individual staff within the agency to resolve, monitor progress, and close out when complete as part of the bureau's performance measures - with the goal of implementing all improvements as scheduled. Updates are reported on a quarterly basis and records of completed CAWPs are filed with the preparedness bureau.

HPP-PHEP Joint Training & Exercise Narrative

HSEEP Alignment

1. Progressive Approach

ADHS maintains an integrated training and exercise program for health care and public health preparedness partners across the state. Capabilities are typically introduced through a training opportunity such as a seminar or workshop. As agency and facility-level plans are developed and refined, more advanced training/exercise opportunities, such as a tabletop or drill, are used to evaluate and refine plans.

2. Coordination with Community Partners

Exercises are conducted statewide and in select regions to meet preparedness goals and address gaps in health care and public health capabilities. Community partners are invited to provide information and give presentations during workshops, seminars, and discussion-based exercises.

3. Coordinating with other partners

In Arizona, PHEP and HPP training and exercise activities are closely integrated with Medical Reserve Corps (MRC), the National Disaster Medical System (NDMS), Metropolitan Medical Response System (MMRS), and the Cities Readiness Initiative (CRI). County volunteer coordinators are regularly involved in HPP exercises, which often include a volunteer management component. Since 2008, ADHS has worked with local, state, and federal partners to integrate the NDMS program into statewide exercises. Arizona hospitals, many of whom are part of the NDMS, routinely demonstrate their ability to support statewide hospital evacuation and patient movement operations.

MMRS jurisdictions play an active role in preparedness throughout the state. In the Southeastern Region, MMRS units from the Tucson Fire Department regularly utilize the state's patient tracking system. In the Central Region, CRI partners participate in Strategic National Stockpile (SNS) exercises.

DEMA Training and Exercise Resources

In/Out-of-State Training

DEMA's Training Branch uses a [web-based application](#) to advertise training, track enrollment, and provide certificates of completion for its state training programs. One of the program goals is to arrange training courses that provide participants with diversity (in educational and work experience) to enhance participants' learning experience.

Funding for out-of-state training programs are intended to support Arizona's emergency services/emergency response community. In general, this includes state, county, municipal and tribal agencies. Additional organizations such as hospitals and health care, volunteer organizations active in disasters, private sector and federal partners may be eligible to attend out-of-state programs as well. DEMA can assist with arranging for attendance at many out-of-state federal programs.

All students interested in in/out-of-state training, and FEMA Independent Study Programs (ISP) must have a FEMA Student ID number.

- To obtain or look up your FEMA Student ID Number, visit: <https://cdp.dhs.gov/femasid>.
- FEMA ISP courses can be completed through the [Emergency Management Institute's \(EMI\) Independent Study](#) website. The ISP courses include the basic National Incident Management System (NIMS) and Incident Command system (ICS) programs:
 - IS100 - Introduction to the Incident Command System
 - IS200 - Incident Command System for Single Resources
 - IS700 - Introduction to the National Incident Management System
 - IS800 - National Response Framework
- These Incident Command courses provide a foundation for most all emergency management programs, and are essential for NIMS Compliance along with the G300 (Intermediate ICS) and G400 (Advanced ICS) that can not be completed on-line. These are regularly scheduled for classroom deliveries throughout the year all over Arizona.

Accessing Federal Facilities

Beginning May 03, 2023, all students attending training at certain federal facilities are required to have a REAL ID Card that meets minimum security standards. For Arizonans, the "[Arizona Voluntary Travel ID](#)" is the credential that complies with the REAL ID act, and can serve as valid identification to pass through airport security to board commercial aircraft as well as access restricted areas in federal facilities including training facilities such as EMI (Emergency Management Institute in Emmitsburg, Maryland), and CDP (Center for Domestic Preparedness in Anniston, Alabama), nuclear power plants and military facilities.

Exercise

DEMA's Exercise Branch focuses on exercises that locate and eliminate problems before an actual emergency occurs; while using corrective actions as an important part of exercise design, evaluation and after action reports. In planning exercises, the emphasis is on the actions or operations required in emergency response or recovery rather than on the types of disasters given that preparedness is common to all emergencies. This exercise program focal points are preparedness, partnerships and leadership, that is:

- Practicing procedures to ensure the safety of Arizona citizens;
- Partnering with stakeholders to understand how DEMA can work together;
- Working together with the emergency management community to provide a clear message to its citizens on what actions need to be taken.

To learn more about upcoming events, contact DEMA Exercise Branch for more information at exercises@azdema.gov or (602) 464-6514.

Event Definitions

Conference

A larger gathering compared to seminars. Conferences typically involve a keynote speaker presenting before or after other speakers. There are also multiple breakout sessions. Attendees can expect to receive information about new trends and developments.

Summit

Summits are events that bring together the leaders and experts in various fields to share and interact with others in the same or related fields.

Symposium

A symposium presents a more formal atmosphere. They are usually academic, hosting multiple experts delivering short presentations on a particular topic.

Webinars

Presentations involving an audio/video component displayed over the Internet. Participants can listen and often interact via microphones on their computers. Typically, an instructor or moderator leads or coordinates the session.

Discussion-Based Exercises

Discussion-based exercises include seminars, workshops, tabletop exercises (TTXs), and games. These types of exercises familiarize players with, or develop new, plans, policies, agreements, and procedures. Discussion-based exercises focus on strategic, policy-oriented issues. Facilitators and/or presenters usually lead the discussion, keeping participants on track towards meeting exercise objectives.

Seminars

Seminars generally orient participants to authorities, strategies, plans, policies, procedures, protocols, resources, concepts, and ideas. As a discussion-based exercise, seminars can be valuable for entities developing or making major changes to existing plans or procedures. Seminars can be similarly helpful when attempting to assess the capabilities of interagency or inter-jurisdictional operations.

Workshops

Although similar to seminars, workshops differ in two important aspects: participant interaction is increased, and focus is placed on achieving or building a product. Effective workshops entail the broadest attendance by relevant stakeholders. Products produced from a workshop can include new standard operating procedures (SOPs), emergency operations plans, continuity of operations plans, or mutual aid agreements. To be effective, workshops should focus on a specific issue.

Tabletop Exercises

A TTX is intended to generate discussion of various issues regarding a hypothetical, simulated emergency. They are used to enhance general awareness, validate plans and procedures, rehearse concepts, and/or assess the types of systems needed to guide the prevention of, protection from, mitigation of, response to, and recovery from a defined incident. Generally, TTXs aim at facilitating conceptual understanding, identifying strengths and areas for improvement, and/or achieving changes in perceptions.

Players are encouraged to discuss issues in depth, collaboratively examining areas of concern and solving problems. TTXs can range from basic to complex.

In a basic TTX (such as a Facilitated Discussion), the scenario is presented and remains constant—it describes an emergency and brings discussion participants up to the simulated present time. Players apply their knowledge and skills to a list of problems presented by the facilitator; discuss problems as a group; and a resolution is reached and documented for later analysis.

In a more advanced TTX, play advances as players receive pre-scripted messages that alter the original scenario. A facilitator usually introduces problems one at a time in the form of

a written message, simulated telephone call, videotape, or other means. Players discuss the issues raised by each problem, referencing established authorities, plans, and procedures for guidance. Player decisions are incorporated as the scenario continues to unfold. Effective TTX facilitation is critical to keeping participants focused on exercise objectives and associated capability targets.

Games

A game is a simulation of operations that often involves two or more teams, usually in a competitive environment, using rules, data, and procedures designed to depict an actual or hypothetical situation. Games explore the consequences of player decisions and actions. They are useful tools for validating plans and procedures or evaluating resource requirements.

During game play, decision-making may be either slow and deliberate or rapid and more stressful, depending on the exercise design and objectives. The open, decision-based format of a game can incorporate “what if” questions that expand exercise benefits. Depending on the game’s design, the consequences of player actions can be either pre-scripted or decided dynamically. Identifying critical decision-making points is a major factor in the success of evaluating a game.

Operations-Based Exercises

Operations-based exercises include drills, functional exercises (FEs), and full-scale exercises (FSEs). These exercises can be used to validate plans, policies, agreements, and procedures; clarify roles and responsibilities; and identify resource gaps. Operations-based exercises are characterized by actual reaction to an exercise scenario, such as initiating communications or mobilizing personnel and resources.

Drills

A drill is a coordinated, supervised activity usually employed to validate a specific function or capability in a single agency or organization. Drills are commonly used to provide training on new equipment, validate procedures, or practice and maintain current skills. For example, drills may be appropriate for establishing a community-designated disaster receiving center or shelter.

Drills are also used to determine if plans can be executed as designed, to assess whether more training is required, or to reinforce best practices. For every drill, clearly defined plans, procedures, and protocols need to be in place. Personnel need to be familiar with those plans and trained in the processes and procedures to be drilled.

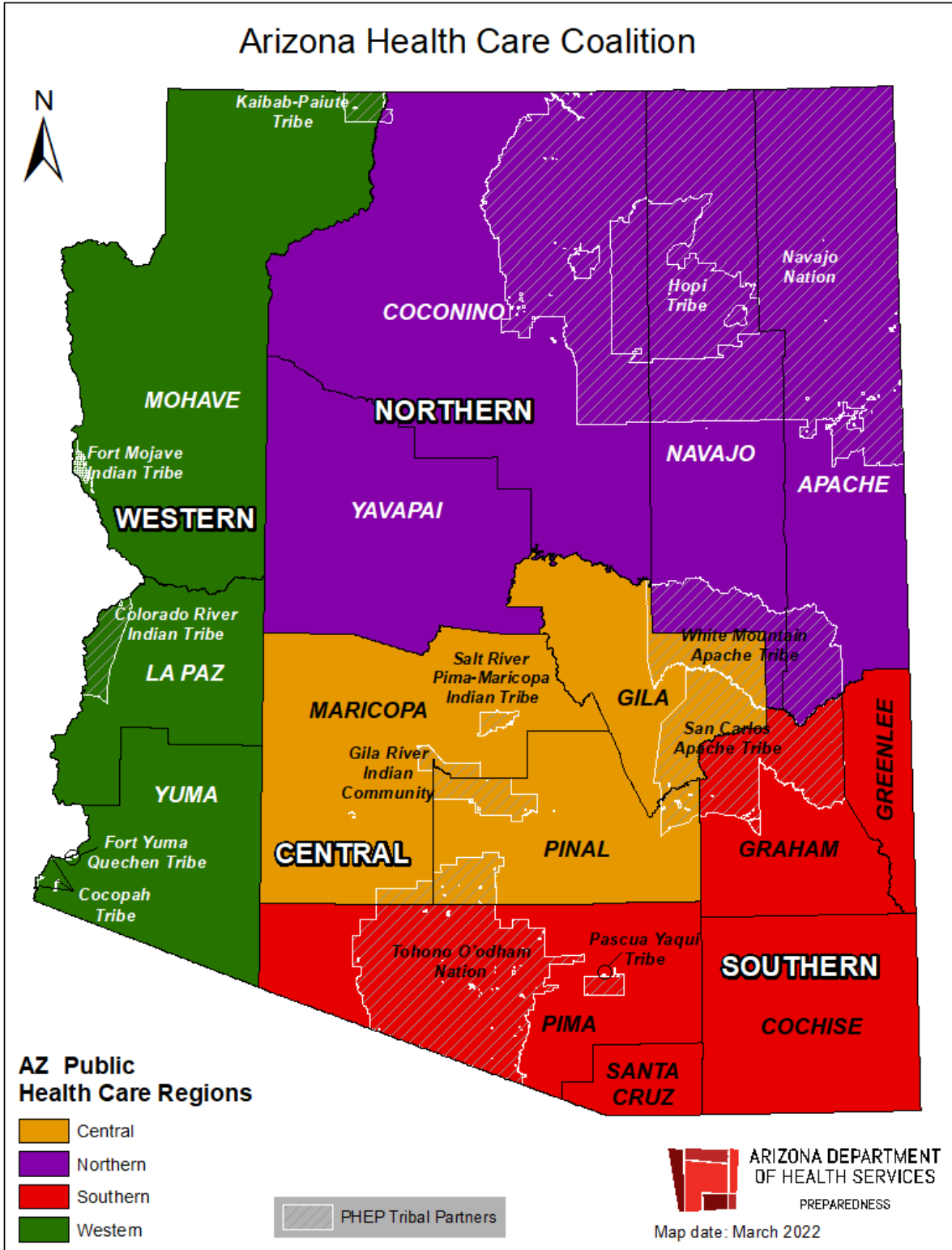
Functional Exercises (FE)

FEs are designed to validate and evaluate capabilities, multiple functions and/or sub-functions, or interdependent groups of functions. FEs are typically focused on exercising plans, policies, procedures, and staff members involved in management, direction, command, and control functions. In FEs, events are projected through an exercise scenario with event updates that drive activity typically at the management level. A FE is conducted in a realistic, real-time environment; however, movement of personnel and equipment is usually simulated. FE controllers typically use a Master Scenario Events List (MSEL) to ensure participant activity remains within predefined boundaries and ensure exercise objectives are accomplished. Simulators in a Simulation Cell (SimCell) can inject scenario elements to simulate real events.

Full-Scale Exercises (FSE)

FSEs are typically the most complex and resource-intensive type of exercise. They involve multiple agencies, organizations, and jurisdictions and validate many facets of preparedness. FSEs often include many players operating under cooperative systems such as the Incident Command System (ICS) or Unified Command. For additional information, please see FEMA's Exercise and Preparedness Tools.

Arizona Health Care Coalition Map



Training and Exercise Calendar for BP4 (2022-2023)

ARIZONA 2022-2023 TRAINING CALENDAR

AZ 2022-2023 PHEP Training Priorities

Priority 1 Surge Management	Priority 2 Biosurveillance	Priority 3 Countermeasures & Mitigation	Priority 4 Information Management	Priority 5 Community Resilience	Priority 6 Incident Management
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ORG.	Quarter 1 (2022)			Quarter 2 (2022)			Quarter 3 (2023)			Quarter 4 (2023)			
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
ADHS	ISG - Trainings (ISG)		Biosafety Assessment (ASPHL)	ISG - Trainings (ISG)	Az-ESAR-VHP Training (PI)	MEDSIS (EDC)	ISG - Trainings (ISG)	IPPW (PI)	How-To Training: Topic TBD (EDC)	ISG - Trainings (ISG)	Az-ESAR-VHP (PI)	How-To Training: Topic TBD (EDC)	
	How-To Training: MEDSIS Outbreak Module (EDC)	How-To Training: MIS-C Case Definition Updates (EDC)	How-To Training: Topic TBD-Navajo Nation (EDC)	How-To Training: COVID-19 Health Disparities-La Paz County (EDC)	How-To-Training: Topic TBD - White River IHS (EDC)	AZCLN Winter Meeting (ASPHL)	How-To Training: Topic TBD (EDC)	PCC (PI)	Rule Out / Refer Training (ASPHL)	How-To Training: Topic TBD (EDC)		Packaging and Shipping (ASPHL)	
	Incident Planning Process & IAP (ASH)		Shelter-In-Place Plan (ASH)	Packaging and Shipping (ASPHL)					How-To Training: Topic TBD (EDC)			How-To Training TBD (EDC)	AZCLN Summer Meeting (ASPHL)
									Packaging and Shipping (ASPHL)				
CCC				Board Meeting/SAC National Pediatric Disaster Conference	Tucson TERF	Flagstaff TERF	Board Meeting / SAC				Board Meeting / SAC		

ADE	G364 Emergency Planning for Schools modified course for Admin.		Workshop for School Special Education Staff	Elective Training for Social Workers		Pre-conference Training Day - Multiple Courses Offered		Behavioral Health		Behavioral Health and Social Wellness		
DEMA				National Pediatric Disaster Conference		Fatality Management w/ ADHS						
AzSILC	Candid Conversation	Candid Conversation Partners in Preparedness	Candid Conversations	Candid Conversations Partners in Preparedness	Candid Conversation	Candid Conversations Partners in Preparedness	Candid Conversation	Candid Conversations Partners in Preparedness	Candid Conversation	Candid Conversation Partners in Preparedness	Candid Conversations	Candid Conversations Partners in Preparedness
AzCHER	Intro to Emergency Mng/ICS Basics New Member Orientation Intro to HSEEP Responder Safety	How to do a Hazard Vulnerability Assessment Training HERT	Hospital/LTC Incident Command (HICS) How to Write Emergency Plans Active Shooter Training	Intro to EM/ICS Basics. Intro to HSEEP New Member Orientation CSC Awareness HERT	How to Conduct a Hazard Vulnerability Assessment Other training TBD	Hospital/LTC Incident Command (HICS) HERT	Intro to EM/ICS Basics New Member Orientation	Intro to Writing Emergency Plans Intro to HSEEP HERT	Annual Conference	Intro to EM/ICS Basics New Member Orientation HERT	Hospital/LTC incident Command (HICS) How to Write Emergency Plans	How to Conduct a Hazard Vulnerability Assessment HERT
ALPHERA	Fatality Management				Volunteer Management	Unified Command						
AzTEC	Fatality Management				Volunteer Management							

ARIZONA 2022-2023 EXERCISE CALENDAR

AZ 2022-2023 PHEP Exercise Priorities												
Priority 1 Surge Management	Priority 2 Biosurveillance	Priority 3 Countermeasures & Mitigation	Priority 4 Information Management	Priority 5 Community Resilience	Priority 6 Incident Management							
ORG.	Quarter 1 (2022)			Quarter 2 (2022)			Quarter 3 (2023)			Quarter 4 (2023)		
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
ADHS					RSS/MCM Workshop (CHP)		PVGS FSE (PI)	PCC (PI)	PVGS FSE (PI)		HEOC Relocation FE (ISG)	
				FSE Shelter-In-Place (ASH)				IPPW (PI)			Infectious Disease TTX (EDC)	
ADE						Annual ADE Preparedness, School Safety and Social Wellness Conference	Continuity of Operations Planning COOP for Schools		Continuity of Operations Planning COOP for Schools			Continuity of Operations Planning COOP for Schools
DEMA		DHS THIRA/SPR/DEMA IPPW		US Army Corps of Engineers/DEMA Flooding TTX		Fatality Management	PVGS FSE		PVGS FSE US Army Corps of Engineers/DEMA Flooding FSE			
AzCHER							Cybersecurity Tabletop Exercise		Radiation Surge Annex Tabletop Exercise	Medical Response and Surge Exercise (formerly CST)		

ARIZONA 2022-2023 TRAINING AND EXERCISE PRIORITY BREAKDOWN

ADHS 2022-2023 Training and Exercise Priorities

Priority 1 (P1) Surge Management	Priority 2 (P2) Biosurveillance	Priority 3 (P3) Countermeasures & Mitigation	Priority 4 (P4) Information Management	Priority 5 (P5) Community Resilience	Priority 6 (P6) Incident Management
Organization	Section	Training and/or Exercise		Priority	
Arizona Department of Health Services - Bureau of Public Health <i>Emergency Preparedness</i>	Information Services Group (ISG)	ISG Trainings - Quarterly AzHAN After Hours Communication Drill / EMResource Training / WebEOC Training/ Az HAN Training		P1 / P4 / P6	
	Partner Integration (PI)	Az ESAR-VHP Training		P1 / P4	
	Partner Integration (PI)	Integrated Preparedness Planning Workshop (IPPW)		P4 / P5	
	Partner Integration (PI)	Preparedness Community Conference (PCC)		P4 / P5	
	Community and Healthcare Preparedness (CHP)	RSS/MCM Workshop		P3 / P6	
	Partner Integration (PI)	PVGS FSE		P1 / P2 / P3 / P4 / P5 / P6	
	Information Services Group (ISG)	HEOC Relocation FE		P4 / P6	

Appendix A: Definition & Acronym List

AAM	After Action Meeting &
AAR /IP	After Action Report/Improvement Plan
ACS	Alternate Care Site
ADE	Arizona Department of Education
ADHS	Arizona Department of Health Services
AHCCCS	Arizona Health care Cost Containment System
APDC	Arizona Pediatric Disaster Coalition
ASPHL	AZ State Public Health Laboratory
ASPR	Assistant Secretary for Preparedness and Response (HHS)
ASU	Arizona State University
AZ	Arizona
AzCHER	Arizona Coalition for Healthcare Emergency Response
AZID	Arizona Infectious Disease
AzHAN	Arizona Health Alert Network
AzSILC	Arizona Statewide Independent Living Council
BP	Budget Period
BPHEP	Bureau of Public Health Emergency Preparedness
BT	Biology (Lab)
CAWP	Corrective Action Work Plan
CBRNE	Chemical, Biological, Radiological, Nuclear, Explosive
CCC	Coyote Crisis Collaborative
CDC	Centers for Disease Control and Prevention
CRI	Cities Readiness Initiative
CSC	Crisis Standards of Care
CST	Coalition Surge Test
CT	Chemistry (Lab)
DEMA	Department of Emergency & Military Affairs - Arizona
EDC	Epidemiology and Disease Control
EMAC	Emergency Mutual Aid Compact
EOC	Emergency Operations Center
ESAR-VHP	Emergency System for the Advance Registration of Volunteer Health Professionals
FE	Functional Exercise
FSE	Full-Scale Exercise
FY	Fiscal Year
GIS	Geographical Information System
HEOC	Health Emergency Operations Center

HCC	Health Care Coalition
HHS	Health and Human Services, U.S. Department of
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
iCAM	Inventory Control and Management
IP	Improvement Plan
IPP	Integrated Preparedness Plan
IPPW	Integrated Preparedness Plan Workshop
MCM	Medical CounterMeasures
MEDSIS	Medical Electronic Disease Surveillance Intelligence System
MRC	Medical Reserve Corps
NIMS	National Incident Management System
NRF	National Response Framework
OIDS	Office of Infectious Disease Surveillance (OIDS)
PHEP	Public Health Emergency Preparedness
PHP	Public Health Preparedness
POC	Point of Contact
PVGS	Palo Verde Generating Station
SERF	Significant Event Readiness Forum
SNS	Strategic National Stockpile
TEP	Training and Exercise Plan
TEPW	Training and Exercise Planning Workshop
TERF	Targeted Event Readiness Forum
TTX	Tabletop Exercise
WebEOC	Web-based Emergency Operations Center