Apache County Public Health Services District
Medical Surge Plan
June 30, 2016

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Contacts:

Emergency Preparedness Division

Kerry Pena, PHEP Division Manager
323 South Mountain Avenue Suite 105
Springerville, Arizona 85938
Phone: (928) 333-6444
Fax: (928) 333-0213
Email: kpena@co.apache.az.us

Apache County Public Health Services District

Chris Sexton, Director
75 West Cleveland
P.O. Box 697
St. Johns, AZ 85936
Phone: (928) 337-7532
Health District – St. Johns Phone: (928) 337-7525
Fax: (928) 337-7592
Email: csexton@co.apache.az.us

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Performance Alignment

This plan is written in support of the Arizona Department of Health Services, Public Health Emergency Preparedness, *Sub-Awardees Requirements and Deliverables Document*, Ebola/Infectious Disease Preparedness and Response, Period of Performance: April 1, 2015 – September 30, 2016, Activity 7: Medical Surge deliverables. These deliverables include:

1. Contribute to the collaboration among hospital, ambulatory facilities, county and tribal public health, schools, public safety agencies, non-profit organizations, community based special events and the community at large to respond to infectious disease threats.
2. Put into practice the statewide communication plan developed by ADHS to increase Ebola messaging effectiveness.
3. Implement a process to utilize the ADHS messaging map for collaboration and coordination of response to ensure the health and safety of Arizona residents in the event of an infectious disease threat of public significance.

The plan also supports the Arizona Department of Health Services (ADHS), Public Health Emergency Preparedness (PHEP), *County Requirements and Deliverables Document, Budget Period Four (BP4),* Period of Performance July 1, 2015 – June 30, 2016. County outputs include:

1. Each County shall participate in Crisis Standards of Care/Medical Surge on-line training. Training shall be facilitated by ADHS and shall focus on the integration of federal and state planning guidelines for medical surge and CSC.

The plan aligns with the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office of Public Health Preparedness and Response, *Public Health Preparedness Capabilities: National Standards for State and Local Planning,* March 2011, Public Health Preparedness Capability 10: Medical Surge. Capability 10 is described below.

Capability 10: Medical Surge

Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover operations that were compromised.

This capability consists of the ability to perform the following functions:

Function 1: Assess the nature and scope of the incident
Function 2: Support activation of medical surge
Function 3: Support jurisdictional medical surge operations
Function 4: Support demobilization of medical surge operations

The plan also supports the Mission Areas and Core Capabilities outlined below from the U.S. Department of Homeland Security, *National Preparedness Goal, Second Edition,* September 2015.

Prevention Mission Area

Core Capabilities:

- Planning
- Public Information and Warning
- Operational Coordination

Response Mission Area

Core Capabilities:

- Planning
- Public Information and Warning
- Operational Coordination
- Critical Transportation
- Logistics and Supply Management
- Operational Communications
- Public Health, Healthcare, and Emergency Medical Services
- Situational Assessment

Recovery Mission Area

Core Capabilities:

- Health and Social Services

Record of Changes

Change	Date	Part Affected	Date Posted	Who Posted
Original				

Record of Distribution

Plan #	Office/Department	Representative	Signature
1			
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Introduction

This plan was developed by a planning team convened by the Apache County Public Health Services District (ACPHSD). Planning team members included representatives from Apache County Public Health Services District (ACPHSD), Apache County Division of Emergency Management (ACDEM), hospital and healthcare partners, tribal partners, and Emergency Medical Services (EMS). The planning team met monthly to review key operational concepts and obtain consensus on roles and responsibilities for organizations who would be directly involved in a medical surge incident. This plan was developed to integrate medical surge activities with the medical surge levels defined in the Arizona Department of Health Services (ADHS) Crisis Standards of Care (CSC) Plan. This plan includes operational responses for medical surge up to the point where CSC are implemented by ADHS.

Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover operations that were compromised. This plan addresses the four functions of medical surge listed below:

Function 1: Assess the nature and scope of the incident
Function 2: Support activation of medical surge
Function 3: Support jurisdictional medical surge operations
Function 4: Support demobilization of medical surge operations

In the event of a catastrophic natural disaster, terrorism-related incident, or public health emergency, such as an influenza pandemic, the resulting number of victims will be likely to overwhelm the resources of the medical infrastructure in Apache County. If the incident impacts health care workers, damages critical facilities, or destroys supplies, the capacity of the health care system to respond to the surge in demand for medical services will be severely compromised.

This medical surge plan has been developed to address primarily the mid-range of the continuum of medical service capacity that includes conventional, contingency, and crisis standards of care. An emergency incident may result in medical infrastructure moving from conventional through contingency surge levels into CSC. The ADHS CSC Plan was developed to guide and coordinate response activities once an incident has exceeded contingency surge levels for medical infrastructure. The medical surge capacity levels have been described as follows:

- *Conventional capacity:* Traditional and normal patient-care facilities and staff meet their normal goals in providing care. Status quo.
- *Contingency capacity:* Minor adaptations are made that may have minor consequences for standards of care, but adaptations are not enough to result in significant changes to standards of care.
- *Crisis capacity:* A fundamental, systematic change into a system in which standards of care are significantly altered.

Institute of Medicine. 2010. *Medical surge capacity: Workshop summary.* Washington, DC: The National Academies Press.)

This plan has been developed to address medical surge during all hazard threats and incidents that may result in

medical surge impacting the available medical infrastructure. Making optimal decisions concerning the allocation of scarce resources impacts how health care systems and communities respond and recover as the result of emergency incidents and disasters.

Purpose

The purpose of the ACPHSD Medical Surge Plan is to ensure the provisions of comprehensive health and medical care are provided to the extent possible to individuals when medical resources are overwhelmed due to an emergency incident, enhance medical system resiliency in surviving hazards and recovering any compromised medical services, and integrate local medical surge planning into the continuum of care strategy identified in the ADHS CSC Plan. This plan provides guidance for the coordination needed to collaborate with state, jurisdictional, and regional partners, assess incidents, and facilitate resource allocation processes to provide adequate health assessment and medical care as is possible under medical surge conditions where resource demand exceeds resource availability.

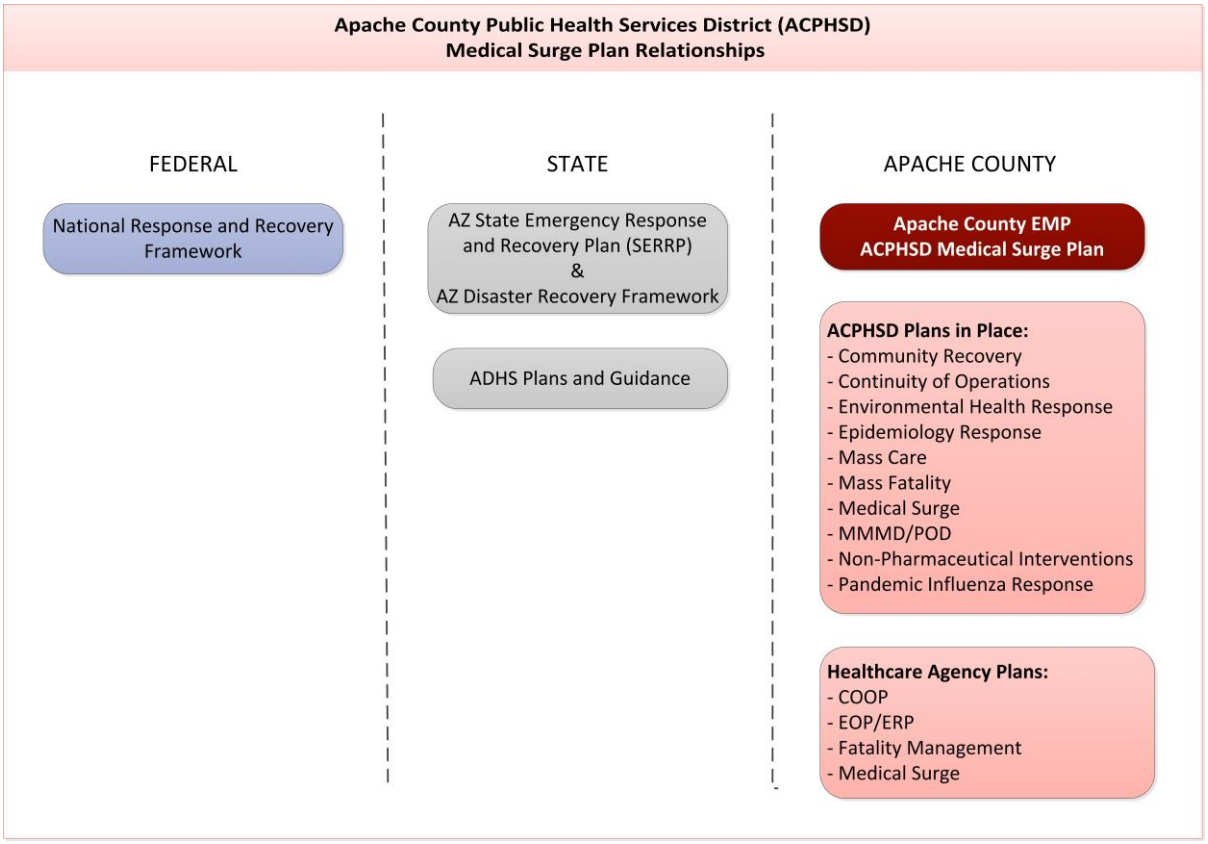
Plan Objectives

In developing this plan, stakeholders have identified the following plan objectives:

1. Provide ACPHSD a response structure for situational assessment, resource request coordination, and facilitation of resource allocation during incidents resulting in medical surge where there are insufficient resources to meet medical service demands.
2. Identify the Concept of Operations structure, information flow, processes, and activation criteria needed to implement the ACPHSD Medical Surge Plan.
3. Clarify the roles and responsibilities for public health, hospital and healthcare facilities, law enforcement, EMS, tribal partners, and other healthcare partners during incidents where the Medical Surge Plan is activated.
4. Describe the integration of the ACPHSD Medical Surge Plan with the ADHS CSC Plan during medical surge.
5. Describe how the plan will be exercised, updated, and maintained.

Applicability

This plan has been developed to support the Apache County Emergency Management Plan (ACEMP) and its annexes and appendices, ACPHSD incident-specific response plans, and other local agency emergency response plans. The ACPHSD Medical Surge Plan will be co-activated with other ACPHSD emergency response plans as appropriate. The ACPHSD Medical Surge Plan is not intended to be activated as a stand-alone plan, but is intended to be co-activated as necessary depending on disease and incident specific circumstances. The diagram below displays the relationship of the ACPHSD Medical Surge Plan to the Arizona State Emergency Response and Recovery Plan (SERRP), the ADHS Emergency Operations Plan (ADHS EOP) as well as local and jurisdictional plans.



Scope

The ACPHSD Medical Surge Plan applies to jurisdictional agencies and organizations, including hospital and healthcare facilities, other healthcare organizations, emergency management, tribal, EMS, law enforcement, Indian Health Service (IHS), and non-governmental organizations. It describes the concept of operations, roles and responsibilities, medical surge response operations, information flow, and available resources. The plan supports the coordination of governmental agencies, hospital and healthcare organizations, and resources needed to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community.

The plan is intended as incident independent, broadly applicable, and scalable guidance for coordinating resources and information during medical surge. This plan is meant to be co-activated with other county emergency plans and in coordination with other agencies' plans. It is not intended as an emergency operations plan for individual agencies. It is intended to provide guidance for coordination of medical surge operations during any public health emergency where the medical infrastructure is impacted.

This plan is intended to supplement other ACPHSD emergency plans as needed. In a public health emergency, it is not unusual for several emergency plans to be activated simultaneously to address various aspects of the emergency. For example, during a Pandemic Influenza event, this plan may be activated in conjunction with the Apache County EMP, ACPHSD Pandemic Influenza Response Plan, Non-Pharmaceutical Interventions (NPI) Plan, Epidemiology Response Plan, and Medical Materiel Management and Distribution/Point of Dispensing Plan.

Performance Expectations

During the planning process, stakeholders have identified the following performance objectives:

1. ACPHSD will work closely with healthcare partners and other stakeholders to support coordination of resource requests, information sharing, and public information.
2. ACPHSD will coordinate public information with ACDEM and ADHS during medical surge operations.
3. ACPHSD will coordinate resource requests with ACDEM.

Planning Assumptions

The following planning assumptions have been identified by the ACPHSD Medical Surge Plan planning team:

- The healthcare system will be faced with increased demands and reduced workforce to respond to service requests.
- Demand for inpatient beds and advanced care could increase tenfold resulting in the need to prioritize services rendered.
- ACPHSD is the lead agency for medical surge operations coordination in Apache County.
- ACPHSD will coordinate support and resource requests through ACDEM and the ACEOC, if activated, and will collaborate with ADHS on needed resource specific information.
- ACPHSD will coordinate public health information and resource allocation with ACDEM, ADHS, healthcare partners, and stakeholders during medical surge operations.
- Agencies and organizations are expected to have their own emergency plans and protocols.
- Agencies and organizations involved in medical surge operations will work within the Incident Command System (ICS) and coordinate and collaborate with ACPHSD and the Apache County Emergency Operations Center (ACEOC) as specific incidents require.
- Healthcare facilities will utilize their own medical surge operations plans in responding to medical surge incidents to manage high patient volumes and maintain functionality of critical systems.
- The hospital has identified an on-campus triage site and an off-site alternate care site for medical surge situations, as needed.
- The hospital is the organization responsible for triage and alternate care sites.
- The hospital will provide activation and operational management for triage and alternate care sites.
- Alternate care sites may relieve some of the surge pressure on the medical system. However, demands may exceed capacity levels, requiring additional resources.
- EMS responders will face extremely high call volumes and may face reductions in staffing should the EMS personnel be impacted by the incident (e.g. pandemic flu).
- Air medivac resources will most likely not be available.
- Ground transportation with Advance Life Support (ALS) capability will be scarce.

Ethical Considerations

Public health emergencies raise serious ethical issues central to societal and individual well-being and the public perception of fairness. Past “mega” disasters such as hurricane Katrina exposed problems that arise when ethical

presuppositions are not explicitly identified, e.g., the loss of public trust, poor hospital staff morale, confusion about roles and responsibilities, stigmatization of vulnerable communities, and misinformation. As the crisis associated with a disaster and/or public health emergency worsens and more restrictions are imposed, people may become increasingly concerned about the values guiding the decision-making processes. People are more likely to accept decisions made by their leaders if the decision-making processes are reasonable, open and transparent, inclusive, responsive, and accountable. ACPHSD has adopted the key ethical values outlined in the ADHS CSC Plan of February 2015. They include:

1. Transparency: Provide open, honest, factual and timely communication and information sharing.

2. Consistency: Implement processes and procedures across the continuum of care, applying the same methods to achieve optimal community health.

3. Fairness: Respect and recognize the dignity of all populations when providing healthcare across the continuum of care.

4. Accountability: Take responsibility for actions, complete work assignments, and follow through on requests and communications.

5. Resilience: Provide for the recovery of emotional, spiritual, intellectual and behavioral health needs, while facilitating the well-being of the community.

6. Evidence-Based: Formulate decisions based on state-of-the-art, research-supported facts (when available), and processes to promote optimal community health.

Authorities and References

Laws at all levels of government are a critical part of emergency response and decisions involving scarce resources during emergency incidents. Emergencies may rapidly tax the existing capacities of government and health care entities, necessitating the acquisition and movement of additional resources. Emergency laws may provide greater flexibility to respond, limit liability, authorize interstate recognition of healthcare licenses and certifications, help allocate healthcare personnel and resources, and allow temporary changes in facility licensing, scopes of practice, and standards of care. The following list includes references and legal authorities that may impact medical surge expectations and response. Additional legal authorities may be available in an emergency following consultation with ADHS and legal counsel.

Arizona Department of Health Services, Public Health Emergency Preparedness, *Sub-Awardees Requirements and Deliverables Document*, *Ebola/Infectious Disease Preparedness and Response*, Period of Performance: April 1, 2015 – September 30, 2016

Arizona Department of Health Services (ADHS), Public Health Emergency Preparedness (PHEP), County Requirements and Deliverables Document, Budget Period Four (BP4), Period of Performance: July 1, 2015 – June 30, 2016.

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office of Public Health Preparedness and Response, *Public Health Preparedness Capabilities: National Standards for State and Local Planning*, March 2011

U.S. Department of Homeland Security, *National Preparedness Goal,* Second Edition, September 2015

Federal Authorities

U.S. Public Law 93-288 Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended, 42 U.S.C. §5121 et seq. See http://www.fema.gov/media-library-data/1383153669955-21f970b19e8eaa67087b7da9f4af706e/stafford_act_booklet_042213_508e.pdf. Provides federal government authority to respond to emergencies and provide assistance to protect public health; implemented by the Federal Emergency Management Act.

Code of Federal Regulations, Title 44, Chapter 1, Federal Emergency Management Agency

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 new-born blood from a disaster-impacted lab to a lab in another state.

Emergency Medical Treatment and Active Labor Act (EMTALA)
The Emergency Medical Treatment and Active Labor Act is a statute which governs when and how a patient may be (1) refused treatment or (2) transferred from one hospital to another when he is in an unstable medical condition.

Federal Employees Compensation Act
Provides workers' compensation coverage to three million Federal and Postal workers including wage replacement, medical and vocational rehabilitation benefits for work-related injury and occupational disease.

Nurse Licensure Compact
Allows mutual recognition of a nursing license between member states in the U.S.

Public Readiness and Emergency Preparedness Act
Authorizes the Secretary of the Department of Health and Human Services (Secretary) to issue a declaration (PREP Act declaration) that provides immunity from liability (except for willful misconduct) for claims of loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions determined by the Secretary to constitute a present, or credible risk of a future public health emergency to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures. A PREP Act declaration is specifically for the purpose of providing immunity from liability, and is different from, and not dependent on, other emergency declarations.

Uniform Emergency Volunteer Health Practitioners Act.
Allows state governments during a declared emergency to give reciprocity to other states' licensees on emergency services providers so that covered individuals may provide services without meeting the disaster state's licensing requirements.

Volunteer Protection Act of 1997
Promotes volunteerism by limiting, and sometimes completely eliminating, a volunteer's risk of tort liability when acting for nonprofit organizations or government entities.

State Authorities

A.R.S. § 23-901.06 Volunteer workers
In addition to persons defined as employees 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.

A.R.S. § 26, Chapter 2, Article 1 Emergency Management General Provisions

A.R.S. § 26–301 Definitions
In this chapter, unless the context otherwise requires:
1. "Commercial nuclear generating station" means an electric power generating facility which is owned by a public service corporation, a municipal corporation or a consortium of public service corporations or municipal corporations and which produces electricity by means of a nuclear reactor.
2. "Council" means the state emergency council.
3. "Director" means the director of the division.
4. "Division" means the division of emergency management within the department of emergency and military affairs.
5. "Emergency functions" includes warning and communications services, relocation of persons from stricken areas, radiological defense, temporary restoration of utilities, plant protection, transportation, welfare, public works and engineering, search or rescue, health and medical services, law enforcement, firefighting, mass care, resource support, urban search or rescue, hazardous materials, food and energy information and planning and other activities necessary or incidental thereto.
6. "Emergency management" means the preparedness, response, recovery and mitigation activities necessary to respond to and recover from disasters, emergencies or contingencies.
7. "Emergency worker" means any person who is registered, whether temporary or permanent, paid or volunteer, with a local or state emergency management organization and certified by the local or state emergency management organization for the purpose of engaging in authorized emergency management activities or performing emergency functions, or who is an officer, agent or employee of this state or a political subdivision of this state and who is called on to perform or support emergency management activities or perform emergency functions.
8. "Hazardous materials" means:
    (a) Any hazardous material designated pursuant to the hazardous materials transportation act of 1974 (P.L. 93-633; 88 Stat. 2156; 49 United States Code section 1801).
    (b) Any element, compound, mixture, solution or substance designated pursuant to the comprehensive environmental response, compensation, and liability act of 1980 (P.L. 96-510; 94 Stat. 2767; 42 United States Code section 9602).
    (c) Any substance designated in the emergency planning and community right-to-know act of 1986 (P.L. 99-499; 100 Stat. 1613; 42 United States Code section 11002).

(d) Any substance designated in the water pollution control act (P.L. 92-500; 86 Stat. 816; 33 United States Code sections 1317(a) and 1321(b)(2)(A)).

(e) Any hazardous waste having the characteristics identified under or listed pursuant to section 49-922.

(f) Any imminently hazardous chemical substance or mixture with respect to which action has been taken pursuant to the toxic substances control act (P.L. 94-469; 90 Stat. 2003; 15 United States Code section 2606).

(g) Any material or substance determined to be radioactive pursuant to the atomic energy act of 1954 (68 Stat. 919; 42 United States Code section 2011).

(h) Any substance designated as a hazardous substance pursuant to section 49-201.

(i) Any highly hazardous chemical or regulated substance as listed in the clean air act of 1963 (P.L. 88-206; 42 United States Code sections 7401 through 7671).

9. "Hazardous materials incident" means the uncontrolled, unpermitted release or potential release of hazardous materials that may present an imminent and substantial danger to the public health or welfare or to the environment.

10. "Local emergency" means the existence of conditions of disaster or of extreme peril to the safety of persons or property within the territorial limits of a county, city or town, which conditions are or are likely to be beyond the control of the services, personnel, equipment and facilities of such political subdivision as determined by its governing body and which require the combined efforts of other political subdivisions.

11. "Mitigation" means measures taken to reduce the need to respond to a disaster and to reduce the cost of disaster response and recovery.

12. "Preparedness" means actions taken to develop the response capabilities needed for an emergency.

13. "Recovery" means short-term activities necessary to return vital systems and facilities to minimum operating standards and long-term activities required to return life to normal or improved levels.

14. "Response" means activities that are designed to provide emergency assistance, limit the primary effects, reduce the probability of secondary damage and speed recovery operations.

15. "State of emergency" means the duly proclaimed existence of conditions of disaster or of extreme peril to the safety of persons or property within the state caused by air pollution, fire, flood or floodwater, storm, epidemic, riot, earthquake or other causes, except those resulting in a state of war emergency, which are or are likely to be beyond the control of the services, personnel, equipment and facilities of any single county, city or town, and which require the combined efforts of the state and the political subdivision.

16. "State of war emergency" means the condition which exists immediately whenever this nation is attacked or upon receipt by this state of a warning from the federal government indicating that such an attack is imminent.

A.R.S. § 26-303

Provides Governor authority over state agencies and the right to exercise police power; allows Governor to delegate authority to adjutant general.

A. During a state of war emergency, the governor may:

1. Suspend the provisions of any statute prescribing the procedure for conduct of state business, or the orders or rules of any state agency, if the governor determines and declares that strict compliance with the provisions of any such statute, order or rule would in any way prevent, hinder or delay mitigation of the effects of the emergency.

2. Commandeer and utilize any property, except for firearms or ammunition or firearms or ammunition components or personnel deemed necessary in carrying out the responsibilities vested in the office of the governor by this chapter as chief executive of the state and thereafter the state shall pay reasonable compensation therefor as follows:

(a) If property is taken for temporary use, the governor, within ten days after the taking, shall determine the amount of compensation to be paid therefor. If the property is returned in a damaged condition, the

governor, within ten days after its return, shall determine the amount of compensation to be paid for such damage.

(b) If the governor deems it necessary for the state to take title to property under this section, the governor shall then cause the owner of the property to be notified thereof in writing by registered mail, postage prepaid, and then cause a copy of the notice to be filed with the secretary of state.

(c) If the owner refuses to accept the amount of compensation fixed by the governor for the property referred to in subdivisions (a) and (b), the amount of compensation shall be determined by appropriate proceedings in the superior court in the county where the property was originally taken.

B. During a state of war emergency, the governor shall have complete authority over all agencies of the state government and shall exercise all police power vested in this state by the constitution and laws of this state in order to effectuate the purposes of this chapter.

C. The powers granted the governor by this chapter with respect to a state of war emergency shall terminate if the legislature is not in session and the governor, within twenty-four hours after the beginning of such state of war emergency, has not issued a call for an immediate special session of the legislature for the purpose of legislating on subjects relating to such state of war emergency.

D. The governor may proclaim a state of emergency which shall take effect immediately in an area affected or likely to be affected if the governor finds that circumstances described in section 26-301, paragraph 15 exist.

E. During a state of emergency:

1. The governor shall have complete authority over all agencies of the state government and the right to exercise, within the area designated, all police power vested in the state by the constitution and laws of this state in order to effectuate the purposes of this chapter.

2. The governor may direct all agencies of the state government to utilize and employ state personnel, equipment and facilities for the performance of any and all activities designed to prevent or alleviate actual and threatened damage due to the emergency. The governor may direct such agencies to provide supplemental services and equipment to political subdivisions to restore any services in order to provide for the health and safety of the citizens of the affected area.

F. The powers granted the governor by this chapter with respect to a state of emergency shall terminate when the state of emergency has been terminated by proclamation of the governor or by concurrent resolution of the legislature declaring it at an end.

G. No provision of this chapter may limit, modify or abridge the powers vested in the governor under the constitution or statutes of this state.

H. If authorized by the governor, the adjutant general has the powers prescribed in this subsection. If, in the judgment of the adjutant general, circumstances described in section 26-301, paragraph 15 exist, the adjutant general may:

1. Exercise those powers pursuant to statute and gubernatorial authorization following the proclamation of a state of emergency under subsection D of this section.

2. Incur obligations of one hundred thousand dollars or less for each emergency or contingency payable pursuant to section 35-192 as though a state of emergency had been proclaimed under subsection D of this section.

I. The powers exercised by the adjutant general pursuant to subsection H of this section expire seventy-two hours after the adjutant general makes a determination under subsection H of this section.

J. Pursuant to the second amendment of the United States Constitution and article II, section 26, Constitution of Arizona, and notwithstanding any other law, the emergency powers of the governor, the adjutant general or any other official or person shall not be construed to allow the imposition of additional restrictions on the lawful possession, transfer, sale, transportation, carrying, storage, display or use of firearms or ammunition or firearms or ammunition components.

K. Nothing in this section shall be construed to prohibit the governor, the adjutant general or other officials responding to an emergency from ordering the reasonable movement of stores of ammunition out of the way of dangerous conditions.

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

A.R.S. § 26-311 Allows mayors or chairmen of the board of supervisors to declare a local emergency
A. In addition to the powers granted by other provisions of the law or charter, whenever the mayor of an incorporated city or town or the chairman of the board of supervisors for the unincorporated portion of the county, shall deem that an emergency exists due to fire, conflagration, flood, earthquake, explosion, war, bombing, acts of the enemy or any other natural or man-made calamity or disaster or by reason of threats or occurrences of riots, routs, affrays or other acts of civil disobedience which endanger life or property within the city, or the unincorporated areas of the county, or portion thereof, the mayor or chairman of the board of supervisors, if authorized by ordinance or resolution, may by proclamation declare an emergency or a local emergency to exist.
B. If an emergency is declared pursuant to subsection A, the mayor or the chairman of the board of supervisors shall, during such emergency, govern by proclamation and shall have the authority to impose all necessary regulations to preserve the peace and order of the city, town, or unincorporated areas of the county, 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.
4. Calling upon regular or auxiliary law enforcement agencies and organizations within or without the political subdivision for assistance.
5. Notifying the constitutional officers that the county office for which they are responsible may remain open or may close for the emergency.
C. In periods of local emergency, including an emergency declared pursuant to subsection A of this section, political subdivisions have full power to provide mutual aid to any affected area in accordance with local ordinances, resolutions, emergency plans or agreements therefor.
D. State agencies may provide mutual aid, including personnel, equipment and other available resources to assist political subdivisions during a local emergency in accordance with emergency plans or at the direction of the governor.

A.R.S. § 26-314 Immunity of state, political subdivisions and officers, agents and emergency workers; limitation; rules
A. This state and its departments, agencies, boards, commissions and all other political subdivisions are not liable for any claim based upon the exercise or performance, or the failure to exercise or perform, a discretionary function or duty by any emergency worker, excepting wilful misconduct, gross negligence or bad faith of any such emergency worker, in engaging in emergency management activities or performing emergency functions pursuant to this chapter or title 36, chapter 6, article 9.
B. The immunities from liability, exemptions from laws, ordinances and rules, all pensions, relief, disability workers' compensation and other benefits that apply to the activity of officers, agents, employees or emergency workers of

this state or of any political subdivision when performing their respective functions within this state or the territorial limits of their respective political subdivisions apply to them to the same degree and extent while engaged in the performance of any of their functions and duties extraterritorially under this chapter or title 36, chapter 6, article 9, excepting wilful misconduct, gross negligence or bad faith.
C. Emergency workers engaging in emergency management activities or emergency functions under this chapter or title 36, chapter 6, article 9, in carrying out, complying with or attempting to comply with any order or rule issued under this chapter, title 36, chapter 6, article 9 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, agents and employees of the state and its political subdivisions performing similar work. This state and its departments, agencies, boards and commissions and all other political subdivisions that supervise or control emergency workers engaging in emergency management activities or emergency functions under this chapter or title 36, chapter 6, article 9 are responsible for providing for liability coverage, including legal defense, of an emergency worker if necessary. Coverage is 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 wilful misconduct, gross negligence or bad faith.
D. No other state or its officers, agents, emergency workers or employees rendering aid in this state pursuant to any interstate mutual aid arrangement, agreement or compact are liable on account of any act or omission in good faith on the part of such state or its officers, agents, emergency workers or employees while so engaged, or on account of the maintenance or use of any equipment or supplies in connection with an emergency.
E. The division shall adopt rules prescribing the procedures for registration of emergency workers.

A.R.S. § 26–402 Compact
The legislature of the state of Arizona hereby authorizes the governor of the state of Arizona to enter into a compact on behalf of the state of Arizona with any other state legally joining therein, in the form substantially as follows:
EMERGENCY MANAGEMENT ASSISTANCE COMPACT
ARTICLE I GENERAL PROVISIONS
This compact is made and entered into by and between the participating member states which enact this compact, hereinafter called party states. For the purposes of this agreement, the term "states" is taken to mean the several states, the Commonwealth of Puerto Rico, the District of Columbia and all U.S. territorial possessions.
The purpose of this compact is to provide for mutual assistance between the states entering into this compact in managing any emergency or disaster that is duly declared by the governor of the affected state, whether arising from natural disaster, technological hazard, man-made disaster, civil emergency aspects of resources shortages, community disorders, insurgency or enemy attack.
This compact shall also provide for mutual cooperation in emergency-related exercises, testing or other training activities using equipment and personnel simulating performance of any aspect of the giving and receiving of aid by party states or subdivisions of party states during emergencies, such actions occurring outside actual declared emergency periods. Mutual assistance in this compact may include the use of the states' national guard forces, either in accordance with the national guard mutual assistance compact or by mutual agreement between states.
ARTICLE II GENERAL IMPLEMENTATION
Each party state entering into this compact recognizes many emergencies transcend political jurisdictional boundaries and that intergovernmental coordination is essential in managing these and other emergencies under this compact. Each state further recognizes that there will be emergencies which require immediate access and present procedures to apply outside resources to make a prompt and effective response to such an emergency. This is because few, if any, individual states have all the resources necessary for delivering services to areas where

emergencies exist. The prompt, full and effective utilization of resources of the participating states, including any resources on hand or available from the federal government or any other source, that are essential to the safety, care and welfare of the people in the event of any emergency or disaster declared by a party state, shall be the underlying principle on which all articles of this compact shall be understood.

On behalf of the governor of each state participating in the compact, the legally designated state official who is assigned responsibility for emergency management will be responsible for formulation of the appropriate interstate mutual aid plans and procedures necessary to implement this compact.

ARTICLE III PARTY STATE RESPONSIBILITIES

A. It shall be the responsibility of each party state to formulate procedural plans and programs for interstate cooperation in the performance of the responsibilities listed in this article. In formulating such plans, and in carrying them out, the party states, insofar as practical, shall:

i. Review individual state hazards analyses and, to the extent reasonably possible, determine all those potential emergencies the party states might jointly suffer, whether due to natural disaster, technological hazard, man-made disaster, emergency aspects of resource shortages, civil disorders, insurgency or enemy attack.

ii. Review party states' individual emergency plans and develop a plan which will determine the mechanism for the interstate management and provision of assistance concerning any potential emergency.

iii. Develop interstate procedures to fill any identified gaps and to resolve any identified inconsistencies or overlaps in existing or developed plans.

iv. Assist in warning communities adjacent to or crossing the state boundaries.

v. Protect and assure uninterrupted delivery of services, medicines, water, food, energy and fuel, search and rescue, and critical lifeline equipment, services and resources, both human and material.

vi. Inventory and set procedures for the interstate loan and delivery of human and material resources, together with procedures for reimbursement or forgiveness.

vii. Provide, to the extent authorized by law, for temporary suspension of any statutes.

B. The authorized representative of a party state may request assistance of another party state by contacting the authorized representative of that state. The provisions of this agreement shall only apply to requests for assistance made by and to authorized representatives. Requests may be verbal or in writing. If verbal, the request shall be confirmed in writing within thirty days of the verbal request. Requests shall provide the following information:

i. A description of the emergency service function for which assistance is needed, such as but not limited to fire services, law enforcement, emergency medical, transportation, communications, public works and engineering, building inspection, planning and information assistance, mass care, resource support, health and medical services, and search and rescue.

ii. The amount and type of personnel, equipment, materials and supplies needed, and a reasonable estimate of the length of time they will be needed.

iii. The specific place and time for staging of the assisting party's response and a point of contact at that location.

C. There shall be frequent consultation between state officials who have assigned emergency management responsibilities and other appropriate representatives of the party states with affected jurisdictions and the United States government, with free exchange of information, plans and resource records relating to emergency capabilities.

ARTICLE IV LIMITATIONS

Any party state requested to render mutual aid or conduct exercises and training for mutual aid shall take such action as is necessary to provide and make available the resources covered by this compact in accordance with the terms hereof; provided that it is understood that the state rendering aid may withhold resources to the extent necessary to provide reasonable protection for such state. Each party state shall afford to the emergency forces of any party state, while operating within its state limits under the terms and conditions of this compact, the same powers (except that of arrest unless specifically authorized by the receiving state), duties, rights and privileges as

are afforded forces of the state in which they are performing emergency services. Emergency forces will continue under the command and control of their regular leaders, but the organizational units will come under the operational control of the emergency services authorities of the state receiving assistance. These conditions may be activated, as needed, only subsequent to a declaration of a state of emergency or disaster by the governor of the party state that is to receive assistance or commencement of exercises or training for mutual aid and shall continue so long as the exercises or training for mutual aid are in progress, the state of emergency or disaster remains in effect or loaned resources remain in the receiving state, whichever is longer.

ARTICLE V LICENSES AND PERMITS

Whenever any person holds a license, certificate or other permit issued by any state party to the compact evidencing the meeting of qualifications for professional, mechanical or other skills, and when such assistance is requested by the receiving party state, such person shall be deemed licensed, certified or permitted by the state requesting assistance to render aid involving such skill to meet a declared emergency or disaster, subject to such limitations and conditions as the governor of the requesting state may prescribe by executive order or otherwise.

ARTICLE VI LIABILITY

Officers or employees of a party state rendering aid in another state pursuant to this compact shall be considered agents of the requesting state for tort liability and immunity purposes; and no party state or its officers or employees rendering aid in another state pursuant to this compact shall be liable on account of any act or omission in good faith on the part of such forces while so engaged or on account of the maintenance or use of any equipment or supplies in connection therewith. Good faith in this article shall not include willful misconduct, gross negligence or recklessness.

ARTICLE VII SUPPLEMENTARY AGREEMENTS

Inasmuch as it is probable that the pattern and detail of the machinery for mutual aid among two or more states may differ from that among the states that are party hereto, this instrument contains elements of a broad base common to all states, and nothing herein contained shall preclude any state from entering into supplementary agreements with another state or affect any other agreements already in force between states. Supplementary agreements may comprehend, but shall not be limited to, provisions for evacuation and reception of injured and other persons and the exchange of medical, fire, police, public utility, reconnaissance, welfare, transportation and communications personnel, and equipment and supplies.

ARTICLE VIII COMPENSATION

Each party state shall provide for the payment of compensation and death benefits to injured members of the emergency forces of that state and representatives of deceased members of such forces in case such members sustain injuries or are killed while rendering aid pursuant to this compact, in the same manner and on the same terms as if the injury or death were sustained within their own state.

ARTICLE IX REIMBURSEMENT

Any party state rendering aid in another state pursuant to this compact shall be reimbursed by the party state receiving such aid for any loss or damage to or expense incurred in the operation of any equipment and the provision of any service in answering a request for aid and for the costs incurred in connection with such requests; provided, that any aiding party state may assume in whole or in part such loss, damage, expense, or other cost, or may loan such equipment or donate such services to the receiving party state without charge or cost; and provided further, that any two or more party states may enter into supplementary agreements establishing a different allocation of costs among those states. Article VIII expenses shall not be reimbursable under this provision.

ARTICLE X EVACUATION

Plans for the orderly evacuation and interstate reception of portions of the civilian population as the result of any emergency or disaster of sufficient proportions to so warrant, shall be worked out and maintained between the party states and the emergency management/services directors of the various jurisdictions where any type of incident requiring evacuations might occur. Such plans shall be put into effect by request of the state from which

evacuees come and shall include the manner of transporting such evacuees, the number of evacuees to be received in different areas, the manner in which food, clothing, housing, and medical care will be provided, the registration of the evacuees, the providing of facilities for the notification of relatives or friends, and the forwarding of such evacuees to other areas or the bringing in of additional materials, supplies, and all other relevant factors. Such plans shall provide that the party state receiving evacuees and the party state from which the evacuees come shall mutually agree as to reimbursement of out-of-pocket expenses incurred in receiving and caring for such evacuees, for expenditures for transportation, food, clothing, medicines and medical care, and like items. Such expenditures shall be reimbursed as agreed by the party state from which the evacuees come. After the termination of the emergency or disaster, the party state from which the evacuees come shall assume the responsibility for the ultimate support of repatriation of such evacuees.

ARTICLE XI IMPLEMENTATION

A. This compact shall become operative immediately upon its enactment into law by any two (2) states; thereafter, this compact shall become effective as to any other state upon its enactment by such state.

B. Any party state may withdraw from this compact by enacting a statute repealing the same, but no such withdrawal shall take effect until thirty days after the governor of the withdrawing state has given notice in writing of such withdrawal to the governors of all other party states. Such action shall not relieve the withdrawing state from obligations assumed hereunder prior to the effective date of withdrawal.

C. Duly authenticated copies of this compact and of such supplementary agreements as may be entered into shall, at the time of their approval, be deposited with each of the party states and with the federal emergency management agency and other appropriate agencies of the United States government.

ARTICLE XII VALIDITY

This act shall be construed to effectuate the purposes stated in article I hereof. If any provision of this compact is declared unconstitutional, or the applicability thereof to any person or circumstances is held invalid, the constitutionality of the remainder of this act and the applicability thereof to other persons and circumstances shall not be affected thereby.

ARTICLE XIII ADDITIONAL PROVISIONS

Nothing in this compact shall authorize or permit the use of military force by the national guard of a state at any place outside that state in any emergency for which the president is authorized by law to call into federal service the militia, or for any purpose for which the use of the army or the air force would in the absence of express statutory authorization be prohibited under section 1385 of title 18, United States Code.

A.R.S. § 32-1910 Emergencies; continued provision of services

A. If a natural disaster or terrorist attack occurs and, as a consequence of the natural disaster or terrorist attack, a state of emergency is declared by the governor or by a county, city or town pursuant to its authority and the declared state of emergency results in individuals being unable to refill existing prescriptions, the board shall cooperate with this state and the county, city or town to ensure the provision of drugs, devices and professional services to the public.

B. If a natural disaster or terrorist attack occurs in another state and, as a consequence of the natural disaster or terrorist attack, a state of emergency is declared by the governor of that state and the declared state of emergency results in individuals being temporarily relocated to Arizona and unable to refill existing prescriptions, the board shall cooperate with this state to ensure the provision of drugs, devices and professional services to the relocated individuals.

C. When a state of emergency has been declared pursuant to this section, a pharmacist may work in the affected county, city or town and may dispense a one-time emergency refill prescription of up to a thirty-day supply of a prescribed medication if both of the following apply:

1. In the pharmacist's professional opinion the medication is essential to the maintenance of life or to the continuation of therapy.
2. The pharmacist makes a good faith effort to reduce the information to a written prescription marked "emergency prescription" and then files and maintains the prescription as required by law.

D. If the state of emergency declared pursuant to this section continues for at least twenty-one days after the pharmacist dispenses an emergency prescription pursuant to subsection C, the pharmacist may dispense one additional emergency refill prescription of up to a thirty day supply of the prescribed medication.

E. A pharmacist who is not licensed in this state, but who is currently licensed in another state, may dispense prescription medications in those affected counties, cities or towns in this state during the time that a declared state of emergency exists pursuant to this section if both of the following apply:

1. The pharmacist has proof of licensure in another state.
2. The pharmacist is engaged in a legitimate relief effort during the period of time an emergency has been declared pursuant to this section.

F. The board may adopt rules for the provision of pharmaceutical care and drug and device delivery during a declared emergency that is the consequence of a natural disaster or terrorist attack, including the use of temporary or mobile pharmacy facilities and nonresident licensed pharmacy professionals.

G. A pharmacist's authority to dispense prescriptions pursuant to this section ends when the declared state of emergency is terminated.

A.R.S. § 35-192 Authorization for declaration of disaster; authorization for liabilities and expenses; priorities and limitations; review and report of expenditures

A. The governor may declare an emergency arising from major disasters as provided in this section and incur liabilities therefor, regardless of whether or not the legislature is in session.

B. When the governor, or the director of the division of emergency management in the department of emergency and military affairs pursuant to section 26-303, subsection H, determines that a contingency or disaster so justifies, and declares an emergency, specific liabilities and expenses provided for in this section are authorized to be incurred against and to be paid as claims against the state from unrestricted monies from the general fund to mitigate and meet contingencies and emergencies arising from:

1. Invasions, hostile attacks, riots or insurrections.
2. Epidemics of disease or plagues of insects.
3. Floods or floodwaters.
4. Acts of God or any major disaster.
5. Wildland fires, but only after all necessary authorizations under section 37-623.02 are exhausted.

C. When authorized by the governor, specific liabilities and expenses provided for in this section may be incurred against and may be paid as claims against the state from unrestricted monies from the general fund to meet contingencies and emergencies arising from incidents relating to hazardous materials as defined in section 26-301 and search or rescue operations conducted pursuant to section 11-251.02, section 11-441, subsection C or section 26-306 subject to the limitations provided in section 35-192.01. Within ninety days after monies are awarded under this section, the department of emergency and military affairs shall post in a prominent location on the department's official website the amount of monies awarded under this section, who received the monies and how the monies were spent.

D. Liabilities and expenses authorized under subsection B of this section may be incurred for any of the emergencies or contingencies prescribed in subsection B of this section in the following order of priority:

1. Reimbursement for expenses incurred to combat a menace to the health, lives or property of any considerable number of persons of the state, or to property of the state or its political subdivisions.
2. Reimbursement for expenses incurred to repair damage to any property of the state.

3. Reimbursement for expenses incurred to repair damage to any property of the political subdivisions of the state.

4. Reimbursement for expenses incurred in search or rescue operations.

5. Reimbursement for expenses incurred in emergency or disaster recovery activities or in matching federal disaster recovery programs.

6. Reimbursement for expenses for property loss mitigation measures or to match federal property loss mitigation programs.

E. The auditor of the department of emergency and military affairs shall review liabilities incurred and expenditures made under this section and report to the state emergency council at ninety-day intervals during the emergency and conduct a final review of each emergency within ninety days after the termination of the emergency. The state emergency council shall make a written report not later than September 1 of each year to the legislature of the actions of the state emergency council during the preceding fiscal year, including an itemized statement of expenditures for each emergency during the year. The department of emergency and military affairs shall post the report in a prominent location on the department's official website.

F. All liabilities incurred under this section shall be subject to the following limitations:

1. No liability shall be incurred against the monies authorized without the approval of the governor, or the adjutant general pursuant to section 26-303, subsection H, for each contingency or emergency.

2. Incurring of liabilities in excess of two hundred thousand dollars in any single disaster or emergency shall not be made without consent of a majority of the members of the state emergency council.

3. The aggregate amount of all liabilities incurred under this section shall not exceed four million dollars for any fiscal year beginning July 1 through June 30. Monies authorized for disasters and emergencies in prior fiscal years may be used in subsequent fiscal years only for the disaster or emergency for which they were authorized. Monies authorized for disasters and emergencies in prior fiscal years, and expended in subsequent fiscal years for the disaster or emergency for which they were authorized, apply toward the four million dollar liability limit for the fiscal year in which they were authorized.

4. Notwithstanding the limitations in paragraph 3 of this subsection, monies that were previously obligated but not used for a declared emergency or disaster may be reallocated to an outstanding obligation for another declared emergency or disaster and shall remain available for expenditure for the outstanding obligation. The reallocation of monies pursuant to this paragraph does not apply toward the four million dollar liability limit of the fiscal year to which the monies were reallocated or in which the monies are spent.

5. An obligation of monies under this section may be made only when one or more of the following conditions exist:

(a) No appropriation or other authorization is available to meet the contingency or emergency.

(b) An appropriation is insufficient to meet the contingency or emergency.

(c) Federal monies available for such contingency or emergency require the use of state or other public monies.

G. The director of the division of emergency management in the department of emergency and military affairs shall develop rules for administering the monies authorized for liabilities under this section, subject to approval by the governor.

A.R.S. § 36-136 Powers and duties of director; compensation of personnel

A. The director shall:

1. Be the executive officer of the department of health services and the state registrar of vital statistics but shall not receive compensation for services as registrar.

2. Perform all duties necessary to carry out the functions and responsibilities of the department.

3. Prescribe the organization of the department. The director shall appoint or remove personnel as necessary for the efficient work of the department and shall prescribe the duties of all personnel. The director may abolish any office or position in the department that the director believes is unnecessary.
4. Administer and enforce the laws relating to health and sanitation and the rules of the department.
5. Provide for the examination of any premises if the director has reasonable cause to believe that on the premises there exists a violation of any health law or rule of the state.
6. Exercise general supervision over all matters relating to sanitation and health throughout the state. When in the opinion of the director it is necessary or advisable, a sanitary survey of the whole or of any part of the state shall be made. The director may enter, examine and survey any source and means of water supply, sewage disposal plant, sewerage system, prison, public or private place of detention, asylum, hospital, school, public building, private institution, factory, workshop, tenement, public washroom, public restroom, public toilet and toilet facility, public eating room and restaurant, dairy, milk plant or food manufacturing or processing plant, and any premises in which the director has reason to believe there exists a violation of any health law or rule of the state that the director has the duty to administer.
7. Prepare sanitary and public health rules.
8. Perform other duties prescribed by law.

B. If the director has reasonable cause to believe that there exists a violation of any health law or rule of the state, the director may inspect any person or property in transportation through the state, and any car, boat, train, trailer, airplane or other vehicle in which that person or property is transported, and may enforce detention or disinfection as reasonably necessary for the public health if there exists a violation of any health law or rule.

C. The director may deputize, in writing, any qualified officer or employee in the department to do or perform on the director's behalf any act the director is by law empowered to do or charged with the responsibility of doing.

D. The director may delegate to a local health department, county environmental department or public health services district any functions, powers or duties that the director believes can be competently, efficiently and properly performed by the local health department, county environmental department or public health services district if:

1. The director or superintendent of the local health agency, environmental agency or public health services district is willing to accept the delegation and agrees to perform or exercise the functions, powers and duties conferred in accordance with the standards of performance established by the director.
2. Monies appropriated or otherwise made available to the department for distribution to or division among counties or public health services districts for local health work may be allocated or reallocated in a manner designed to assure the accomplishment of recognized local public health activities and delegated functions, powers and duties in accordance with applicable standards of performance. Whenever in the director's opinion there is cause, the director may terminate all or a part of any delegation and may reallocate all or a part of any funds that may have been conditioned on the further performance of the functions, powers or duties conferred.

E. The compensation of all personnel shall be as determined pursuant to section 38-611.

F. The director may make and amend rules necessary for the proper administration and enforcement of the laws relating to the public health.

G. Notwithstanding subsection H, paragraph 1 of this section, the director may define and prescribe emergency measures for detecting, reporting, preventing and controlling communicable or infectious diseases or conditions if the director has reasonable cause to believe that a serious threat to public health and welfare exists. Emergency measures are effective for no longer than eighteen months.

H. The director, by rule, shall:

1. Define and prescribe reasonably necessary measures for detecting, reporting, preventing and controlling communicable and preventable diseases. The rules shall declare certain diseases reportable. The rules shall prescribe measures, including isolation or quarantine, reasonably required to prevent the occurrence of, or to seek early detection and alleviation of, disability, insofar as possible, from communicable or preventable diseases. The rules shall include reasonably necessary measures to control animal diseases transmittable to humans.
2. Define and prescribe reasonably necessary measures, in addition to those prescribed by law, regarding the preparation, embalming, cremation, interment, disinterment and transportation of dead human bodies and the conduct of funerals, relating to and restricted to communicable diseases and regarding the removal, transportation, cremation, interment or disinterment of any dead human body.
3. Define and prescribe reasonably necessary procedures not inconsistent with law in regard to the use and accessibility of vital records, delayed birth registration and the completion, change and amendment of vital records.
4. Except as relating to the beneficial use of wildlife meat by public institutions and charitable organizations pursuant to title 17, prescribe reasonably necessary measures to assure that all food or drink, including meat and meat products and milk and milk products sold at the retail level, provided for human consumption is free from unwholesome, poisonous or other foreign substances and filth, insects or disease-causing organisms. The rules shall prescribe reasonably necessary measures governing the production, processing, labeling, storing, handling, serving and transportation of these products. The rules shall prescribe minimum standards for the sanitary facilities and conditions that shall be maintained in any warehouse, restaurant or other premises, except a meat packing plant, slaughterhouse, wholesale meat processing plant, dairy product manufacturing plant or trade product manufacturing plant. The rules shall prescribe minimum standards for any truck or other vehicle in which food or drink is produced, processed, stored, handled, served or transported. The rules shall provide for the inspection and licensing of premises and vehicles so used, and for abatement as public nuisances of any premises or vehicles that do not comply with the rules and minimum standards. The rules shall provide an exemption relating to food or drink that is:

(a) Served at a noncommercial social event that takes place at a workplace, such as a potluck.
(b) Prepared at a cooking school that is conducted in an owner-occupied home.
(c) Not potentially hazardous and prepared in a kitchen of a private home for occasional sale or distribution for noncommercial purposes.
(d) Prepared or served at an employee-conducted function that lasts less than four hours and is not regularly scheduled, such as an employee recognition, an employee fund-raising or an employee social event.
(e) Offered at a child care facility and limited to commercially prepackaged food that is not potentially hazardous and whole fruits and vegetables that are washed and cut on site for immediate consumption.
(f) Offered at locations that sell only commercially prepackaged food or drink that is not potentially hazardous.
(g) Baked and confectionary goods that are not potentially hazardous and that are prepared in a kitchen of a private home for commercial purposes if packaged with a label that clearly states the address of the maker, includes contact information for the maker, lists all the ingredients in the product and discloses that the product was prepared in a home. The label must be given to the final consumer of the product. If the product was made in a facility for individuals with developmental disabilities, the label must also disclose that fact. The person preparing the food or supervising the food preparation must obtain a food handler's card or certificate if one is

issued by the local county and must register with an online registry established by the department pursuant to paragraph 13 of this subsection. For the purposes of this subdivision, "potentially hazardous" means baked and confectionary goods that meet the requirements of the food code published by the United States food and drug administration, as modified and incorporated by reference by the department by rule.

5. Prescribe reasonably necessary measures to assure that all meat and meat products for human consumption handled at the retail level are delivered in a manner and from sources approved by the Arizona department of agriculture and are free from unwholesome, poisonous or other foreign substances and filth, insects or disease-causing organisms. The rules shall prescribe standards for sanitary facilities to be used in identity, storage, handling and sale of all meat and meat products sold at the retail level.

6. Prescribe reasonably necessary measures regarding production, processing, labeling, handling, serving and transportation of bottled water to assure that all bottled drinking water distributed for human consumption is free from unwholesome, poisonous, deleterious or other foreign substances and filth or disease-causing organisms. The rules shall prescribe minimum standards for the sanitary facilities and conditions that shall be maintained at any source of water, bottling plant and truck or vehicle in which bottled water is produced, processed, stored or transported and shall provide for inspection and certification of bottled drinking water sources, plants, processes and transportation and for abatement as a public nuisance of any water supply, label, premises, equipment, process or vehicle that does not comply with the minimum standards. The rules shall prescribe minimum standards for bacteriological, physical and chemical quality for bottled water and for the submission of samples at intervals prescribed in the standards.

7. Define and prescribe reasonably necessary measures governing ice production, handling, storing and distribution to assure that all ice sold or distributed for human consumption or for the preservation or storage of food for human consumption is free from unwholesome, poisonous, deleterious or other foreign substances and filth or disease-causing organisms. The rules shall prescribe minimum standards for the sanitary facilities and conditions and the quality of ice that shall be maintained at any ice plant, storage and truck or vehicle in which ice is produced, stored, handled or transported and shall provide for inspection and licensing of the premises and vehicles, and for abatement as public nuisances of ice, premises, equipment, processes or vehicles that do not comply with the minimum standards.

8. Define and prescribe reasonably necessary measures concerning sewage and excreta disposal, garbage and trash collection, storage and disposal, and water supply for recreational and summer camps, campgrounds, motels, tourist courts, trailer coach parks and hotels. The rules shall prescribe minimum standards for preparation of food in community kitchens, adequacy of excreta disposal, garbage and trash collection, storage and disposal and water supply for recreational and summer camps, campgrounds, motels, tourist courts, trailer coach parks and hotels and shall provide for inspection of these premises and for abatement as public nuisances of any premises or facilities that do not comply with the rules.

9. Define and prescribe reasonably necessary measures concerning the sewage and excreta disposal, garbage and trash collection, storage and disposal, water supply and food preparation of all public schools. The rules shall prescribe minimum standards for sanitary conditions that shall be maintained in any public school and shall provide for inspection of these premises and facilities and for abatement as public nuisances of any premises that do not comply with the minimum standards.

10. Prescribe reasonably necessary measures to prevent pollution of water used in public or semipublic swimming pools and bathing places and to prevent deleterious health conditions at these places. The rules shall prescribe minimum standards for sanitary conditions that shall be maintained at any public or semipublic swimming pool or bathing place and shall provide for inspection of these premises and for

abatement as public nuisances of any premises and facilities that do not comply with the minimum standards. The rules shall be developed in cooperation with the director of the department of environmental quality and shall be consistent with the rules adopted by the director of the department of environmental quality pursuant to section 49-104, subsection B, paragraph 12.

11. Prescribe reasonably necessary measures to keep confidential information relating to diagnostic findings and treatment of patients, as well as information relating to contacts, suspects and associates of communicable disease patients. In no event shall confidential information be made available for political or commercial purposes.

12. Prescribe reasonably necessary measures regarding human immunodeficiency virus testing as a means to control the transmission of that virus, including the designation of anonymous test sites as dictated by current epidemiologic and scientific evidence.

13. Establish an online registry of food preparers that are authorized to prepare food for commercial purposes pursuant to paragraph 4 of this subsection.

I. The rules adopted under the authority conferred by this section shall be observed throughout the state and shall be enforced by each local board of health or public health services district, but this section does not limit the right of any local board of health or county board of supervisors to adopt ordinances and rules as authorized by law within its jurisdiction, provided that the ordinances and rules do not conflict with state law and are equal to or more restrictive than the rules of the director.

J. The powers and duties prescribed by this section do not apply in instances in which regulatory powers and duties relating to public health are vested by the legislature in any other state board, commission, agency or instrumentality, except that with regard to the regulation of meat and meat products, the department of health services and the Arizona department of agriculture within the area delegated to each shall adopt rules that are not in conflict.

K. The director, in establishing fees authorized by this section, shall comply with title 41, chapter 6. The department shall not set a fee at more than the department's cost of providing the service for which the fee is charged. State agencies are exempt from all fees imposed pursuant to this section.

L. After consultation with the state superintendent of public instruction, the director shall prescribe the criteria the department shall use in deciding whether or not to notify a local school district that a pupil in the district has tested positive for the human immunodeficiency virus antibody. The director shall prescribe the procedure by which the department shall notify a school district if, pursuant to these criteria, the department determines that notification is warranted in a particular situation. This procedure shall include a requirement that before notification the department shall determine to its satisfaction that the district has an appropriate policy relating to nondiscrimination of the infected pupil and confidentiality of test results and that proper educational counseling has been or will be provided to staff and pupils.

M. Until the department adopts exemptions by rule as required by subsection H, paragraph 4, subdivision (f) of this section, food and drink is exempt from the rules prescribed in subsection H of this section if offered at locations that sell only commercially prepackaged food or drink that is not potentially hazardous, without a limitation on its display area.

A.R.S. § 36, Chapter 6, Article 9 Enhanced Surveillance Advisories and Public Health Emergencies

Describes enhanced surveillance advisory, reporting, patient tracking, information sharing, laboratory testing, public health authority during state of emergency or state of war emergency, isolation and quarantine during a state of emergency or state of war emergency, due process for isolation and quarantine during a state of emergency or state of war emergency, and privileges and immunities.

A.R.S. § 36-627 Temporary hospitals for persons with contagious diseases
A local board of health or health department may provide a temporary hospital or place of reception for persons with infectious or contagious diseases. Hospitals or other places in which infectious or contagious disease exists shall be under the control and subject to regulations of the local board of health or health department while such disease exists. During such periods of hospital control, inmates shall obey the regulations and instructions of the local board or department.

A.R.S. § 36-628 Provision for care of persons afflicted with contagious disease; expenses
A. Local boards or health departments may employ physicians and other persons and provide such necessaries of life as they deem necessary for care of persons afflicted with contagious or infectious diseases.
B. Expenses incurred in carrying out the provisions of this article shall be audited and allowed by the board incurring them and be a charge against the county or city for which the board or department was acting.
C. Expenses incurred for the care, medical attendance or support of a sick person shall also be a charge upon such person and upon the person liable for his support if able to pay, and may be collected by the county or city incurring the expense. If a physician is called by a local board or department to attend a person infected with a contagious or infectious disease, it shall be a city or county charge.

A.R.S. § 36-782 Enhanced surveillance advisory
A. The governor, in consultation with the director, 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.
B. As determined by the governor after considering the least restrictive measures necessary that are consistent with public health and safety, the enhanced surveillance advisory shall direct the following in accordance with this article:

1. Those persons and entities required to report.
2. The clinical syndromes, any illness or health condition that may be associated with bioterrorism or a specific illness or health condition to be reported.
3. Patient tracking.
4. Information sharing.
5. Specimen testing coordination.

C. The director shall notify local health authorities before the governor issues an enhanced surveillance advisory. The department and local health authorities shall provide the enhanced surveillance advisory to those persons and entities required by the advisory to report pursuant to this article by using any available means of communication. This article does not alter the department's or a local health authority's ability to monitor community health status or implement control measures for the early detection of communicable and preventable diseases otherwise allowed by law.
D. Before the governor issues an enhanced surveillance advisory, the department and local health authorities must meet with representatives of persons or institutions who will be affected by the enhanced surveillance advisory pursuant to section 36-783, subsections A, B and C. If, because of an immediate threat to the public health, the department and local health authorities are not able to hold this meeting before the governor issues the advisory, the meeting must take place within seventy-two hours after the governor issues the advisory.

E. To the extent possible, the department and local health authorities shall share department and local health authority personnel, equipment, materials, supplies and other resources to assist persons and institutions affected to implement the terms of the advisory.
F. At the governor's direction, the department may use reasonable efforts to assist the persons and institutions to receive reimbursement of costs incurred because of the implementation of the advisory.
G. An enhanced surveillance advisory may be revised or terminated at any time by the director and automatically terminates after sixty days, unless renewed by the governor.

A.R.S. § 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 for:

1. Planning and executing public health emergency assessment, mitigation, preparedness response and recovery for this state.
2. Coordinating public health emergency response among state, local and tribal authorities.
3. Collaborating with relevant federal government authorities, elected officials of other states, private organizations and private sector companies.
4. Coordinating recovery operations and mitigation initiatives subsequent to public health emergencies.
5. Organizing public information activities regarding state public health emergency response operations.
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.

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.

C. In addition to the authority provided in subsections A and B, during a state of emergency or state of war emergency in which there is an occurrence or the imminent threat of smallpox, plague, viral hemorrhagic fevers or a highly contagious and highly fatal disease with transmission characteristics similar to smallpox, the governor, in consultation with the director of the department of health services, may issue orders that:

1. Mandate treatment or vaccination of persons who are diagnosed with illness resulting from exposure or who are reasonably believed to have been exposed or who may reasonably be expected to be exposed.
2. Isolate and quarantine persons.

D. Law enforcement officials of this state and the national guard shall enforce orders issued by the governor under this section.
E. Diseases subject to this section do not include acquired immune deficiency syndrome or other infection caused by the human immunodeficiency virus.

F. If during a state of emergency or state of war emergency the public health is not endangered nothing in this title shall authorize the department or any of its officers or representatives to impose on any person against the person's will any mode of treatment, provided that sanitary or preventive measures and quarantine laws are complied with by the person. Nothing in this title shall authorize the department or any of its officers or representatives to impose on any person contrary to his religious concepts any mode of treatment, provided that sanitary or preventive measures and quarantine laws are complied with by the person.
G. At the governor's direction, the department may use reasonable efforts to assist the persons and institutions affected by the state of emergency or state of war emergency declared pursuant to this section in seeking reimbursement of costs incurred as a result of providing services related to the implementation of isolation and quarantine under this article to the extent these services are not otherwise subject to reimbursement.

A.R.S. §36-787 through § 36-789
Provides the governor, in consultation with the Department, and the local health authority with isolation and quarantine authority during a state of emergency or state of war emergency.

A.R.S. § 36-790 Privileges and **immunities**
A. The physician patient privilege does not prevent a person or health care provider from complying with the duty to report or provide personal information and medical information to the department or local health authority in accordance with this article. The department and local health authorities shall maintain the confidentiality of the medical information and personal identifiers received.
B. A person or health care provider undertaking any activity required by this article, including reporting, participating in quarantine or isolation procedures, is immune from civil or criminal liability if the person or health care provider acted in good faith. Actions required by this article are presumed to be in good faith.
C. The immunities prescribed in section 26-314 are applicable to sections 36-787, 36-788 and 36-789.

A.R.S. § 36-2263 Good Samaritan Acts, civil liability and limited liability.
A. The following persons and entities are not subject to civil liability for any personal injury that results from any act or omission that does not amount to willful misconduct or gross negligence:

1. A physician who provides oversight.
2. A person or entity that provides training in cardiopulmonary resuscitation and use of an automated external defibrillator.
3. A person or entity that acquires an automated external defibrillator pursuant to this article.
4. The owner of the property or facility where the automated external defibrillator is located.
5. A person or entity that provides the automated external defibrillator pursuant to this article.
6. A nonprofit entity that, in the placement of an automated external defibrillator pursuant to this article, acts as an intermediary between the provider of an automated external defibrillator and the person or entity that acquired the automated external defibrillator or the owner of the property or facility where the automated external defibrillator is located.
7. A good Samaritan. For the purposes of this paragraph, "good Samaritan" means a person who uses an automated external defibrillator to render emergency care or assistance in good faith and without compensation at the scene of any accident, fire or other life-threatening emergency.
8. A trained user.

B. The exception from civil liability provided in subsection A does not affect a manufacturer's product liability regarding the design, manufacturing or instructions for use and maintenance of an automated external defibrillator.

Concept of Operations

Primary, Coordinating, Secondary/Support, and Non-Governmental Agencies

Primary Agency:

Apache County Public Health Services District (ACPHSD)

Coordinating Agencies:

Apache County Division of Emergency Management (ACDEM)
Tribal Partners
Arizona Department of Emergency and Military Affairs (AZ DEMA)
Arizona Department of Health Services (ADHS)

- Health Emergency Operations Center (HEOC)
- Division of Behavioral Health Services (BHS) Note: On July 1, 2016, services transition to the Arizona Health Care Cost Containment System (AHCCCS)
- Division of Public Health Services (PHS)
    - Bureau of Public Health Emergency Preparedness (PHEP)
    - Bureau of Epidemiology and Disease Control (EDC)
    - Bureau of Emergency Medical Services and Trauma System
    - Bureau of State Laboratory Services
    - Public Health Licensing

Arizona Health Care Cost Containment System (AHCCCS)

Secondary/Support Agencies:

County and Local Law Enforcement
Fire Departments/Emergency Medical Services (EMS)
School Health Partners
Correctional Health Partners

Non-Governmental Organizations (NGOs)

Healthcare partners:

Northern Healthcare Coalition
Hospital
Health Care Facilities
Long Term Care Agencies
Community Health Centers
Regional Behavioral Health Authority (RBHA)

Volunteer partners:

Medical Reserve Corps (MRC)
Community Emergency Response Teams (CERT)

Federal Agencies

United States Department of Health and Human Services (HHS)

- Indian Health Service (IHS)
- Centers for Disease Control and Prevention (CDC)

Roles and Responsibilities

Apache County Public Health Services District:

Public Health Emergency Preparedness

1. Provide immediate notifications to the Public Health Director.
2. Coordinate activities with the Public Health Director.
3. Support healthcare triage and alternate care sites through coordination of resource requests and information sharing.
4. Act as the primary point of communication, information sharing, and resource requests for the hospital and other healthcare partners.
5. Provide crisis and risk communication materials including key messages, boilerplate press releases for public health emergencies, and identified methods of information dissemination for the public including hard-to-reach populations.
6. Coordinate information sharing and other medical surge activities with Tribal Partners.
7. Provide public health Emergency Support Function (ESF) 8 support to ACDEM as needed, including provision of staff to the ACEOC as appropriate.
8. Maintain public health and healthcare system situational awareness and provide regular status reports to ADHS.
9. Provide an exchange of medical and healthcare information, efficient medical resource allocation, and management of policy/regulatory issues.
10. Coordinate public health and health care resource requests with ADHS and ACDEM.
11. Coordinate public health information with the county Public Information Officer (PIO).
12. Coordinate requests for behavioral health resources and agencies with ADHS to provide specialized behavioral and emotional support to the community and responders, including Critical Incident Stress Management (CISM).
13. Make recommendations for implementing corrective actions to mitigate damages from future incidents.

Clinical Services

1. Conduct disease surveillance, epidemiology, and control activities.
2. Consult with ADHS for incident/disease specific recommendations and information.
3. Coordinate information and disease surveillance and control activities with ACPHSD PHEP.

Apache County Division of Emergency Management:

1. Activate the appropriate Apache County Emergency Management Plan (EMP), Annexes, and Appendices, depending on the type and scope of an incident.

2. Communicate situational reports and assessments to involved agencies, providing updates as they are available.
3. Coordinate activities with involved agencies.
4. Maintain Emergency Operations Center (EOC) activation as appropriate and maintain liaison with other jurisdictional EOCs, department operations centers (DOCs), Incident Command Posts (ICPs), or agencies as necessary.
5. Notify the Board of Supervisors (BOS) when a local jurisdiction declares a state of emergency.
6. Make recommendations to the BOS or their representative.
7. Support the acquisition and the movement of resources as needed.
8. Coordinate resource requests and information with the Arizona State Emergency Operations Center (SEOC), if activated, or with AZ DEMA.
9. Support public information needs and activate the Joint Information Center (JIC) as appropriate.
10. Activate and coordinate deployment of any needed ancillary operations and/or facilities (e.g., alternate healthcare/behavioral health sites).
11. Activate mutual aid agreements for additional resources.

County and Local Law Enforcement:

1. Coordinate law enforcement activities with other law enforcement agencies and the ACDEM.
2. Provide a representative to the ACEOC as needed.
3. Provide situational status information to the ACEOC, if activated, or the ACDEM as needed.
4. Coordinate and support security needs during medical surge operations.
5. Manage public information through the Apache County Sheriff's Office (ACSO) PIO in coordination with the ACPHSD PIO.

Fire Departments/Emergency Medical Services (EMS) Teams:

1. Provide emergency medical services.
2. Provide transport to hospital facilities, except when specialized transport is recommended by ACPHSD and ADHS.
3. Provide transport to alternate care sites when legally authorized.

Tribal Partners:

1. Coordinate medical surge activities and information sharing with ACPHSD.
2. Coordinate emergency management activities and information exchange with ACDEM.

State Resources:

Arizona Department of Emergency and Military Affairs (AZ DEMA)

1. Activate emergency and recovery support functions within the SERRP as appropriate.
2. Maintain activation of the SEOC and state JIC as needed.
3. Coordinate ESF 8 activities with ADHS.
4. Coordinate requests for resources as processed by the counties, including any federal assets.
5. AZ DEMA will advise the Governor about situational status and make recommendations as appropriate.

6. Manage and coordinate communications with response partners.
7. Coordinate Public Health and Health Care resource requests and information with ADHS.
    - Communicate plans, requirements, and strategies to core capability service providers.
8. Acquire and manage resources, supplies, and services from core capability service providers via contracts, mission assignments, interagency agreements, and donations.

Arizona Department of Health Services (ADHS)

Health Emergency Operations Center (HEOC)

1. Coordinate medical surge activities with federal, state, and local agencies.
2. Support resource and personnel allocation requests with the SEOC, ACEOC, and ACPHSD as appropriate.
3. Provide epidemiologic data and other health-related information to stakeholders for decision making and public information dissemination.
4. Coordinate medical surge information with county and tribal public health agencies.
5. Ensure communication protocols and procedures are followed to guarantee clear and concise health-related messaging.
6. Coordinate and assist the SEOC in obtaining National Disaster Medical System (NDMS) assets, if needed.
7. Assist the counties, as requested, in supporting NDMS assets as appropriate.
8. Coordinate public health information with county and tribal Public Health agencies and PIOs.

Division of Behavioral Health Services (DBHS)

The Division of Behavioral Health Services is transitioning to AHCCCS. As of July 1, 2016, the website for behavioral health information will be http://www.azahcccs.gov.

Bureau of Public Health Emergency Preparedness (PHEP)

1. Utilize the Health Alert Network (HAN) to disseminate public health information to county health officials, hospitals and healthcare facilities, physicians, laboratory directors, and other agencies as required.
2. Monitor public health and healthcare situational status.
3. Make recommendations for implementing corrective actions to mitigate damages from future incidents.

Bureau of Epidemiology and Disease Control (EDC)

1. Monitor infectious diseases in the affected areas and make disease control recommendations.
2. Consult with the CDC, as necessary.
3. Advise local public health and healthcare facilities on clinical specimen collection requirements and laboratory testing.

Bureau of Emergency Medical Services and Trauma System

1. Monitor the status of emergency medical services provision in the affected areas.
2. Provide assistance to support EMS service coordination, as needed and possible.
3. Assist local public health in the coordination of patient transportation needs.

Bureau of State Laboratory Services

1. Monitor the status of available laboratory services in the affected area.
2. Provide collection media and analysis support as necessary to laboratories in the affected areas.

Public Health Licensing

1. Monitor the licensing status and available services of licensed healthcare facilities and long-term care agencies.
2. Provide licensing rule clarification and recommendations to ACPHSD, healthcare facilities, and long-term care agencies.
3. Support licensing requirements and reoccupation of affected facilities, if any, as needed.

School Health Partners:

1. Maintain communications with ACPHSD.
2. Coordinate public information with ACPHSD.
3. Provide situational status to ACPHSD as requested.
4. Participate in planning efforts to mitigate the effects of future disaster/emergency incidents.

Correctional Facilities:

1. Maintain communications with ACPHSD.
2. Coordinate public information with ACPHSD.
3. Provide situational status to ACPHSD as requested.
4. Participate in planning efforts to mitigate the effects of future disaster/emergency incidents.

Arizona Health Care Cost Containment System (AHCCCS)

Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. The Division of Behavioral Health Services is transitioning to the Arizona Health Care Cost Containment System. As of July 1, 2016, the website for behavioral health information will be http://www.azahcccs.gov.

Federal Resources:

United States Department of Health and Human Services (HHS)

Upon request, ADHS may request HHS support for public health emergencies involving healthcare organizations. This support may include training, funding and grant opportunities, guidance, research, and reports.

Indian Health Service (IHS)

The Indian Health Service (IHS) is an operating division (OPDIV) within the U.S. Department of Health and Human Services (HHS). IHS is responsible for providing medical and public health services to members of federally recognized Tribes and Alaska Natives. IHS coordinates epidemiology related information with ACPHSD.

Centers for Disease Control and Prevention (CDC)

Upon request, ADHS may request CDC support for public health emergencies. Support may include but is not limited to surveillance, disease control and NPI recommendations, behavioral health recommendations, support for medical countermeasures and equipment to protect public health, and subject matter expertise.

Non-Governmental Resources:

Regional Behavioral Health Authority (RBHA)

Arizona Health Care Cost Containment System (AHCCCS) contracts with community-based organizations, known as Regional Behavioral Health Authorities (RBHAs), to administer behavioral health services. Each RBHA contracts with a network of service providers, similar to health plans, to deliver a range of behavioral health care services, treatment programs for adults with substance abuse disorders, adults with serious mental illness and children with serious emotional disturbance. RBHAs are also able to provide Critical Incident Stress Management (CISM) services to emergency responders and their families. Health Choice Integrated Care (HCIC) serves Apache, Coconino, Mohave, Navajo, and Yavapai Counties.

Northern Healthcare Coalition

The Northern Healthcare Coalition facilitates collaboration among public health, healthcare, pre-hospital entities, and various community partners to prepare for, respond to, and recover from an emergency or disaster. The Northern Healthcare Coalition consists of four counties (Apache, Coconino, and Navajo, and Yavapai).

Hospital

1. Provide healthcare facility and system situational assessments and information to ACPHSD and ADHS as requested.
2. Activate emergency operations plans as necessary.
3. Activate and manage the hospital EOC, utilizing the hospital Incident Management Team (IMT) as needed.
4. Activate, manage, and demobilize the hospital triage center.
5. Maintain agreements with the hospital alternate care site.
6. Activate, manage, and demobilize the hospital alternate care site.
7. Request needed resources that are beyond the capacity of the healthcare organization through ACPHSD.
8. Coordinate healthcare service provision information and public information with ACPHSD.
9. Coordinate licensing issues with ADHS.
10. Participate in planning efforts to mitigate the effects of future disaster/emergency incidents.

Healthcare Facilities, Long-Term Care Agencies, Community Health Centers

1. Provide healthcare facility and system situational assessments and information to ACPHSD and ADHS as requested.
2. Coordinate healthcare service provision information and public information with ACPHSD.
3. Request needed resources that are beyond the capacity of the healthcare organization through ACPHSD.
4. Participate in planning efforts to mitigate the effects of future disaster/emergency incidents.
5. Coordinate licensing issues with ADHS.

Medical Reserve Corps

The Medical Reserve Corps (MRC) is a national network of volunteers, organized locally to improve the health and safety of their communities. MRC volunteers include medical and public health professionals, as well as other community members without healthcare backgrounds. MRC units engage these volunteers to strengthen public health, improve emergency response capabilities and build community resiliency. They prepare for and respond to natural disasters, such as wildfires, hurricanes, tornados, blizzards, and floods, as well as other emergencies affecting public health, such as disease outbreaks.

Community Emergency Response Teams

The Community Emergency Response Team (CERT) program helps train people to be better prepared to respond to emergency situations in their communities. When emergencies happen, CERT members can give critical support to first responders, provide immediate assistance to victims, and organize spontaneous volunteers at a disaster site. CERT members can also help with non-emergency projects that help improve the safety of the community.

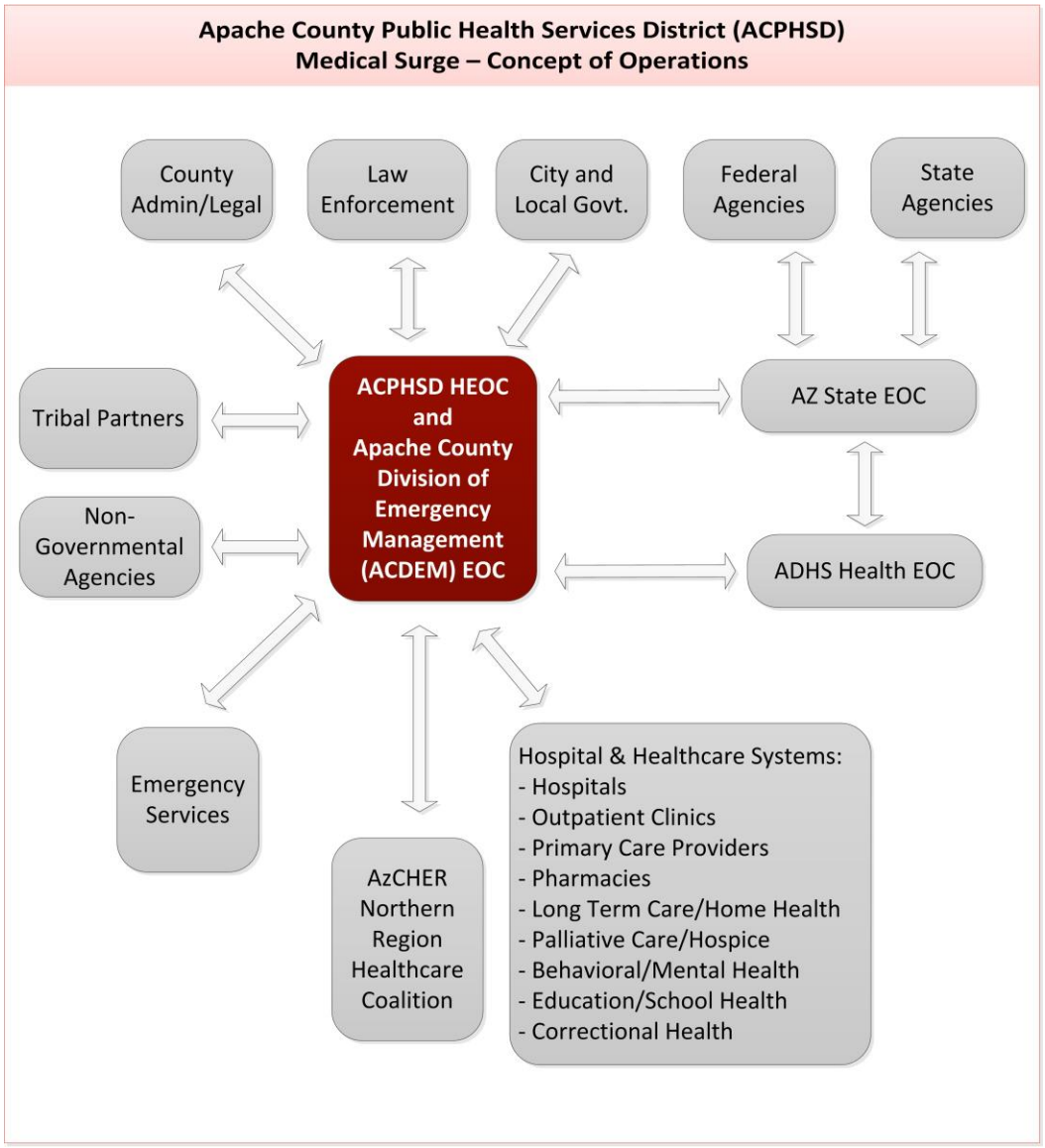
Direction and Control

Effective coordination among agencies is critically important when multiple emergency response plans may be activated simultaneously by local, state, and federal entities. The ACPHSD Medical Surge Plan will be co-activated with other ACPHSD and ACDEM emergency response plans. Apache County utilizes the Incident Command System (ICS), in alignment with the National Incident Management System (NIMS), for operational management and coordination during disasters and emergency situations.

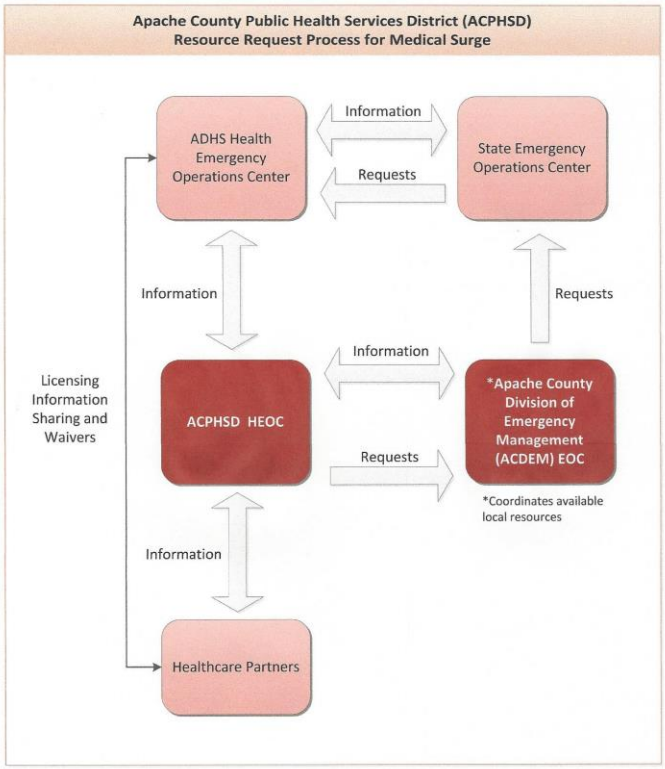
ACPHSD is the local coordinating public health agency for ESF 8 Public Health and Medical Services. ACPHSD coordinates response activities closely with ACDEM and the ACEOC, including co-locating with the ACEOC as appropriate. ACPHSD is the primary coordination point for public health and health care partners. ACPHSD relies on ACDEM for law enforcement coordination and support and other non-healthcare partner support response activities.

The ACPHSD Director or designee is the authority for ACPHSD Medical Surge Plan activation and operations. ACPHSD or the ACEOC Planning Section (if available) will document medical surge operations. The ACPHSD PHEP Division Manager or designee will designate staff roles and responsibilities as appropriate. Additional Apache County staff will be utilized as the situation warrants.

ACPHSD will coordinate resource requests and allocations, information sharing, and public information with the hospital, other medical facilities, behavioral health, schools, correctional health, and other healthcare partners. ACPHSD will also coordinate MRC volunteers as appropriate. The following diagram illustrates information sharing and coordination during medical surge operations:



ACPHSD is responsible for the coordination of public health and healthcare resource requests, including those in support of triage and alternate care site operations. ACPHSD works with ADHS to refine requests so that specific resources can be efficiently obtained if available. The following diagram illustrates the resource request process.



Plan Activation

The decision to activate the ACPHSD Medical Surge Plan begins at the local level. A hospital triage center or alternate care site does not need to be activated for this plan to be activated. Several elements factor in a decision to activate or deactivate the plan. These may include:

- Information and guidance from ADHS and CDC
- The scope and severity of a disease outbreak
- A mass casualty incident
- Hospital emergency department operations at or above capacity
- Large community events
- ACDEM notice of a terrorist incident or an impending natural disaster, such as a wildfire
- Unique circumstances including limited resource availability
- Increasing numbers of EMS service calls
- Hospital on diversion or limited transfer of patients between facilities

The ACPHSD Director or designee authorizes the activation of the ACPHSD Medical Surge Plan and will determine the level of activation based on ongoing situational information. Upon Medical Surge Plan activation approval, ACPHSD will notify Healthcare Partners of the activation status and begin medical surge operations as appropriate. The following Plan Activation Table Guidelines shows plan activation levels based on sample indicators and actions that may be taken for various activation levels. The table is a guideline and is not intended as specific direction on specific operational actions.

Plan Activation Table Guidelines

Plan Activation Level	Possible Indicators	Actions
Level 4	• No indication of clusters or outbreaks of disease. • No disasters or emergencies. • Demands on hospitals, non-hospital facilities, EMS, and public health are normal.	• Plan not activated.
Level 3	• Local cluster or outbreak of disease. • Hospital Emergency Department operations are near or at capacity. • State warnings of possible shortages of medications and medical countermeasures. • Large community events with increased visitor/tourist populations, such as July 4th activities. • Impending wildfire season.	• Plan may be activated (based on specific threat). • Other applicable ACPHSD plan(s) activated. • ADHS notified and consulted. • Healthcare partners, regional partners, and ACDEM notified. • COOP activation team on alert • ACPHSD HEOC team on standby. • Possible public information dissemination through county PIO.
Level 2	• State notification of an imminent public health threat, such as a severe transmissible disease. • Credible information of an imminent natural disaster or terrorist incident. • State or CDC recommends influenza vaccine allocation strategies, based on possible shortages. • Above normal number of 911 dispatch calls. • Above normal number of 311 information inquiries. • Hospital Emergency Department operations at capacity. • Other healthcare provider service provision at capacity.	• Plan activated. • ACPHSD HEOC activation. • Possible virtual or physical activation of ACEOC. • Possible assignment of ACPHSD representative to ACEOC (if activated). • COOP activated. • ADHS notified and consulted. • Healthcare partners, regional partners, and ACDEM are notified. • Regular information exchange among ACPHSD, ADHS, and hospital/healthcare partners. • Resources requested from regional partners. • Public information coordination with ADHS PIO. • If the hospital activates a Triage Center or Alternate Care Site, ACPHSD representative assigned to hospital EOC.
Level 1	• One or more healthcare facilities initiate local resource requests for space, staff, and supplies. • Medical countermeasure availability declining or delayed. • Mass Casualty Event that is beyond the resource capability of hospital/healthcare facilities. • Hospitals on diversion. • Hospital ED above capacity. • Patient transfer between healthcare facilities is limited. • Hospital and healthcare facilities re-purpose patient care areas, begin staff extensions (such as supervising broader groups of patients and deferrals of non-emergency patient-care services • Hospitals initiate conservation, adaptation, and substitution of supplies with selective re-use of supplies for individual patients.	• Plan activated. • ACPHSD HEOC and ACEOC activation. • ACPHSD representative assigned to ACEOC. • Possible SEOC and AZ JIC activation. • Regular information exchange among ACPHSD, ADHS, and hospital/healthcare partners. • Public information coordination through Joint Information System (JIS). • If the hospital activates a Triage Center or Alternate Care Site, ACPHSD representative assigned to hospital EOC.

Plan Deactivation

ACPHSD will deactivate the Medical Surge Plan or parts of the plan when the ACPHSD Director or designee determines that no further resource support is needed. Deactivation will be coordinated with ADHS and the deactivation of the ACEOC and/or the ACPHSD HEOC. Deactivation will comply with NIMS procedures.

Mutual Aid

The ACEOC is responsible for activation of local Mutual Aid Agreements and requesting activation of statewide and national Mutual Aid Agreements through the SEOC. The ACEOC will coordinate mutual aid resources within Apache County.

A listing of statewide and national Mutual Aid agreements follows:

1. Arizona is a member of the Emergency Management Assistance Compact (EMAC) along with all other U.S. states and the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands. EMAC provides for mutual aid between states in managing governor declared emergencies or disasters. Arizona Revised Statutes (ARS) Title 26, Chapter 3, Articles I – XIII provide specific guidance on General Provisions, General Implementation, Party State Responsibilities, Limitations, Licenses and Permits, Liability, Supplementary Agreements, Compensation, Reimbursement, Evacuation, Implementation, Validity, and Additional Provisions.

2. The Arizona Mutual Aid Compact (AZMAC) is a formal agreement among Arizona jurisdictional emergency responders to lend assistance across jurisdictional boundaries. Signatories include all fifteen (15) Arizona counties and many tribes, cities, and other jurisdictions.

3. Arizona is a signatory to the Southwest Caucus Supplement to Interstate Civil Defense (ICD) and Disaster Compact (DC) of 1992. This provides for mutual aid between Arizona, California, Colorado, Nevada, New Mexico, and Utah. Nevada and Utah are not yet signatories.

4. Arizona was entered into the Interstate Civil Defense and Disaster Compact of 1953 by the Governor's Executive Order 76-2. This order made the Compact recognized by the state and clearly usable in a disaster or other interstate emergency of whatever cause or nature.

Continuity of Operations

ACPHSD maintains a Continuity of Operations Plan (COOP) which is activated during emergencies that are expected to disrupt essential public health functions. Any disruption in ACPHSD's staffing, worksites, and/or technology and communication systems may warrant activation of the COOP plan. COOP addresses the immediate prioritization of resources to support a disaster response while maintaining essential agency functions and business processes. The ACPHSD COOP may be activated or co-activated with any other emergency plan as needed upon the approval of the ACPHSD Director or designee. The COOP enables ACPHSD to:

- Identify steps for activation and deactivation of COOP.

- Identify essential functions and business processes.
- Operate with a significantly reduced workforce and with diminished resource availability.
- Specify succession to critical offices and delegations of authority.
- Deploy to and operate from identified alternate work sites should the primary facility become uninhabitable.
- Provide for the safekeeping of vital records and databases.
- Provide for interoperable communications.
- Provide for devolution of essential functions to a pre-identified organization in the event that an emergency or disaster renders ACPHSD leadership and staff unavailable or incapable of performing COOP functions at the primary or alternate work site.

ACPHSD maintains a designated COOP Advisory Team (CAT) that is activated by the ACPHSD Director or designee. The CAT analyzes situational impact on essential functions and develops staffing and resource recommendations consistent with incident response efforts, maintenance of essential public health functions, and reconstitution processes.

Plan Maintenance

The plan will be reviewed annually and updated at least every five years by revision or change. The most recent signature date will determine the date of the plan. ACPHSD will be the agency in charge of coordinating annual reviews, revisions, and changes with involved agencies.

A plan change involves making specific changes to a limited number of pages to update the document. A plan revision is a complete rewriting of the existing plan, resulting in a new document. Revisions are recommended when numerous pages of the plan are changed, major portions of the plan are deleted, or substantial text needs to be added. This plan will be tested during exercises or real responses to identify problem areas and evaluate changes that will be made as the plan is revised.

Changes or revisions will be made to the plan when it is no longer current. Changes in the plan may be needed when:

1. Hazard consequences or risk areas change.
2. The concept of operations changes.
3. Departments, agencies, or groups which perform emergency or recovery functions are reorganized or can no longer perform recovery tasks laid out in this plan.
4. Warning and communications systems are upgraded.
5. Additional emergency or recovery resources are obtained through acquisition or agreement, the disposition of existing resources changes, or anticipated emergency or recovery resources are no longer available.
6. A training exercise or an actual emergency reveals significant deficiencies in the existing plan.
7. When state planning standards are revised.

Public Health Risk Communication

Effective public health risk communication is necessary to inform the public of medical surge status and where to receive medical care. The ACPHSD Risk Communication Plan addresses the processes to coordinate and disseminate messages and informational materials to the public, health care professionals, policy makers, media, and others about medical surge and available assessment and treatment sites, specific infectious disease agents, vaccinations (if applicable), medications, and non-pharmaceutical interventions.

The ADHS Crisis Emergency Risk Communication plan provides guidance, crisis and risk communication materials including key messages, message maps, boilerplate press releases for public health emergencies, and identified methods of information dissemination for the public including hard-to-reach populations. ACPHSD will incorporate the ADHS public information guidance and message maps into public information messaging during Medical Surge Plan operations. ACPHSD will coordinate public information messaging with ADHS to ensure consistent, accurate, and transparent public information dissemination.

The Joint Information System (JIS) provides a structure and mechanism for information integration among agencies and their Public Information Officers (PIOs) to provide consistent, accurate, and timely information during an emergency response. As an emergency incident increases in scale, the JIS may grow from a local to a larger regional or state structure. In the event of an emergency that results in medical surge, the JIS is a critical component of managing public information statewide, allowing efficient coordination of public information among municipal, county, tribal, and state agencies.

A Joint Information Center (JIC) is a physical site where information coordinated through the JIS is facilitated and disseminated. The Apache County JIC site is located near the ACEOC. If this site is unavailable, ACDEM will identify another site to support timely and effective public communication efforts. Depending on the size of the emergency incident, a state Public Health JIC may be activated by ADHS or a State JIC may be activated by AZ DEMA. Local JIC staff will coordinate public information messaging with state and local JICs through the established JIS.

ACPHSD public communication tools also include Ready Apache County and the 311 system. Ready Apache County is an alerting system that can be utilized by agencies and individuals that self-register to receive alerts. The 311 system (available in Apache and Navajo Counties) can be called by phone or accessed through the website to find out updated situation information for current events and/or emergencies. This informational capability allows Apache County to more efficiently use available staff for critical tasks by managing the number of calls from the public.

Medical Surge Operations

Overview

Medical Surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover operations that were compromised. (*Public Health Preparedness Capabilities: National Standards for State and Local Planning,* March 2011). The healthcare system provides the framework for maintaining individual and public health within the jurisdiction. In Apache

County, these organizations include, but are not limited to, ACPHSD, hospitals, behavioral health providers, physicians, Emergency Medical Services (EMS), 9-1-1 dispatch centers, pharmacies, long-term health providers, home health agencies, and medical clinics. Each of these organizations is critical to addressing patient medical care during emergencies and/or disasters.

Medical Surge is part of a continuum of care that occurs when facility space, staff, and supplies and equipment are insufficient to meet the demands on the medical system. This plan primarily addresses conventional ("business as usual") and contingency medical surge status, although it also addresses the hospital activation of an Alternate Care Site (ACS). The final and most critical part of the continuum, crisis standards of care, is primarily addressed in the ADHS CSC Plan, where statewide CSC is activated. The first two levels of medical surge are focused on delivering care to individuals. CSC focuses on population health by allocating scarce resources efficiently to deliver services to the greatest number of people. For example, a healthcare facility in conventional status has fully used its existing and usual patient care space; however, this situation is temporary and usually results in greater wait times for patients that is resolved over time. In contingency status, a healthcare facility may re-purpose patient care areas, such as utilizing a post-anesthesia care unit as an intensive care unit. In crisis status, a healthcare facility has been damaged or is unsafe. Non-patient care areas, such as classrooms may be used for patient care.

ACPHSD is the lead agency in Apache County for the support and coordination of public health medical surge operations within the jurisdiction. ACPHSD works closely with Arizona Department of Health Services (ADHS), jurisdictional entities, and local and regional healthcare partners in responding to public health emergencies, including medical surge. ACPHSD supports healthcare entities during medical surge operations by coordinating resource requests, information sharing, and public information.

The ACPHSD Medical Surge Plan provides the operational guidelines for coordination of public health medical surge activities to support healthcare partners in providing optimal and consistent patient medical care when medical resources are stressed due to shortages of staff, supplies, or facility patient space. The plan utilizes an all hazards approach and is typically co-activated with other ACPHSD emergency plans.

Hospital Triage Center and Alternate Care Site Operations

The White Mountain Regional Medical Center (WMRMC) is responsible for activating and operating a triage center during medical surge conditions. When medical surge exceeds the normal capacity of the hospital, WMRMC will activate its emergency plans and coordinate its operations in its hospital EOC, as needed. WMRMC has a pre-designated IMT to assist with EOC operations. In the event that WMRMC needs additional EOC support, the hospital will request support through ACPHSD. If resource demand exceeds the internal resource capacity of the hospital, resource requests will be coordinated through ACPHSD. Typically, the hospital will utilize the Emergency Department as a Triage Center during surge operations. Other areas of the hospital may be used for patient treatment areas as the situation demands.

If needed, the hospital may activate and manage an Alternate Care Site (ACS) to assist in treating patients when hospital space resources are insufficient to treat patients in the hospital. The hospital may transfer a patient from the Triage Center to the ACS as appropriate. The hospital has identified an ACS site adjacent to the hospital in the gymnasium of the First Southern Baptist Church, 142 S. Mountain Avenue, Springerville, AZ. The hospital has an existing agreement with the church for this purpose.

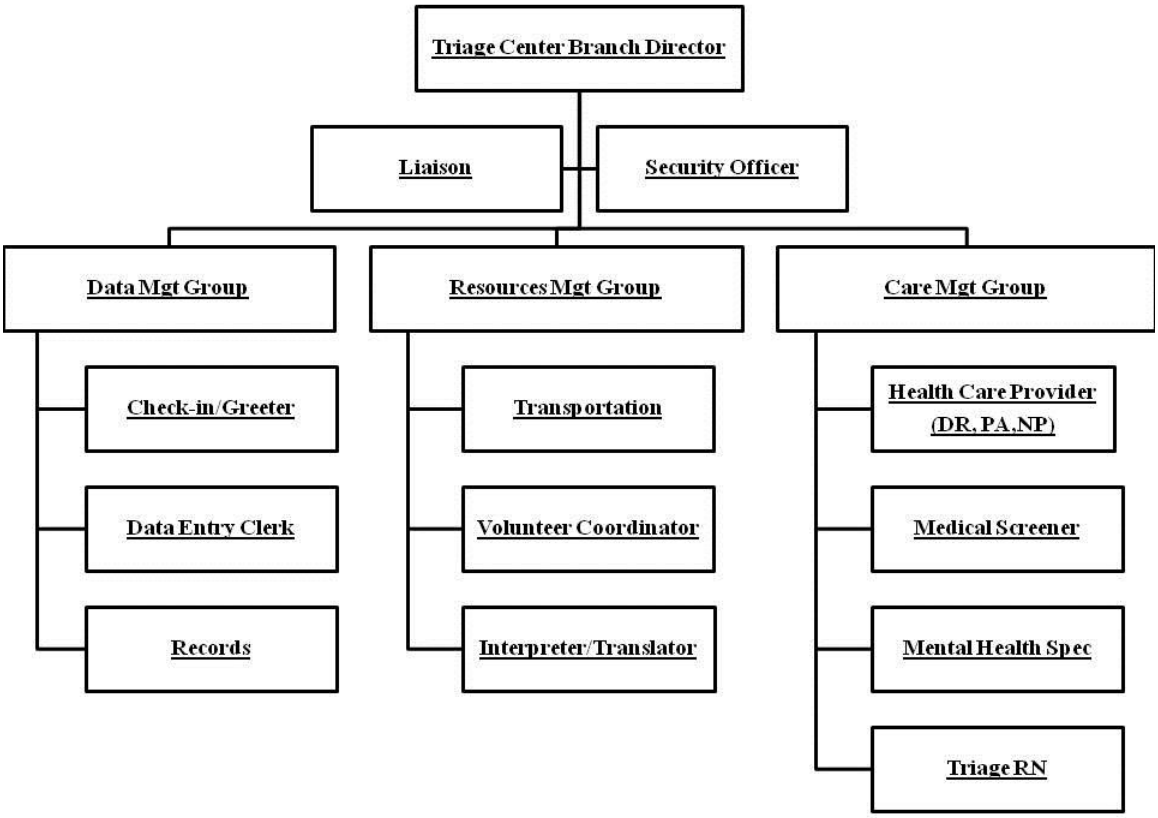
Non-hospital Triage Center and Alternate Care Site Operations

If the hospital is unable to operate a triage center due to facility damage or other incapacitating factors, the following information provides example guidelines for crisis triage center operations. The conditions under which the emergency and medical services providers will be working dictate the necessity to alter the normal course of patient handling. Normal operations would see injured or ill patients be processed through the 911 emergency call system and transported to the hospital by ambulance or self-presenting to the ED. However, in a crisis situation in which the hospital is inoperable, ACPHSD will coordinate medical surge activities with ACDEM and ADHS.

Triage Center Organization

A Triage Center can operate as a stand-alone ICS organization or be a branch of a mobilized IMT specific to the incident. In the latter case, refer to the ICS Organization chart in the ACPHSD Pandemic Response Plan, where the Triage Center Branch Director reports to the Operations Section Chief. The following diagram is an example staffing plan for a stand-alone ICS organization.

Example Triage Center ICS Branch Organization

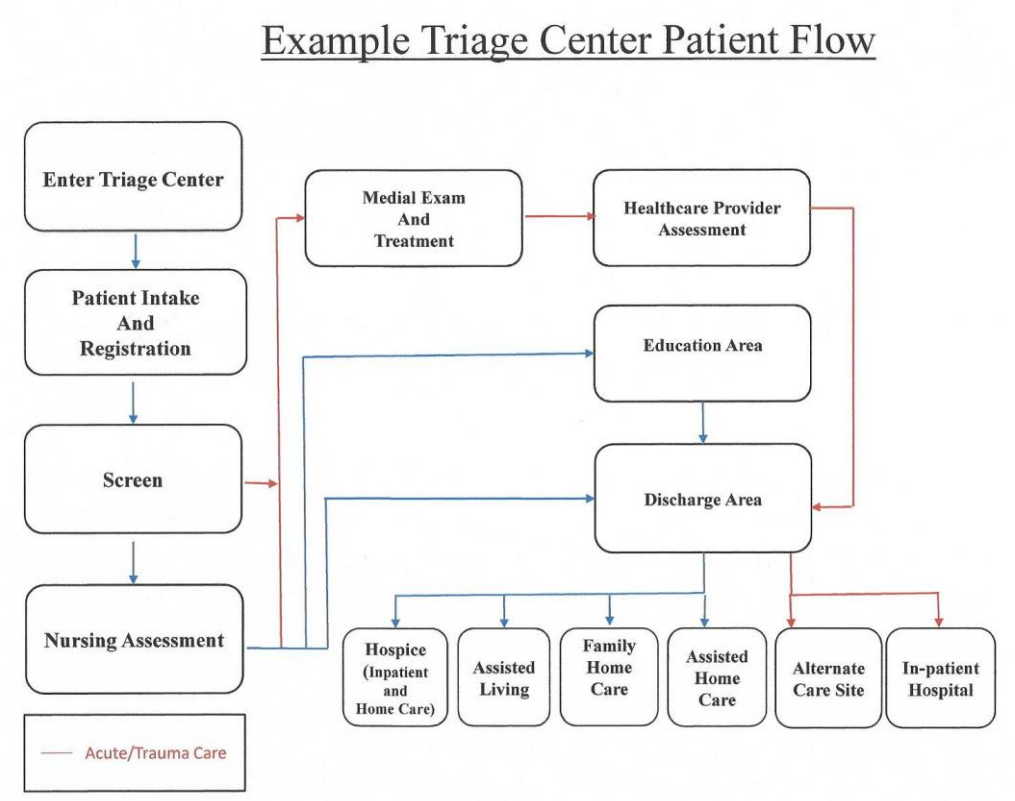


Example Triage Center Staff roles and responsibilities:

- **Center Director** is responsible for activation, oversight and deactivation of the Triage Center as directed by the IMT Operations Chief.
- **Liaison** is the Triage Center contact person for representatives from outside agencies.
- **Security Officer** oversees the safety and security of Triage Center staff, patients, supplies and equipment.
- **Data Management Group** is responsible for all records management at the Center. This includes supervision of the check-in procedures, patient record entry and data processing requests.
- **Resource Management Group** is responsible for all resource inventory, accountability and tracking. This includes pharmacy drug and supplies, transportation, volunteer resources, translator services and logistical support.
- **Care Management Group** is responsible for all patient and staff care. This includes but is not limited to patient medical care, support to physicians, physician assistants and nurse practitioners, and moving patients through the system to the right medical facility. The Care Management Group also provides mental health care to the staff and families at the Triage Center.

Triage Center Flow

Patients may need to be directed to a Triage Center where all patient screening will occur before patients are transferred to facilities with the appropriate levels of care. A Triage Center can be a single centrally located facility with suitable access. Additional triage sites (free-standing, mobile or located within other facilities) can be established depending on surge capacity and county resources. The following diagram is an example of typical patient flow through a crisis triage center.



During the pre-hospital period, EMS, fire and law enforcement normal operations may be altered. Guidance for these crisis tactics will be coordinated through ADHS and the SEOC. Examples include prioritizing response calls and altering the composition of EMS units. Fire, Medical Reserve Corp (MRC), Community Emergency Response Teams (CERT) and Law Enforcement personnel may be called upon to assist, as is possible.

Triage and Medical Assessment Guidelines

Patient triage assessment tools are needed to address the dramatic surge in individuals expected to make contact with the healthcare system. ACPHSD will consult with ADHS to identify medically appropriate triage assessment tools for the specific emergency. Mass patient care protocols will include:

- Patient Registration and Tracking
- Assessment Screening
- Medical Assessment

Patient Registration and Tracking

Patients presenting to a Triage Center will be met by a greeter and given appropriate personal protection (e.g. gloves, masks), will sign in using the Patient In-Take and Patient tracking Forms (See Pandemic Response Plan Appendix). These forms will initiate the first point of contact and collects demographic and health history information.

Assessment Screening Guidelines

Patient screening attempts to rapidly identify those individuals who are critically ill or injured and need lifesaving interventions. Screening also identifies those individual who are more stable and can move to the next assessment phase to facilitate a determination of the proper level of care needed. Three levels of screening may be considered for use by patients to determine if it is safe to manage their symptoms at home or if further medical assessment is needed. The three levels are:

- Self Assessment
- Remote Screening
- Direct (face-to-face) Screening

Self assessment includes public utilization of tools such as TV, radio, newspapers, flyers, brochures, and websites that contain important health assessment information. Individuals may use the results of an assessment to determine whether they can manage their situation from home. In **Remote Screening,** additional tools are made available over a phone bank system. Volunteers will be trained to conduct the screening directly with individuals over the phone. Medical personnel will be present to supervise and answer questions not covered in the screening tool. The objective is to provide the individual with the necessary information to determine if is safe to manage symptoms at home or if further medical assessment is needed. **Direct Screening** is used when self and remote assessments indicate further review is needed or an individual is delivered directly to a Triage Center. Normal medical incidents will continue to occur during an emergency and still need medical management. These individuals will need to be transported to the Triage Center for assessment and treatment determination.

Medical Assessment

Medical assessments target the most appropriate level of further medical care, e.g. in-patient versus at home care. The goal is to better accommodate surges and provide the right care at the right time. The medical assessment guidelines are divided into two components:

- Nursing Assessment
- Healthcare Provider Assessment

Nursing assessments will triage patient into emergent, urgent, and routine status in the same manner of many emergency departments. Patients processed through the initial screening that are not passed directly to Medical Exam and Treatment, per the Patient Flow diagram, will be sent to the nursing assessment section to improve the flow of patients by efficiently triaging patients to home care if appropriate, helping to eliminate delays in healthcare provider assessments.

Healthcare provider assessments may be performed by physicians, physician assistants, or nurse practitioners based on the medical assessment system recommended by ADHS following consultation by ACPHSD. Health care providers may use these criteria to decide determinant care for patients and recommended transfer to an appropriate level of care. Standards of Care may be altered based on statewide criteria outlined in the ADHS CSC Plan.

Levels of Care

Family Home Care may be recommended for individuals who meet the criteria for in-home family care following the Nursing Assessment or Healthcare Provider Assessment and are able to provide self-care or have a caregiver available. Additionally, those with a very poor prognosis who would not likely benefit from hospitalization may also be referred to home. Individuals referred home will receive information on how to properly care of themselves and family members, in addition to call back instructions. Family home care may include:

- Oral hydration
- Oral medication
- Inhaled and/or nebulized therapies
- Antipyretics
- Personal protection equipment
- Isolation as indicated

Assisted Home Care may be recommended for individuals who meet the criteria for in-home family care following the Nursing Assessment or Healthcare Provider Assessment and are not able to fully care for themselves. Those with a very poor prognosis who would not likely benefit from hospitalization may also be referred to home care. Home care services may be expanded to include the use of volunteers. If the medical surge incident was very widespread, such as in a pandemic, this level of care may be modified as resources diminish. Assisted home care may include:

- Intermediate care
- Oral and/or intravenous (IV) hydration
- Oral and/or IV medication
- Inhaled and/or nebulized therapies

- Antipyretics
- Home oxygen
- Nursing services
- Personal protection equipment
- Isolation as indicated

A **Non-hospital Alternate Care Site (ACS)** may be opened to care for patients if the hospital is unable to activate and manage their pre-identified ACS. Depending on the volume of patients and status of the emergency incident in relation to resources, the ACS may have varying scopes and levels of care. The ACS may initially assist in decreasing hospital surge or in streamlining patient care. In the case of a pandemic, the ACS may move from sub-acute to acute care. Care will focus on supportive care and any applicable treatments which may include oral or IV fluids and medications. In a pandemic, it is expected that most of the care will address common risks of pneumonia and dehydration. The scope of care will depend on available resources (staffing and supplies) and patient numbers and levels of illness and/or injuries. Patients with a very poor prognosis who would not likely benefit from hospitalization, and cannot be cared for at home for family or religious reasons, may be referred to an ACS. The goal of palliative care is to provide the greatest comfort and minimize psychological suffering. ACS care may include:

- Intermediate care
- Oral and/or IV hydration
- Oral and/or IV medication
- Inhaled and/or nebulized therapies
- Antipyretics
- Oxygen as available
- Medical and nursing services
- Personal protection equipment
- Isolation as indicated

Assisted Living Care may be provided for people who are unable to perform activities of daily living and need care for chronic medical conditions such as dialysis, feeding tubes, and supervised medication dispensing. ACPHSD may also coordinate through resource requests the transfer of patients to out-of-county assisted living care.

In-patient Hospital care may be recommended for individuals requiring acute medical intervention such as oxygen, IV hydration, medications, further diagnostic testing, and critical care that is not be available at an ACS. In-patient hospital care may include:

- Intermediate care, acute and critical care
- Oral and/or intravenous (IV) hydration
- Oral and/or IV medication
- Inhaled and/or nebulized therapies
- Antipyretics
- Oxygen, including ventilator support as indicated and available
- Medical and nursing services
- Personal protection equipment
- Isolation as indicated

Hospice Care, either in-patient or home care, may be recommended for individuals who are not expected to live

and require palliative care and mental health and spiritual support. In-patient hospice care may be recommended for people who are unable to remain at home alone, need palliative and comfort care. Home hospice care may be recommended for people who have family members available to care for them, need palliative and comfort care. Faith-based support may be provided by volunteers.

Demobilization of Non-Hospital Triage Centers or Alternate Care Sites

ACPHD will coordinate with ACDEM to:

- Discharge remaining patients to proper facilities
- Inventory supplies and equipment
- Dismantle ACS and Triage Center equipment
- Restore sites to pre-use condition
- Consolidate record and cost information for future analysis and cost recovery
- Initiate After Action Review

Appendix A: Acronyms

ACDEM	Apache County Division of Emergency Management
ACEMP	Apache County Emergency Management Plan
ACEOC	Apache County Emergency Operations Center
ACPHSD	Apache County Public Health Services District
ACS	Alternate Care Site
ACSO	Apache County Sheriff's Office
ADHS	Arizona Department of Health Services
AHCCCS	Arizona Healthcare Cost Containment System
ALS	Advanced Life Support
A.R.S.	Arizona Revised Statutes
AZ DEMA	Arizona Department of Emergency and Military Affairs
AZMAC	Arizona Mutual Aid Compact
BHS	Behavioral Health Services
BOS	Board of Supervisors
BP4	Budget Period Four
CAT	COOP Advisory Team
CDC	Centers for Disease Control and Prevention
CERT	Community Emergency Response Team
CISM	Critical Incident Stress Management
COOP	Continuity of Operations Plan
CSC	Crisis Standards of Care
DBHS	Division of Behavioral Health Services
DC	Disaster Compact
DOC	Department Operations Center
EDC	Epidemiology and Disease Control
EMAC	Emergency Management Assistance Compact
EMP	Emergency Management Plan
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESF	Emergency Support Function
HAN	Health Alert Network
HCIC	Health Choice Integrated Care
HEOC	Health Emergency Operations Center
HHS	Health and Human Services
ICD	Interstate Civil Defense
ICP	Incident Command Post

ICS	Incident Command System
IHS	Indian Health Service
IMT	Incident Management Team
IV	Intravenous
JIC	Joint Information Center
JIS	Joint Information System
LTCF	Long Term Care Facility
MAA	Mutual Aid Agreement
MRC	Medical Reserve Corps
MSA	Metropolitan Statistical Area
NDMS	National Disaster Medical System
NGO	Non-Governmental Organization
NIMS	National Incident Management System
NPI	Non-pharmaceutical Interventions
MOU	Memorandum of Understanding
PHEP	Public Health Emergency Preparedness
PHS	Public Health Services
PIO	Public Information Officer
PPE	Personal Protective Equipment
RBHA	Regional Behavioral Health Authority
SEOC	State Emergency Operations Center
SERRP	State Emergency Response and Recovery Plan
WMRMC	White Mountain Regional Medical Center