



# Arizona Department of Health Services

## Wildfire Incident Annex

Bureau of Public Health Emergency Preparedness

March 2016

[This page intentionally left blank.]

# Table of Contents

Table of Contents.....	iii
Record of Changes .....	v
Record of Distribution.....	vi
Purpose .....	1
Scope.....	1
Situation Overview.....	1
Hazard Analysis Summary.....	1
Capability Assessment .....	1
Planning Assumptions.....	2
Access and Functional Needs Populations .....	2
Concept of Operations.....	3
Licensing (CMS) Waivers.....	3
National EMS Contract .....	4
Organization and Assignment of Responsibilities.....	4
Public Health Incident Management System (PHIMS) .....	4
Direction, Control, and Coordination .....	6
Authority to Initiate Actions .....	6
Incident Command System.....	6
Emergency Management Assistance Compact (EMAC) .....	6
Information Collection, Analysis, and Dissemination .....	7
Incident Coordination Plan (ICP).....	7
SEOC Coordination.....	7
Public Information and Joint Information Systems .....	7
Communications .....	8
Administration, Finance, and Logistics .....	10
Plan Development and Maintenance .....	11
Authorities and References .....	11
Statutes/Laws .....	12

Appendix A: PHIMS Template..... 17  
Appendix B: References..... 18  
    HEOC Reference Materials ..... 18

# Record of Changes

Date of Change	Location of Change	Description of Change
03/07/2016	Entire Plan	Complete overhaul of plan contents and formatting - CT

# Record of Distribution

Date	Agency and Jurisdiction	POC E-mail

## Purpose

This document is the Arizona Department of Health Services (ADHS)'s response plan for a wildfire emergency. This plan will serve as an annex of the ADHS Emergency Response Plan (ERP), the agencies all-hazards approach to handling a public health emergency, to provide specific guidance related to a wildfire emergency. This plan describes roles, responsibilities, and concepts to be adopted along with the guidance set forth by the ERP whilst following the steps and procedures to establish an Incident Command System (ICS) across the department and activate the HEOC, as set forth in the HEOC SOP.

## Scope

The ADHS Wildfire Response Plan has been designed to guide agency efforts in its support role under the State Emergency Response and Recovery Plan (SERRP) Emergency Scope Function (ESF) 4 – Wildland Fire, by providing health and medical liaison to the State Emergency Operations Center (SEOC).

This plan has been designed to coordinate response elements specific to that of a wildfire and can be built upon as needs are determined throughout an emergency response. In keeping with the ICS concept 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 incident.

## Situation Overview

As an agency that receives federal funding, 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, modular emergency response structure capable of expanding or contracting to fit the size of the emergency or disaster.

## Hazard Analysis Summary

The likelihood of a wildfire in the State of Arizona remains extremely high as drought conditions remain in effect and has been identified as one of the top five public health threats in the state.

## Capability Assessment

In 2011 the Centers for Disease Control and Prevention (CDC) created the *Public Health Preparedness Capabilities: National Standards for State and Local Planning* to bridge the gap between public health and emergency preparedness by adapting names and definitions from the U.S. Department of Homeland Security Target Capability List. These capabilities are used to assist public health departments in developing annual and long-term preparedness plans to guide their preparedness strategies and investments. These standards will be refined over time as emerging evidence becomes available to advance our preparedness knowledge. In alignment with the Public Health Preparedness Capabilities, the Assistant Secretary for Preparedness and Response (ASPR) and the Department for Health and Human Services (HHS) developed a set of capabilities

for healthcare system readiness referred to as the *Healthcare Preparedness Program (HPP) Cooperative Agreement*.

This plan meets the following target capabilities:

<b>CDC - Public Health Preparedness Capabilities (2011)</b>	<b>ASPR and HHS – HPP Capabilities (2012)</b>
<ul style="list-style-type: none"> <li>• Community Preparedness</li> <li>• Community Recovery</li> <li>• Emergency Operations Coordination</li> <li>• Emergency Public Information and Warning</li> <li>• Fatality Management</li> <li>• Information Sharing</li> <li>• Mass Care</li> <li>• Medical Materiel Management and Distribution</li> <li>• Medical Surge</li> <li>• Public Health Laboratory Testing</li> <li>• Public Health Surveillance and Epidemiological Investigation</li> <li>• Responder Safety and Health</li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare System Preparedness</li> <li>• Healthcare System Recovery</li> <li>• Emergency Operations Coordination</li> <li>• Fatality Management</li> <li>• Information Sharing</li> <li>• Medical Surge</li> <li>• Responder Safety and Health</li> <li>• Volunteer Management</li> </ul>

## 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
- Public messaging advising shelter in place or evacuation orders
- Evacuation of hospitals and other healthcare facilities
- ADHS will serve as a communication bridge between local health departments, the SEOC, and federal partners (Health and Human Service (HHS), Centers for Disease Control and Prevention (CDC), etc.).
- ADHS will support local response through personnel and resource support requests.

## Access and Functional Needs Populations

The U.S. Department of Health and Human Services and the Arizona Department of Health Services use a functional needs framework to identify and understand access and functional need (AFN) populations in emergency planning and preparedness. The framework includes five essential functional needs categories: communication, medical needs, maintaining independence, supervision, and transportation (C-MIST). C-MIST provides a useful and flexible framework for emergency planning and response, emphasizing a person’s needs rather than the disability.



## Concept of Operations

Public Health support during a wildfire response may be necessary to coordinate information sharing with local and tribal public health departments and the Department of Economic Security in working with health care licensed facilities to ensure the safety of residents and assist with providing health related resources as needed. The Health Emergency Operation Center (HEOC) may be activated to assist emergency management in supporting local public health by providing alert/notification, public messaging as required and include air quality readings. GIS Mapping of licensed facilities and group homes near the impacted area help provide situational awareness and advanced coordination to address the licensing waivers may needed and track healthcare facilities effected by evacuations, possible evacuations, and/or medical surge operations and activation of the Burn Care Network. This plan supports the State Emergency Management Operations fulfillment of emergency support functions outlined in the State Emergency Response and Recovery Plan (SERRP). During a wildfire response ADHS coordinates with regional behavioral health authorities to facilitate and track behavioral health response as needed and will provide outreach communications with local and tribal public health partners. Laboratory testing, epidemiological surveillance, and emergency requests for durable medical equipment/access and functional needs support and medical personnel is facilitated through the HEOC as part of the local and state emergency management resource requested process.

The HEOC may be involved to actively monitor a wildfire incident, provide situational awareness and outreach to local public health to identify needs or technical assistance as requested. Shelter operations, joint information systems, responder safety and health, and public health/medical/mental and behavioral health service continuity is closely monitored and may require partial, virtual, or full HEOC activation to support. ADHS will (1) establish guidance for health and medical response operations, (2) liaison with state and external affairs (CDC and HHS) to address public health resource needs, (3) maintain Incident Command System (ICS) principles and coordinate with state-designated healthcare coalitions and local/state/tribal/federal public health partners, and (4) activate the burn care network.

Depending on the incident, various configurations of public health, medical, mental and behavioral health experts will be required to coordinate with emergency management with the support of the HEOC. ADHS will coordinate an emergency conference call to address the specific wildfire disaster needs, use the State Emergency Management web-based platform to post updates and process order desk requests, and work in the state joint information system to develop public messaging explaining public health operations and guidance. Health and medical needs of communities displaced by evacuation will be addressed. Epidemiological surveillance/laboratory testing/EMS/food and water safety needs will be closely monitored as well as guidance on clean-up, safe return, and behavioral health needs post incident. Recovery operation will be conducted in concert with the DES to add health and human service needs.

## Licensing (CMS) Waivers

In the event of a declared emergency, the ADHS Division of Licensing Services, in collaboration with the Centers for Medicare and Medicaid Services (CMS), to assist certified facilities in requesting CMS licensing

waivers for *Conditions of Participation* or *Conditions of Coverage*. This is requested through the HEOC by phone, e-mail, or in person.

## National EMS Contract

The National Medical Transport and Support Services, better known as the National EMS Contract, was developed to supplement state response to any event where federally provided medical transportation and support capabilities are needed with fully stocked ground ambulances, air ambulances, and para-transit transportation vehicles to include any medical support personnel necessary to operate and support these resources or the response operation. National EMS Contract resources can only be activated once all State agreements and EMAC resources have been exhausted.

## Organization and Assignment of Responsibilities

### Public Health Incident Management System (PHIMS)

As an agency that receives federal funding, the ADHS must incorporate elements of the National Incident Management System (NIMS) into its emergency response plans. The Department’s incident command structure, the Public Health Incident Management System (PHIMS), is NIMS compliant. PHIMS provides for the integration of various program activities into a cohesive response for an emergency and is modular as it can expand or contract to fit the nature of the emergency. PHIMS follows the basic Incident Command Structure (ICS) as it utilizes 5 distinct operational sections: Administrative, Operations, Logistics, Planning, and Finance.

ADHS HEOC - Organization and Assignment of Responsibilities		
Primary Agencies		
<b>State</b>	Arizona Department of Health Services (ADHS)	<ul style="list-style-type: none"> <li>• Provide liaison to SEOC for public health representation</li> <li>• Provide assistance to county and tribal public health organizations in identifying additional emergency medical services</li> <li>• Identify special needs supervised care facilities in evacuation area</li> <li>• Provide epidemiologist and laboratory support</li> <li>• Identify ambulance support resources</li> <li>• Provide interpretation of air quality data relating to public health</li> <li>• Assist county public health agencies to ensure compliance with health and safety codes for food establishments relative to power outages</li> <li>• Provide a Public Information Officer (PIO) to craft (in conjunction with the local health departments) various health messages for the SEOC Joint Information Center (JIC)</li> <li>• Coordinate with the Centers for Disease Control and Prevention (CDC)</li> </ul>

<b>State</b>	Arizona Division of Emergency and Military Affairs (DEMA)	<ul style="list-style-type: none"> <li>• Activate the SEOC to provide coordination of state non-firefighting resources</li> <li>• Develop 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; and</li> <li>○ Functional Checklists</li> </ul> </li> <li>• Support ASFD by activating appropriate emergency response plans</li> <li>• Coordinate assigned activities and missions with ASFD</li> </ul>
<b>Federal</b>	National Weather Service (NWS)	<ul style="list-style-type: none"> <li>• Provide fire/weather forecasting and Incident Meteorologist</li> </ul>
<b>Supporting Agencies</b>		
<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 wood ash and fire retardant, that may require special handling</li> </ul>
<b>County/Tribal</b>		
	County/Tribal Emergency Management (EM) & Public Health (PH)	<ul style="list-style-type: none"> <li>• Provide State level with situational awareness updates</li> <li>• Identify emergency medical service (EMS) needs within jurisdiction, include the functional and access needs population</li> <li>• Gain and maintain awareness of healthcare system network operability <ul style="list-style-type: none"> <li>○ When necessary identify and coordinate to request services or resources necessary to maintain or restore the healthcare system</li> </ul> </li> <li>• Serve 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>• Provide a Public Information Officer (PIO) to craft various messages and communicate with the Joint Information Center (JIC) to share outgoing messages</li> </ul>
<b>Local</b>		
	Local Emergency Management	<ul style="list-style-type: none"> <li>• Provide County EM/PH with situational awareness updates <ul style="list-style-type: none"> <li>○ Identify and communicate resources or support services required that exceed the ability of the local government</li> </ul> </li> </ul>
<b>Federal</b>		
	U.S. Department of Health and Human Services (HHS)	<ul style="list-style-type: none"> <li>• Fulfillment of requests from DEMA in coordination of ESF-8 and the Governor's Office.</li> </ul>

Centers for Disease Control and Prevention (CDC)	<ul style="list-style-type: none"> <li>Fulfill Strategic National Stockpile (SNS) requests if needed/requested</li> </ul>
<b>Private Sector</b>	
Utility Companies	<ul style="list-style-type: none"> <li>Provide 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>Provide and coordinate care for burn victims</li> <li>Provide technical details to EMS/First responders for care of burn victims</li> </ul>
<b>Volunteer</b>	
American Red Cross (ARC)	<ul style="list-style-type: none"> <li>Provide sheltering support (ESF #6 Mass Care)</li> </ul>
Arizona Volunteer Organizations Active in Disaster (AzVOAD)	<ul style="list-style-type: none"> <li>Provide personnel and resource support as needed</li> </ul>

## Direction, Control, and Coordination

### Authority to Initiate Actions

1. The Agency Director of the Arizona Department of Health Services, or designated appointee, holds primary responsibility for activation of the Health Emergency Operation Center (HEOC) and the Public Health Incident Management System (PHIMS). This power is also vetted to the Assistant Director of Public Health Preparedness Services and the Bureau Chief of the Bureau of Emergency Preparedness.
2. Implementation of the Extreme Heat Incident Annex will come from the HEOC Manager or appointed official.

### Incident Command System

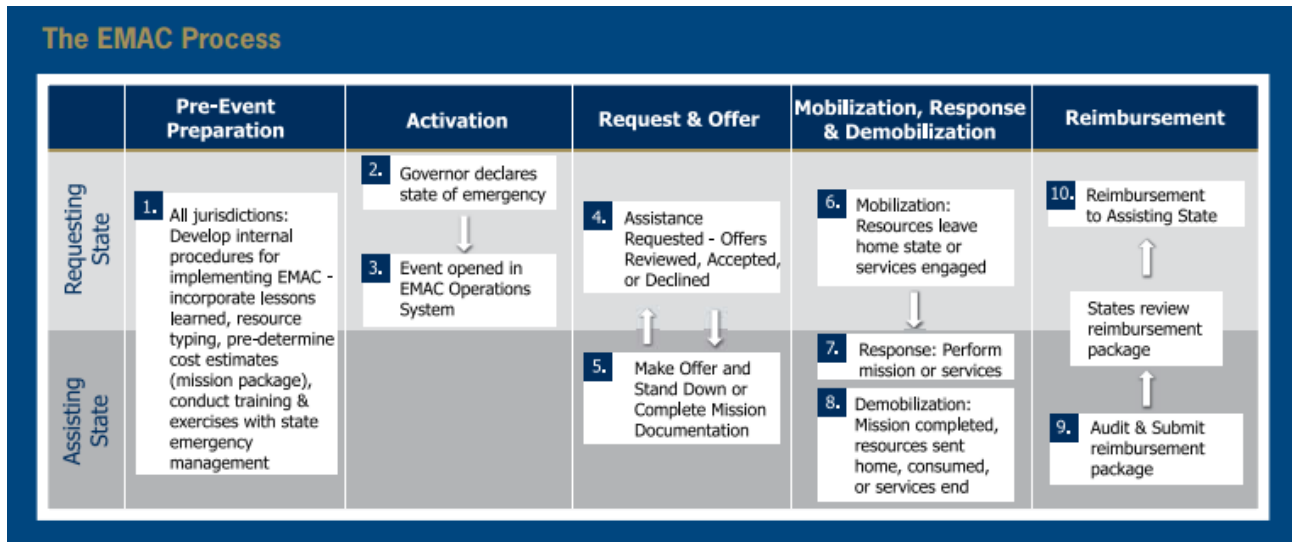
As an agency that receives federal funding, ADHS incorporates elements of the National Incident Management System (NIMS) into emergency operations. The Department’s incident command structure, the Public Health Incident Management System (PHIMS), is NIMS compliant. PHIMS integrates multiple department-wide program activities into a cohesive, modular emergency response structure capable of expanding or contracting to fit the size of the emergency or disaster. ADHS utilizes after action items and lessons learned from real-world emergencies, drills and exercises to continually improve response direction and operations coordination.

### Emergency Management Assistance Compact (EMAC)

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. Through EMAC states can also transfer services, such as shipping newborn blood from a disaster-impacted lab to a lab in another state. ADHS and the HEOC Manager will coordinate with the SEOC,

via the Health and Medical Branch Director, for all requests that will require the use of EMAC. Figure 1 below illustrates the life cycle of an EMAC request.

**Figure 1: The EMAC Process**



## 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 joint information system (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 incident action plan, situation reports, command staff meetings, and joint information systems.

## Incident Coordination Plan (ICP)

The ICP is developed by the Incident Manager in conjunction with the Planning Chief. The ICP covers the incident's primary goal and objectives and subsequent actions that are assigned to specific staff members. The ICP is an active document and can change throughout the course of a response. The Planning section maintains the plan and incorporates changes from the Incident Manager as needed. An ICP template and supporting documents can be found in HSP Responses Center Library.

## SEOC Coordination

ADHS and the HEOC will coordinate with the SEOC through WebEOC and the Health and Medical Branch Director for all response needs with partner agencies and to maintain situational awareness of the incident.

## Public Information and Joint Information Systems

During a response, ADHS will be working with partner agencies to coordinate a joint information system (JIS), either virtual or in person. The JIS will work closely with the ADHS Public Information Officer (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 very 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 *ADHS CERC Plan* for additional information on public information and messaging.

## Communications

*Health Services Portal (HSP):* <https://my.health.azdhs.gov>

The Arizona Department of Health Services has developed the Health Services Portal (HSP), an Internet-based portal application designed to provide secured document sharing and management, redundant email communications, and a system for sharing response and planning information. The HSP system was developed as a partnership with local health departments to address public health preparedness needs. The system is built upon an infrastructure that can support other public health preparedness needs, including electronic disease reporting and electronic lab reporting.

### *HSP System Features:*

- Secure document sharing and management
- Redundant secure email
- Information sharing

HSP Email is a secure and effective way to ensure communications are received even if the office email is unavailable. The HSP Email is a secondary way to not only receive alerts, but also communicate information to other HSP users, as well as external partners.

The SharePoint portal service on HSP allows for a separate mechanism for sharing information, such as response plans, equipment manuals, resource lists, and medical management guidelines. All portal information is categorized and searchable for rapid research and availability. The portals can also provide news, news links, event calendars, as well as announcements.

Finally, the HSP system infrastructure hosts Medical Electronic Disease Surveillance Intelligence System (MEDSIS). The HSP system represents a single access point for state-wide public health disease surveillance, response, alerting information and communications.

*Intermedix®- EMResource™* <https://emresource.emsystem.com/>

The EMResource™ (hospital EMS diversion computer system) is used on a daily basis 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 and local 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 (federally requested bed polls) and amber alerts. The hospitals and local health departments do not have the capability to send out alerts unless passed on to the control centers, which are Phoenix Fire, Mesa Fire, Tucson public service answering points (PSAPs), and the BPHEP.

### *Arizona Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP)*

The 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, landline phones, and radios will be the primary means of communication between any field operations (i.e. receiving, shipping, and storing (RSS) sites, dispensing sites, etc.), the HEOC, and SEOC. The Department is also in the process of developing a statewide amateur radio communication plan with DEMA and Maricopa County Emergency Management. This systems and equipment will provide a means of communicating with remote areas that may not be otherwise accessible. In the event of a loss of power or communications, ADHS retains redundant satellite internet connectivity options as well as go-kit computer workstations.

### *Arizona Emergency Information Network (AzEIN) <https://ein.az.gov/>*

The AzEIN on-line system (<https://ein.az.gov/>) is an internet-based source of public information. The AzEIN system 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 (AzHAN) <https://han.health.azdhs.gov/index.php>*

The Arizona Health Alert Network 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.

- Redundant Communications
  - Developing systems that add redundancy as well as daily use, without duplication of existing response systems.
- Integrated Development
  - No stand-alone systems; all development is integrated within public health and with other response partners.
- Secure Communications
  - Recognizing the need for secure communications within the public health community.
- Outreach
  - Recognizing and aiding communications with public audiences for response efforts and risk communication.
- Collaboration
  - Facilitating statewide collaboration for public health preparedness in areas of planning and information sharing.
- Response Needs
  - Prepare for varied levels of scaled public health response with the development of tracking systems and alternative communication mechanisms.

### *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™*

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

## Administration, Finance, and Logistics

ADHS staff from operations, information technology, human resources, finance, and accounting will 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 include the Finance Section Chief, the Procurement Branch Director, Services/Contracts Supervisor, Cost Reimbursement Supervisor, and Overtime Coordination 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 and administrative staff will also be involved in tracking and cost reimbursement associated with deploying medical countermeasures or other medical materiel allocated to local health departments. See the ADHS Strategic National Stockpile Plan for more information on the resource request process. Medical countermeasures 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 and fiduciary policies, and legal limitations.

## Plan Development and Maintenance

Review and maintenance of this plan will be done on a yearly basis, headed by the ADHS Bureau of Public Health Emergency Preparedness (PHEP) with input from internal and external subject matter experts. Information gathered through real-life responses, training events, and exercises will be used to update the plan. Following the Homeland Security Exercise and Evaluation Program (HSEEP) guidance, corrective actions and recommendations from after action reports (AARs) and improvement plans (IPs) will form the foundation of plan maintenance and further development to ensure continuous process improvement.

Revisions will be produced and reviewed by ADHS executive staff. This Plan will be housed in the ADHS PHEP offices and posted to HSP, WebEOC, and to the public facing ADHS webpage to allow for electronic access. The Plan will be shared with local health and emergency management partners to promote alignment between local and state-level emergency response planning. Furthermore, this plan will be open to public review on the ADHS public website with the ability for comment through a web-based survey.

## Authorities and References

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 **ARS § 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 **ARS § 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 **ARS § 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, expense incurred shall be the responsibility of the county.

Under **ARS § 26-310**, during a state of emergency or a state of war emergency, any person holding any license, certificate or other permit issued by any other state evidencing the meeting of qualifications of such state for professional skills may render aid involving such skill to meet the emergency as fully as if such license had been issued in this state.

During a state of emergency or state of war emergency in which there is an occurrence or threat to public health, the Arizona Department of Health Services has primary jurisdiction, responsibility and authority for the following:

**ARS § 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.

**ARS § 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

**ARS § 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.

**ARS § 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 **ARS § 36-787**, under **ARS §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.

**ARS § 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:

1. Mandate medical examinations for exposed persons.
2. Ration medicine and vaccines.
3. Provide for transportation of medical support personnel and ill and exposed persons.
4. Provide for procurement of medicines and vaccines.

**ARS § 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.

Under **ARS 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

#### Good Samaritan Law - Health care Provider and any other Person; Emergency Aid; Nonliability

Under **ARS § 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.

#### **ARS § 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 **ARS § 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 **ARS § 36-787**, under **ARS § 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.

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.

#### Volunteer Non-liability

**ARS § 23-901.06**, In addition to persons defined as employed under section 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.

**ARS § 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.

**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; and
- 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.

Non-Emergency - Immunity Insurance Coverage

**ARS §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:

1. 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.
2. 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.

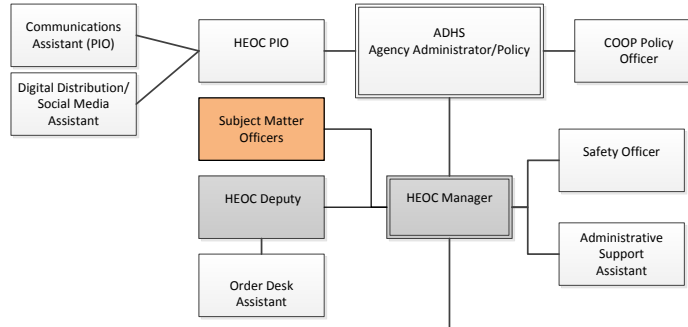
# Appendix A: PHIMS Template

AS OF:



Event Name:

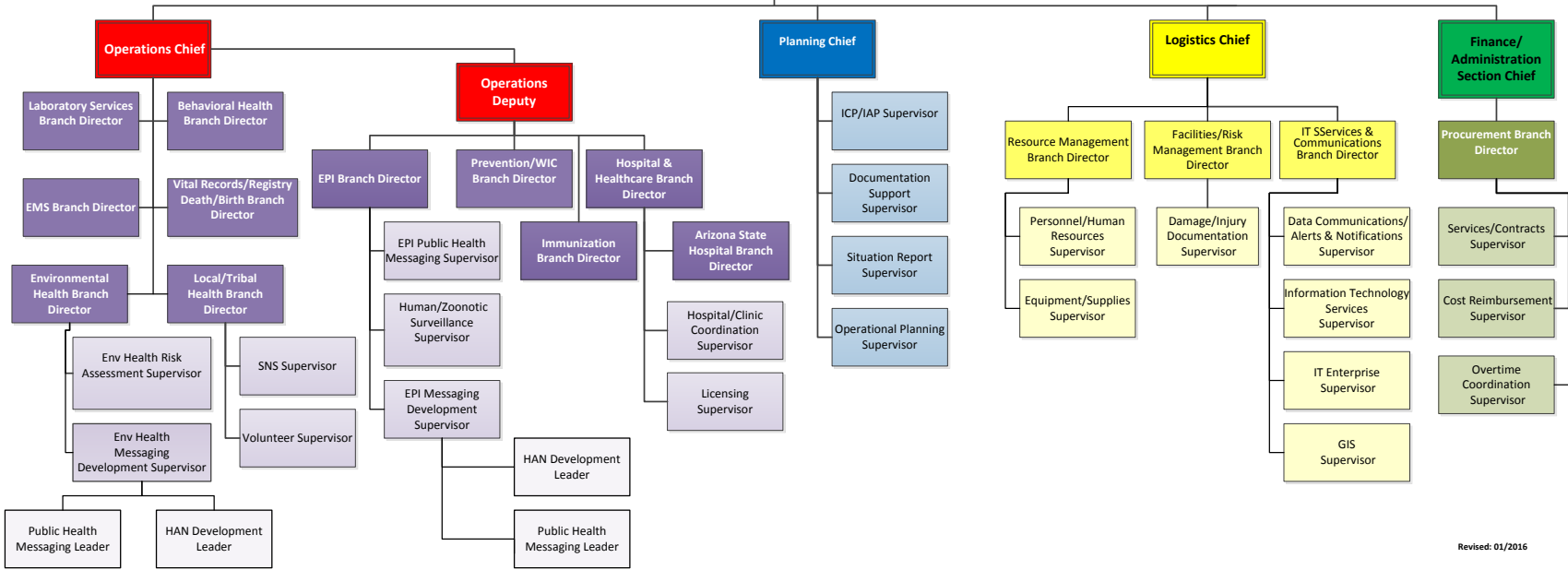
## HEOC PHIMS



**Subject Matter Officers**

- Medical Director –
- SEOC Health & Medical Branch Director–
- SEOC Liaison Officer –
- Subject Matter Officer (per event) –
- Native American Liaison Officer –
- State Epidemiology Officer –

Tier	Level	Title	Support
I	Incident Command	Manager	Deputy
II	Command Staff	Officer	Assistant
III	General Staff	Chief	Deputy
IV	Branch	Director	Deputy
V	Group	Supervisor	
VI	Unit	Leader	Coordinator
VII	Strike Team/Task Force	Leader	Single Resource Boss



Revised: 01/2016

## Appendix B: References

1. Federal
    - a. National Incident Management System – FEMA
    - b. National Response Framework – FEMA
    - c. Comprehensive Planning Guide 101 - FEMA
    - d. Public Health Preparedness Capabilities: National Standards for State and Local Planning – CDC
    - e. Hospital Preparedness Program (HPP) Cooperative Agreement – ASPR
  2. State
    - a. Arizona State Emergency Response and Recovery Plan – DEMA
- 

### HEOC Reference Materials

1. **United States Department of Health and Human Services (HHS) - mPower GIS map.**
  - a. State to Zip Code map displaying amount of Medicare beneficiaries and individuals dependent on Durable Medical Equipment (DME).
  - b. <http://www.phe.gov/empowermap/Pages/default.aspx>
2. **EMAC**
  - a. [http://www.emacweb.org/index.php/mutualaidresources/emac-library/44/69-emac\\_for\\_medical\\_and\\_public\\_health.pdf/file](http://www.emacweb.org/index.php/mutualaidresources/emac-library/44/69-emac_for_medical_and_public_health.pdf/file)
3. **Arizona Department of Health Services - Licensed Facilities Interactive GIS map.**
  - a. Shows street level view of all ADHS licensed facilities and gives key facility information.
  - b. <http://adhsgis.maps.arcgis.com/apps/OnePane/basicviewer/index.html?appid=69011dc3a5424be1b3c64a2bb4500a90>
4. **National Wildfire Coordinating Group – inciWeb Incident Information System**
  - a. Provides GIS mapping with frequently updated information on wild land fires
  - b. <http://inciweb.nwcg.gov/>
5. **State of Arizona Personnel Directory**
  - a. ADOA listing of all State of Arizona personnel including email and phone numbers
  - b. <http://ibook.state.az.us/>



[This page intentionally left blank.]