



ARIZONA DEPARTMENT
OF HEALTH SERVICES

WILDFIRE INCIDENT ANNEX

Arizona Department of Health Services

September 2021

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Record of Changes

Date	Change	Page(s)
March 2016	Plan overhaul	Throughout
May 2021	Updated formatting Expanded the <i>Hazard Analysis Summary</i> Updated <i>At-Risk Individuals</i> section New <i>Plan Development and Maintenance</i> section Updated <i>Authorities</i> section Added hyperlinks to <i>References</i> section	Throughout P. 5 P. 6 P. 16 P. 16-22 P. 23-24
September 2021	Added <i>Emergency Procurement</i> sub-section Added <i>Expedited Hiring of Contract Staff</i> sub-section Updated <i>Appendix A: PHIMS Template</i>	P. 15 P.16 Appendix A

Purpose

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

Scope

The *Wildfire Incident Annex* 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 specifically for 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

Hazard Analysis Summary

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 [ADHS 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 from 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](#).

Environmental health impacts can lead directly to illness and death and are likely to worsen existing health conditions, such as cardiovascular diseases, asthma, and other respiratory illnesses.

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 (HHS, Centers for Disease Control and Prevention (CDC), etc.).
- ADHS will support local response through personnel and resource support requests.

At-Risk Individuals

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 access and functional needs (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, the Arizona Health Care Coalition (HCC) 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.

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 (DES) working with healthcare licensed facilities to ensure the safety of residents and assist with providing health-related resources as needed. The HEOC may be activated to assist emergency management in supporting local public health by providing alert/notification, public messaging as required, and air quality readings. Geographic Information System (GIS) mapping of licensed facilities and group homes near

the impacted area help provide situational awareness and advanced coordination to address the licensing waivers that may be 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 SERRP. During a wildfire response, ADHS coordinates with regional behavioral health authorities to facilitate and track behavioral health responses, 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/AFN support and medical personnel are 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 (JIS), responder safety and health, and public, medical, mental, and behavioral health service continuity are 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) liaise with state and external partners to address public health resource needs, (3) maintain ICS principles and coordinate with state-designated healthcare coalitions and local, state, tribal, and federal public health partners, and (4) activate the burn care network.

Depending on the incident, various configurations of public, medical, mental, and behavioral health experts will be required to coordinate with emergency management with the support of the HEOC. ADHS will coordinate emergency conference calls 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 JIS 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, emergency medical services (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 operations will be conducted in concert with the DES to add health and human service needs.

Licensing (CMS) Waivers

In the event of federal disaster declaration, the ADHS Division of Licensing Services, in collaboration with the Centers for Medicare and Medicaid Services (CMS), will assist certified facilities in requesting CMS licensing waivers for Conditions of Participation (CoPs) or Conditions of Coverage (CfCs). 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 responses 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 Emergency Management Assistance Compact (EMAC) resources have been exhausted.

Organization and Assignment of Responsibilities

Primary Agencies	Roles and Responsibilities
State	
Arizona Department of Health Services (ADHS)	<ul style="list-style-type: none"> • Provides liaison to SEOC for public health representations • Assists county and tribal public health organizations in identifying additional emergency medical services • Identifies special needs supervised care facilities in evacuation area • Provides epidemiologist and laboratory support • Identifies ambulance support resources • Provides interpretation of air quality data relating to public health • Assists county public health agencies to ensure compliance with health and safety codes for food establishments relative to power outages • Provides a Public Information Officer (PIO) to craft (in conjunction with the local health departments) various health messages for the SEOC Joint Information Center (JIC) • Coordinates with the CDC
Arizona Division of Emergency and Military Affairs (DEMA)	<ul style="list-style-type: none"> • Activates the SEOC to provide coordination of state nonfirefighting resources

	<ul style="list-style-type: none"> • Develops operational procedures to include: <ul style="list-style-type: none"> ○ Internal and External alert notification ○ Expenditure documentation to include the Supplemental Dispatch System ○ Functional Checklists • Supports the Department of Forestry and Fire Management (DFFM) by activating appropriate emergency response plans • Coordinates assigned activities and missions with DFFM
Federal	
National Weather Service (NWS)	<ul style="list-style-type: none"> • Provides fire/weather forecasting and Incident Meteorologist
Secondary/Support Agencies	Roles and Responsibilities
State	
Arizona Department of Environmental Quality (ADEQ)	<ul style="list-style-type: none"> • Provides data on air quality • Provides data on water quality • Provides technical assistance on proper and safe removal of waste, such as wood ash and fire retardant, that may require special handling
Local	
County and Tribal Emergency Management & Public Health	<ul style="list-style-type: none"> • Provides State level with situational awareness updates • Identifies emergency medical service (EMS) needs within jurisdiction, include the functional and access needs population • Gains and maintains awareness of healthcare system network operability <ul style="list-style-type: none"> ○ When necessary, identifies and coordinates to request services or resources necessary to maintain or restore the healthcare system

	<ul style="list-style-type: none"> 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 Provides a PIO to craft various messages and communicate with the (JIC) to share outgoing messages
Local Emergency Management	<ul style="list-style-type: none"> Provides County EM/PH with situational awareness updates <ul style="list-style-type: none"> Identifies and communicates resources or support services required that exceed the ability of the local government
Federal	
U.S. Department of Health and Human Services (HHS)	<ul style="list-style-type: none"> Fulfills requests from DEMA in coordination of ESF-8 and the Governor's Office
Assistant Secretary of Preparedness and Response (ASPR)	<ul style="list-style-type: none"> Fulfills Strategic National Stockpile (SNS) requests if needed/requested
Non-Governmental Organizations (NGOs)	
Utility Companies	<ul style="list-style-type: none"> Provides situational awareness of utility status and impact on local community as well as any licensed facilities in area
Arizona Burn Care Network	<ul style="list-style-type: none"> Provides and coordinates care for burn victims Provides technical details to EMS/First responders for care of burn victims
American Red Cross (ARC)	<ul style="list-style-type: none"> Provides sheltering support (ESF #6 Mass Care)
Arizona Volunteer Organizations Active in Disaster (AzVOAD)	<ul style="list-style-type: none"> Provides personnel and resource support

Direction, Control, and Coordination

Authority to Initiate Actions

1. The ADHS Director, or designated appointee, holds primary responsibility of activating the HEOC and PHIMS. This power is also vetted to the Assistant Director

of Public Health Preparedness Services and the Bureau Chief of the Bureau of Public Health Emergency Preparedness.

2. Implementing the *Wildfire Incident Annex* will come from the HEOC Manager or appointed official.

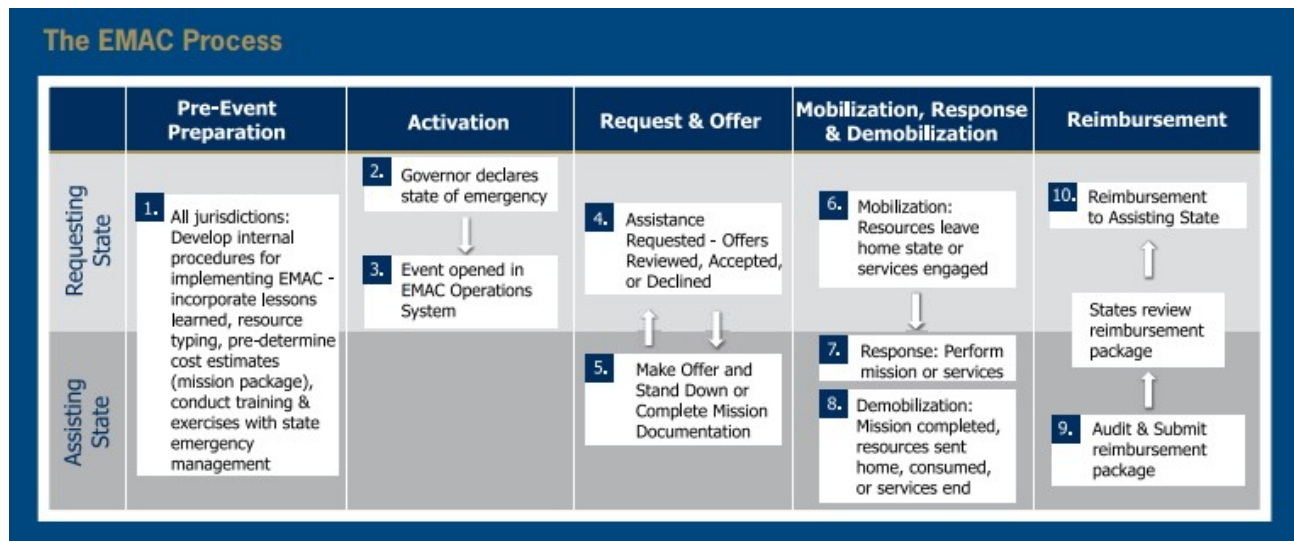
Incident Command System

As an agency that receives federal funding, ADHS incorporates elements of NIMS into emergency operations. The Department’s incident command structure, 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 uses after action items and lessons learned from real-world emergencies, drills and exercises to continually improve response direction and operations coordination. PHIMS follows the basic ICS with five distinct operational sections: Administrative, Operations, Logistics, Planning, and Finance.

Emergency Management Assistance Compact

EMAC assists 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 for analyses 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 analyses, 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 Incident Action Plan (IAP), situation reports, command staff meetings, and JIS.

Incident Action Plan

The IAP is developed by the HEOC Manager in conjunction with the Planning Chief. The IAP covers the HEOC's primary goals and objectives and subsequent actions that are assigned to specific staff members. The IAP 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.

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 JIS, either virtual or in person. The JIS will work closely with the ADHS 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 Crisis and Emergency Risk Communication (CERC) Plan* for additional information on public information and messaging.

Communications

EMResource™

<https://emresource.juware.com/login>

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 necessary. ADHS 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 casualties; burns; chemical, biological, radiation, nuclear, and explosion (CBRNE) incidents; trauma; law enforcement actions; evacuations; natural disasters; 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

<https://esar-vhp.health.azdhs.gov/>

Arizona Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP) is designed to address the use of healthcare 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:

- Registering professional healthcare volunteers.
- Applying industry/association credentialing and licensing standards to registered volunteers.
- Allowing 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. These systems and equipment will provide a means of communicating with remote areas that may not be otherwise reachable. In the event of a loss of power or communications, ADHS retains redundant satellite internet connectivity, portable MiFi hotspots, and go-kit computer workstations.

Arizona Emergency Information Network

<https://ein.az.gov/>

The Arizona Emergency Information Network (AzEIN) on-line system 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

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

The Arizona Health Alert Network (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:

- Redundant Communications
 - Developing systems that add redundancy as well as daily use, without duplicating 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
 - Preparing for varied levels of scaled public health responses with the development of tracking systems and alternative communication mechanisms.

WebEOC™

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

This system will be used to establish and maintain situational awareness between the SEOC, HEOC, and affected jurisdictions 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 and Finance

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 Continuity of Operations (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 ADHS' Medical Countermeasures (MCM) Operational 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.

Emergency Procurement

Resources needed for a response will be handled by the HEOC Logistics Section while working with the Finance Section. The Finance Section will be staffed with personnel from the Agency's Finance office who will be able to conduct emergency purchases for the HEOC.

During any emergency response, 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. Refer to the *Continuity of Operations-Executive Management Plan* (COOP-EMP) for the emergency procurement process (page 14).

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 HEOC Logistics Section through the ADHS Procurement Office. Refer to the *COOP-EMP* for the steps involved in accelerating the hiring of contract staff (page 14).

Plan Development and Maintenance

ADHS plan review and revision involves three types of edits—1) Minor Technical Revisions, 2) Major Technical Revisions, and 3) Complete Plan Overhaul. In collaboration with stakeholders, PHEP takes the lead in reviewing and revising the plan to ensure:

1. Plan revision will occur through review by ADHS and stakeholders every year. Revision of the plan can be accomplished by communicating through email, telephone, or in-person meetings. Plan revision will include a new plan date.
2. The plan will be evaluated through exercises or real-world events. 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 integrated as appropriate.
3. All plans will be shared with leadership for review and approval.
 - Plans not classified as “Confidential” will be posted on the ADHS website to allow for public feedback prior to the finalization of the plan.
 - Plans that are classified as “Confidential” will be shared with the planning team to allow for feedback prior to finalization of the plan.
4. The revised plan will be posted to the ADHS public-facing website and the agency’s secure information sharing portal.
5. PHEP will notify ADHS, stakeholders, and other partners through email when significant changes are made to the plan. The plan will be shared with stakeholders to promote alignment between local and state-level emergency response planning.

Authorities

Federal

42 U.S.C. § 5148 – Nonliability of Federal Government 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.

28 U.S.C. § 2671 – Tort Claims Procedure 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.

42 U.S.C § 14503 – Limitation on liability for 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—

1. the volunteer was acting within the scope of the volunteer’s responsibilities in the nonprofit organization or government entity at the time of the act or omission;
2. 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;
3. 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
4. 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—
 - a. possess an operator’s license; or
 - b. maintain insurance.

State

Applicable authorities include, but are not limited to those listed below. For a comprehensive guide to Arizona Revised Statutes, visit <https://www.azleg.gov/arstitle/>.

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.

ARS § 36-782 – Enhanced Surveillance Advisory 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.

ARS § 36-628 – Provision for care of persons with contagious disease; expenses 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.

ARS § 26-310 – Use of professional skills 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, certificate or other permit had been issued in this state.

ARS § 36-787 – Public health authority during state of emergency or state of war emergency

- A. 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:
 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.
 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.

ARS § 36-788 and 36-789 – Isolation and Quarantine during a state of emergency or state of war emergency 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 – Public health authority during state of emergency or state of war emergency

- 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.
- 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.
- 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.

ARS § 26-311 – Local emergency; power of political subdivisions; state agency assistance

If a mayor or chairman of the board of supervisors declares a local emergency, the mayor or chairman of the board of supervisors shall, during such emergency, impose all necessary regulations to preserve the peace and order within the respective political subdivision, including but not limited to:

- 1. Imposition of curfews in all or portions of the political subdivision.
- 2. Ordering the closing of any business.
- 3. Closing to public access any public building, street, or other public place.

ARS § 32-1471 - Health care provider and any other person; emergency aid;

nonliability 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.

ARS § 26-314 - Immunity of state, political subdivisions and officers, agents, employees and emergency workers; limitation; rules; definitions

- A. 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.

ARS § 23-901.06 – Volunteer workers 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.

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.

References

Federal

1. [National Incident Management System](#), U.S. Department of Homeland Security, Federal Emergency Management Agency, October 2017.
2. [National Response Framework](#), U.S. Department of Homeland Security, October 2019.
3. [Comprehensive Preparedness Guide \(CPG\) 101: Developing and Maintaining Emergency Operations Plans](#), U.S. Department of Homeland Security, Federal Emergency Management Agency, November 2010.
4. [Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health](#), Centers for Disease Control and Prevention, January 2019.
5. [Hospital Preparedness Program \(HPP\)](#), U.S. Department of Health and Human Services, Office of the Assistance Secretary for Preparedness and Response.

State

1. Arizona State Emergency Response and Recovery Plan – DEMA

HEOC Reference Materials

[emPower GIS map](#), U.S. Department of Health and Human Services

- State to zip code map displaying amount of Medicare beneficiaries and individuals dependent on Durable Medical Equipment (DME).

[Emergency Management Assistance Compact](#)

[Licensed Facilities Interactive GIS map](#), Arizona Department of Health Services

- Shows street level view of all ADHS licensed facilities and gives key facility information.

[Wildfire Safety Page](#), Arizona Department of Health Services

- Public health safety brochures for protecting yourself and your family during a wildfire and information on how to stay healthy when you return home.

[Environmental Public Health Tracking Explorer](#), Arizona Department of Health Services

- Public interactive Data Explorer is available to review environmental and health outcome datasets related to wildfires in one place using a GIS map. Information can be found on # of wildfires, cause, acres burned, as well as related social vulnerability and health outcomes, such as hospitalizations on asthma and carbon monoxide poisoning.

[inciWeb Incident Information System](#), National Wildfire Coordinating Group

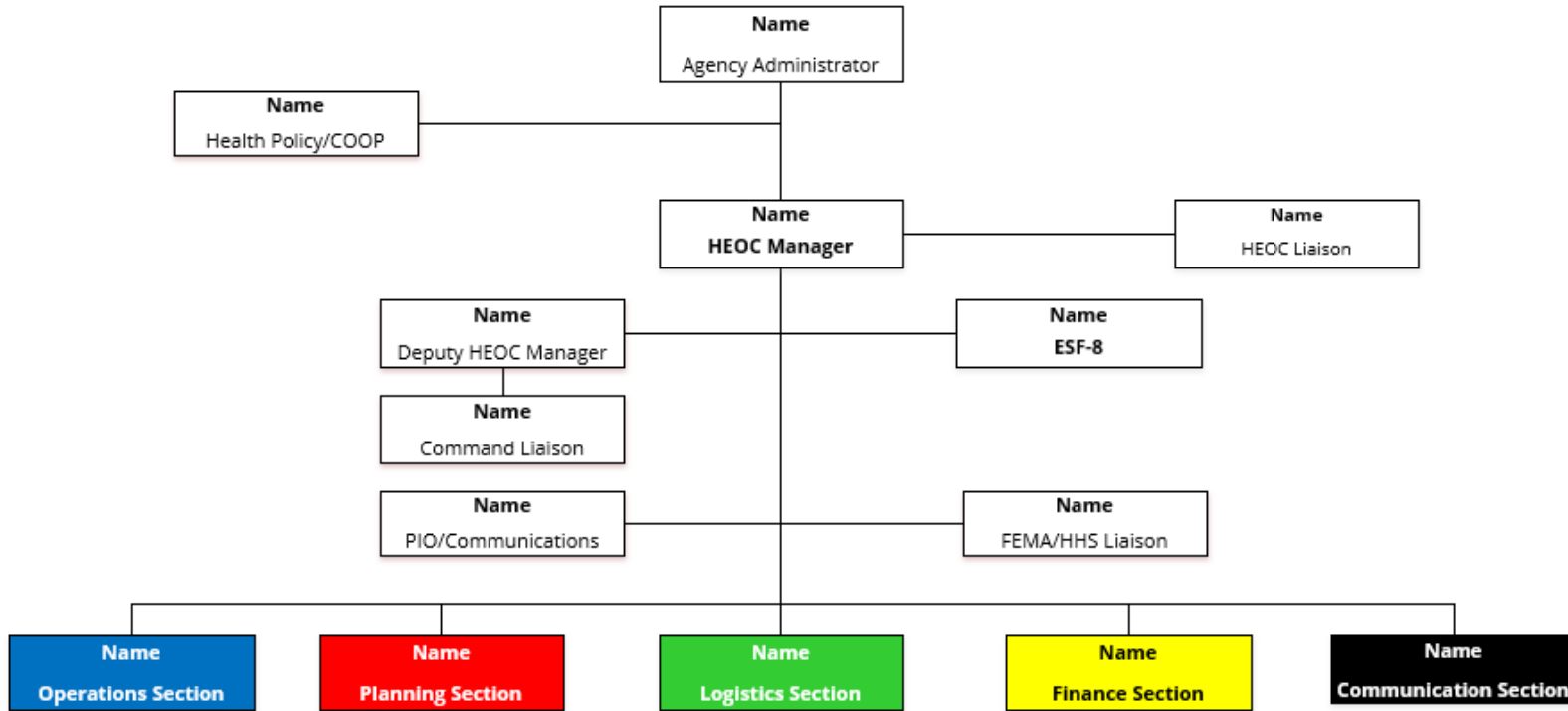
- Provides GIS mapping with frequently updated information on wild land fires.

Appendix A: PHIMS Template



HEOC PHIMS Chart

Event Name:
Operational Period:



*See ICS 203 Contact Roster for additional personnel information

Revised HEOC PHIMS ICS 207 Template: 08/2020