Emergency Response and Communications Plan

Arizona Coalition for Healthcare Emergency Response, Northern Region

May 31, 2018

Approved:

By: _____ _____

Robin Oothoudt, Chair — Date

AzCHER-Northern

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Date

Executive Board

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Capability Alignment

The *Arizona Coalition for Healthcare Emergency Response – Northern Region (AzCHER-Northern) Emergency Response and Communications Plan (ERCP)* has been developed in alignment with the *2017-2022 Health Care Preparedness and Response Capabilities* as described by the Office of the Assistant Secretary for Preparedness and Response (ASPR). The following capabilities excerpts summarize Capability 2, Objective 1, Activity 2.

Capability 2. Health Care and Medical Response Coordination

Health care and medical response coordination enables the health care delivery system and other organizations to share information, manage and share resources, and integrate their activities with their jurisdictions' Emergency Support Function-8 (ESF 8, Public Health and Medical Services) lead agency and ESF 6 (Mass Care, Emergency Assistance, Housing, and Human Services) lead agency at both the federal and state levels.

Goal for Capability 2: Health Care and Medical Response Coordination

Health care organizations, the Health Care Coalition (HCC), their jurisdictions, and the ESF 8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans

Health care organizations respond to emergent patient care needs every day. During an emergency response, health care organizations and other HCC members contribute to the coordination of information exchange and resource sharing to ensure the best patient care outcomes possible. HCCs and their members can best achieve enhanced coordination and improved situational awareness when there is active participation from hospitals, Emergency Medical Services (EMS), emergency management organizations, and public health agencies and by documenting roles, responsibilities, and authorities before, during, and immediately after an emergency.

Every individual health care organization must have an Emergency Operations Plan (EOP) per federal and state regulations and multiple accreditation standards. The HCC, in collaboration with the ESF 8 lead agency, should have a collective response plan that is informed by its members' individual EOPs. In cases where the HCC serves as the ESF 8 lead agency, the HCC response plan may be the same as the ESF 8 response plan. The purpose of coordinating response plans is not to supplant existing ESF 8 structures, but to enhance effective response in accordance with the wide array of existing federal, state, and municipal legal authorities in which HCC members operate (e.g., Emergency Medical

Treatment and Labor Act [EMTALA], communicable disease reporting, and the Health Insurance Portability and Accountability Act [HIPAA] Privacy Rule).

Activity 2. Develop a Health Care Coalition Response Plan

The HCC, in collaboration with the ESF 8 lead agency, should have a collective response plan that is informed by its members' individual plans. In cases where the HCC serves as the ESF 8 lead agency, the HCC response plan may be the same as the ESF 8 response plan. Regardless of the HCC structure, the HCC response plan should describe HCC operations that support strategic planning, information sharing, and resource management. The plan should also describe the integration of these functions with the ESF 8 lead agency to ensure information is provided to local officials and to effectively communicate and address resource and other needs requiring ESF 8 assistance.

Record of Distribution

Position	Name	Signature	Date
Coalition Chair,	Robin Oothoudt		
AzCHER-Northern Executive Board			

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Introduction

The Arizona Coalition for Healthcare Emergency Response – Northern Region (AzCHER-Northern) facilitates incident response coordination efforts among the northern regional health care sectors in order to promote disaster-resilient communities across the region. The AzCHER-Northern Region consists of coalition members and partners from Apache, Coconino, Navajo, and Yavapai Counties, which encompass more than 47,900 square miles. Many areas of the counties are largely rural and some are very remote. The *AzCHER-Northern Regional Hazard Vulnerability Analysis*, December 2017, details regional characteristics as well as hazards and threats.

This plan provides the framework to guide Coalition response efforts in assisting local public health agencies that serve as Emergency Support Function 8: Public Health and Medical Services (ESF 8) in coordination of health care organizations and resources. When effectively implemented, the plan outlines the Coalition mechanisms for information sharing and resource coordination. This plan was developed with the input of Coalition members and leadership, and represents the input of multiple health care sector partners.

Purpose

This plan provides the Arizona Coalition for Healthcare Emergency Response, Northern Region (AzCHER-North) with a health care coalition focused framework to:

- Describe Coalition and member roles and responsibilities during emergency or disaster situations;
- Describe Coalition operations while supporting Emergency Support Function 8: Public Health and Medical Services (ESF 8);
- Identify potential plan activation triggers and situational assumptions;
- Integrate Coalition support and coordination processes into the existing incident management structures used by hospitals, other healthcare entities, public health, and emergency management;
- Facilitate communications and information sharing among health care entities, public health, and emergency management;
- Describe communication systems used by health care entities, public health, and emergency management;
- Identify key coordination points among health care and response agencies;
- Identify types of ESF 8 emergency response plans already in place within the region; and
- Outline overarching processes for the coordination of available public health and medical resources.

This plan is not intended to replace or supplant existing emergency response plans, but instead to enhance and improve health care and public health response and recovery capabilities.

Goals and objectives

Each emergency or disaster incident is different and may impact the health care system in different ways. The goal of this plan is to provide general guidelines for Coalition support and coordination for natural and manmade incidents that impact service provision by healthcare facilities and agencies. The plan is intended to provide general guidance to enhance preparation, response, and recovery operations for all-hazards incidents that threaten the healthcare system and may result in illness or injury to the population within the Coalition's boundaries.

Specifically, the primary objective of this plan is to describe the role the Coalition may have in supporting, upon request, ESF 8 functions that relate to medical and behavioral health service provision. These functions may include:

- Public health and medical needs;
- Public health surveillance;
- Medical care personnel deployment;
- Medical equipment and supplies distribution;
- Patient evacuation and care;
- Safety and security of medical drugs, equipment, and supplies;
- Blood, organ, and blood tissue needs;
- Behavioral health care;
- Public health and medical information; and
- Mass fatality management.

Scope and Applicability

The AzCHER-Northern Emergency Response and Communications Plan (ERCP) is an all-hazards plan and applies primarily to incidents that would affect, and possibly overwhelm, the health care system in Arizona's Northern Region. The Coalition will serve the role of providing coordination and support to Emergency Services Function 8 (ESF 8).

The Coalition's ERCP does not supplant other public health and health care agency emergency response plans. Instead, the plan has been developed to support federal, state, county public health, and health care organization response plans (Supporting Plans Chart below). The ERCP will primarily be co-activated with other local emergency response plans.

AzCHER-Northern Emergency Response and Communications Plan Supporting Plans		
FEDERAL	**STATE PLANS**	**COUNTY PUBLIC HEALTH PLANS**
National Response and Recovery Framework	Arizona State Emergency Response and Recovery Plan (SERRP) Arizona Disaster Recovery Framework Arizona Department of Health Services (ADHS) Plans: • Crisis and Emergency Risk Communications • Ebola Concept of Operations • Flooding Response • Heat Response • Mass Care • Mass Fatality Plan and Toolkit • Pandemic Influenza Response • Power Outage • Wildfire	Capabilities-Based Plans: • Community Recovery • Continuity of Operations • Disaster Behavioral Health • Environmental Health Response • Family Reunification • Fatality Management Response • Epidemiology and Emerging Infectious Diseases • Isolation and Quarantine • Mass Care and Sheltering • Medical Materiel Management and Distribution • Medical Surge • Non-Pharmaceutical Interventions (NPIs) • Pandemic Influenza Response • Point of Dispensing Operations (POD) • Risk Communication Health Care Organization Plans: • Emergency Operations • Continuity of Operations • Medical Surge • Fatality Management • Partner MOU/MOAs

Situation and Assumptions for Plan Activation

Situation

AzCHER-North is composed of members from public, tribal, federal, and private health care organizations, public health entities, and emergency management agencies throughout the Northern Region of Arizona. Coalition membership includes partners in Apache, Coconino, Navajo, and Yavapai Counties.

Much of Arizona's Northern Region is rural and remote. The region is subject to severe weather events, including severe wind, winter storm, thunderstorms, monsoon rains, tornados, and temperature extremes. Because of the extensive geographical areas and varying elevations, it may be challenging to coordinate health care related response activities within the Region.

AzCHER-North identified the top five hazards for the region in their *Regional Hazard Vulnerability Analysis*, December 2017. The Hazard Vulnerability Analysis (HVA) was developed using a formal process to evaluate risk based on probability and the impacts of specific hazards to the health care system in the Northern Region. Based on the HVA, the following threats have been identified as most likely to occur:

- Wildfire;
- Flooding/Flash Flooding;
- Critical infrastructure failure (e.g. water, electrical, information, communication, and other systems;
- Severe weather (e.g. severe wind, winter storm, thunderstorm, tornado, temperature extremes); and
- Disease outbreak (e.g. influenza norovirus, measles, bioterrorism)

In addition to the HVA, the AzCHER-North members participated in a Health Care Impact Survey that assessed how the top five hazards had impacted their facilities over the past five years. Survey respondents indicated that critical infrastructure failure, severe weather, and wildfires have been responded to most frequently over the past five years. Wildfires and severe weather appeared to impact the demand for health care services the most. Critical infrastructure failure and severe weather appeared to most impact the ability of agencies to provide health care services.

Assumptions for Plan Activation

This plan is predicated on a realistic approach to the challenges most likely to be encountered by the health care system in the Northern Region during a major emergency or disaster. Listed below are assumptions developed for AzCHER-North ERCP activation:

- An emergency incident in one health care facility may impact the entire health care network as may an emergency incident that impacts many health care organizations;
- The general guidance outlined in the AzCHER-North ERCP is designed to support and not supplant or override individual health care organizations' or governmental agencies' emergency response decisions and efforts;
- This plan serves as a guide and may require modifications based on the requirements of an emergency or disaster. Some variations in the implementation of the concepts identified in this plan may be necessary to protect the health and safety of patients, healthcare facilities, and staff;
- Local and/or state Emergency Operations Centers (EOCs) have been activated based on the emergency or disaster incident;
- AzCHER-North will assist ESF 8 in assessing medical organization's needs and situational statuses;
- Impacted facilities will have activated their emergency operations plans and staffing of their incident command structures;
- Health care organizations will communicate status, resource needs, and situational awareness to ESF 8 agencies;
- Health care organizations will take internal steps to increase patient capacity and implement medical surge plans before requesting outside assistance;
- The use of National Incident Management System (NIMS) consistent processes and procedures by AzCHER-North and health care organizations will promote integration with public sector response efforts;
- The increased number of persons needing medical help may burden or overcome the health and medical infrastructure. This increase in demand may require a regional response or subsequent county, tribal, state, or federal assistance;
- During any incident, the existence of specific resources and capabilities may change;
- Local resources will be used first, and then State resources, followed by a Federal request as needed. However, State and Federal resources may not be available for 72-96 hours; and
- Requested State, and possibly Federal, resources may be staged closest to an impact area to avoid delays. Delivery of resources may require coordination.

Administrative Support

Mutual Aid

One mutual aid agreement that may specifically affect Coalition operations during emergencies is the Memorandum of Understanding (MOU) between the Arizona Department of Health Services (ADHS) and counties/tribes that provides the framework for collaboration in the use of emergency supplies. These emergency supplies may include items such as equipment, medicines and vaccinations that are provided by ADHS to counties/tribes for use in emergency situations. The MOU describes the independence of operations, emergency situations covered by the MOU, cooperative actions (including expectations of maintenance, record keeping, and return), and term of the agreement.

Plan Development and Maintenance

This plan will be reviewed annually and updated as needed by revision or change. The date of the plan will be determined by the most recent signature date on the planning document. AzCHER-Northern 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 advisable when numerous pages of the plan are updated, major portions of the plan are deleted, or substantial text needs to be added.

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 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.

This plan will be tested during real responses and emergency exercise, problem areas identified, and improvements incorporated into plan revisions.

Concept of Operations

Organization and Assignment of Responsibilities

The following sections are arranged by organizational roles in coordinating or supporting response operations. In this plan, roles and responsibilities are listed by Coalition, Coalition member organizations, and support agencies. Roles and responsibilities listed are not intended to be exhaustive, but are intended to represent commonly held roles and general responsibilities. In any emergency situation, roles and responsibilities of organizations may be adapted to meet the situational needs of an emergency response. In some cases, additional agencies or organizations that are not listed may be needed and available to provide specific response support.

Coalition Roles and Responsibilities

As the regional HCC, AzCHER-North coordinates information and activities during public health emergency responses. Specifically, the Coalition's responsibilities during emergencies or disasters may include the following:

- Providing Coalition representatives as requested to support to ESF 8 in emergency operations centers;
- Promoting information sharing among health care and jurisdictional partners to maintain a common operating picture;
- Maintaining situational awareness;
- Supporting resource coordination;
- Supporting disease surveillance functions;
- Supporting coordination of medical shelters;
- Supporting patient tracking and supporting family reunification;
- Supporting coordination of patient movement and evacuation;
- Supporting health care Shelter-in-Place resource requests as needed and available; and
- Supporting ESF 8 for provision of psychological care services.

Member Roles and Responsibilities

Member agencies also carry out roles and responsibilities that are specific to their organizations to support effective response operations. The following is a general overview of the roles and responsibilities of AzCHER-North member and support agencies. Coalition sectors include:

- Ambulatory Care and Clinics;
- Behavioral Health;
- Corrections Health;
- Community Resources;
- Hospital;
- Home Health/Hospice;
- Long Term Care;
- County Public Health (ESF 8);
- Emergency Medical Services (ESF 8); and
- Indian Health Service (IHS)

Coalition member roles and responsibilities may include, but are not limited to:

- Receive information from ESF 8 during emergencies;
- Provide organization-specific information to ESF 8;
- For health care facilities/agencies within networks, maintain mechanisms of coordination and resource support within networks;
- Activate emergency operations plans and Incident Command System (ICS) structures as appropriate;

- Maintain effective internal communications within facilities, agencies, and networks;
- Provide bed availability counts, disease surveillance information, and patient tracking information;
- Contribute and share agency resources to help support surge needs and alleviate resource shortages;
- Host community response sites or points of dispensing;
- Provide talking points, messaging templates, and clinical recommendations;
- Ensure trained personnel are available to staff ICS roles within Command Centers; and
- Provide medical surge patient assessment and treatment as per internal protocols.

Support Agency Roles and Responsibilities

Support agencies include:

- Emergency Management (EM) agencies;
- Arizona Department of Emergency and Military Affairs (AZDEMA); and
- Arizona Department of Health Services (ADHS).

Support agency roles include, but are not limited to:

- Emergency Management agencies (local and state):
    a. Activate and maintain local Emergency Response and Recovery Plans and Annexes as appropriate; and
    b. Provide overarching local response and recovery coordination.
- Arizona Department of Emergency and Military Affairs:
    a. Activate and maintain State Emergency Response and Recovery Plans and Annexes as appropriate; and
    b. Provide overarching State-level response and recovery coordination.
- Arizona Department of Health Services (ADHS):
    a. Integrate with the State EOC as ESF-8;
    b. Activate and maintain ADHS Emergency Response Plans; and
    c. Provide overall statewide support and coordination for public health and medical services.

Direction, Control, Coordination

Incident Command System

Effective coordination among governmental, other responding agencies, and the private sector is critical for efficient and timely response efforts during emergencies. AzCHER-Northern utilizes the Incident Command System (ICS), in alignment with the National Incident Management System (NIMS), during emergency situations and disasters. ICS provides a common incident coordination system, enabling

cohesive interface and processes among responding agencies and various levels of government. The ICS is scalable to address various emergency response scopes, from those that are small, geographically distinct, and of limited time duration to larger, geographically wide-spread, longer duration emergency responses.

Emergency Response Key Coordination Points

During emergencies or disasters, local emergency management agencies activate applicable Emergency Support Functions (ESFs). The ESFs provide the structure for coordinating interagency support for incident response. They are mechanisms for grouping functions most frequently used to provide support for declared and undeclared emergencies. There are fifteen (15) ESFs. They include:

ESF 1 – Transportation
ESF 2 – Communications
ESF 3 – Public Works and Engineering
ESF 4 – Firefighting
ESF 5 – Information and Planning
ESF 6 – Mass Care, Emergency Assistance, Temporary Housing, and Human Services
ESF 7 – Logistics
ESF 8 – Public Health and Medical Services
ESF 9 – Search and Rescue
ESF 10 – Oil and Hazardous Materials Response
ESF 11 – Agriculture and Natural Resources
ESF 12 – Energy
ESF 13 – Public Safety and Security
ESF 14 – Long-Term Community Recovery
ESF 15 – External Affairs

Local public health agencies serve as Emergency Support Function 8 - Public Health and Medical Services (ESF 8) within their local jurisdictions. ESF 8 may also provide support to other ESFs, such as ESF 6 Mass Care, Emergency Assistance, Temporary Housing, and Human Services.

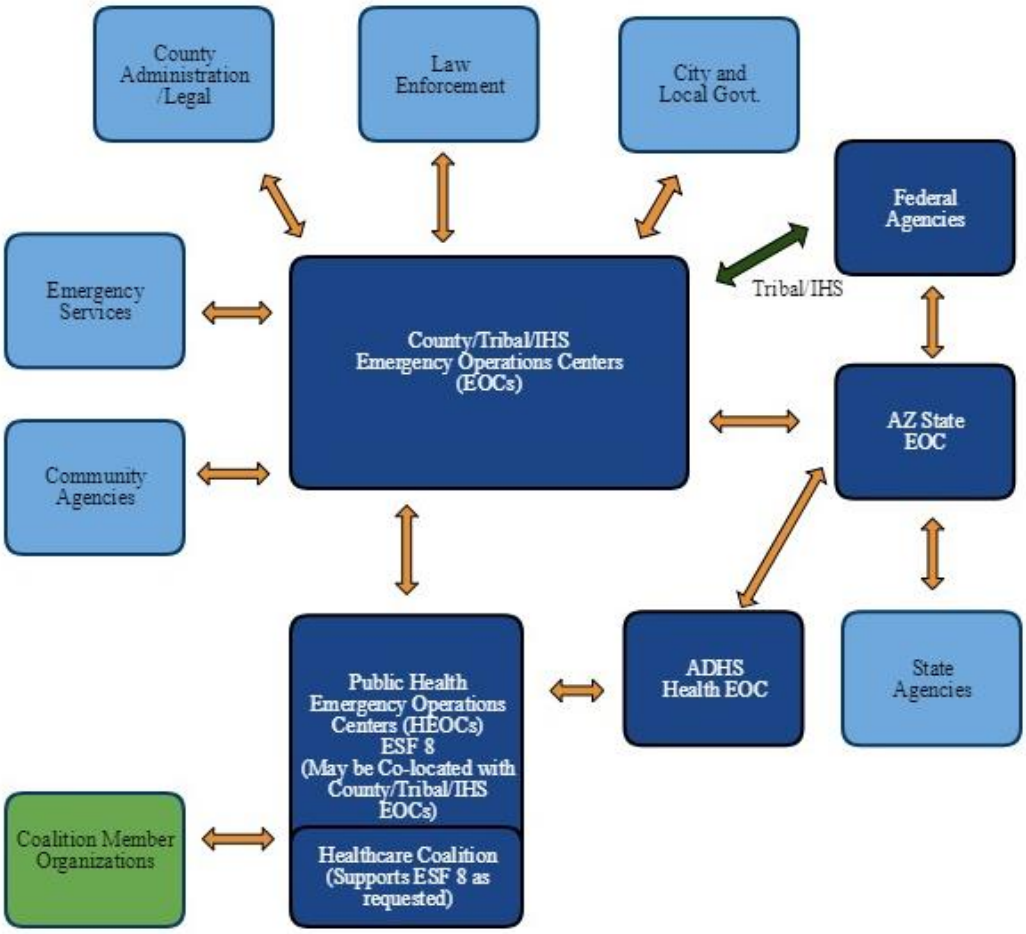
Local ESF 8 agencies may request AzCHER-Northern support for coordination of medical services and resources. The Coalition may assist ESF 8 agencies in supporting the coordination of hospital, ambulatory care, behavioral health, home health, hospice, and other health care services. As information is coordinated, each local ESF 8 provides information to their local emergency management agency.

In turn, local emergency management agencies interface with the Arizona State Emergency Operations Center (SEOC). Local ESF 8 agencies may coordinate specific information with the ADHS Health Emergency Operation Center (HEOC) in order to support local emergency management information that will be shared with the SEOC.

ADHS serves as ESF 8 in the SEOC. The ADHS HEOC supports the SEOC ESF 8 and may request specific information from local ESF 8 agencies to support the SEOC ESF 8. The SEOC coordinates information exchange with federal agencies. An exception to this is that tribal or Indian Health Service agencies may coordinate directly with federal agencies.

The AzCHER-Northern Chair or designee is the authority for AzCHER-Northern emergency response plan activations and operations. AzCHER-Northern representatives will document Coalition support actions. Additional AzCHER-Northern representatives may be needed in the ESF 8 agencies in local jurisdictions within the region. The following diagram illustrates Key Coordination Points during emergency response operations that impact public health and medical services.

Key Coordination Points



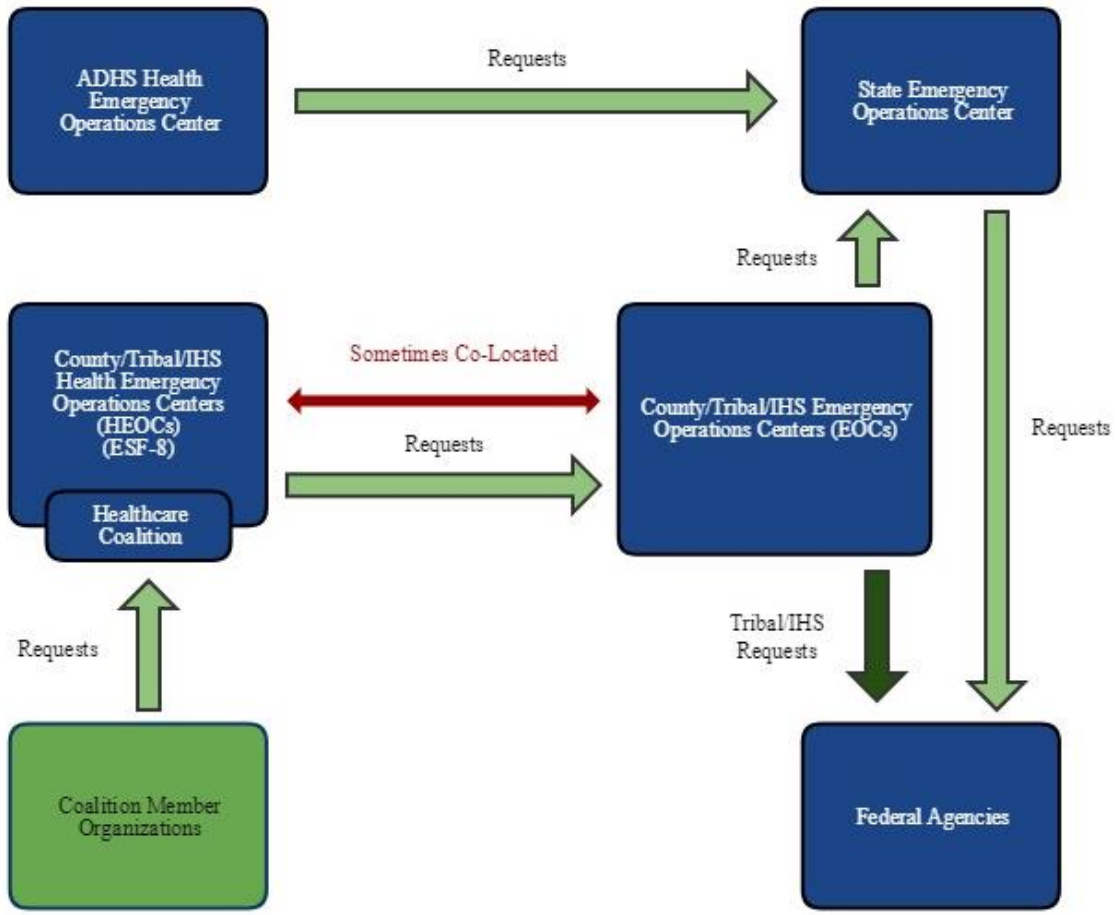
Key Coordination Points key:
Dark blue = Key Coordination Points
Green = Coalition Member Organizations
Light blue = Support agencies
Note: Tribal or Indian Health Service (IHS) agencies may coordinate directly from federal agencies.

Regional Resource Request Process

AzCHER-Northern may support local ESF 8 agencies during emergencies by assisting in the coordination of local health care resource requests involving hospital, ambulatory care, behavioral health, home health, hospice, and other health care services. As information is coordinated, each local ESF 8 requests resources through their local emergency management agency. Local ESF 8 agencies may coordinate specific information about requests with the ADHS HEOC in order to support local emergency management resource requests.

ADHS representatives assigned to the SEOC ESF 8 work with the ADHS HEOC to coordinate request details. If needed, the SEOC, in coordination with the ADHS HEOC, will request federal healthcare resources. Tribal and IHS agencies may request resources directly from federal agencies. The following diagram illustrates resource request pathways during emergency response operations:

Resource Request Pathways



Plan Activation/Deactivation

AzCHER-Northern ERCP activation will be based on incident-specific factors. Activation of the plan may be triggered by requests from local ESF 8 or EM agencies for support due to threats to public health or medical services, such as a disease outbreaks, environmental health hazards, or shortages of medical resources. Other threats may include emergency incidents such as wildfires, floods, power outages, or mass evacuations from other geographical regions requiring the operation of temporary sheltering services and the accompanying needs for medicals services.

The AzCHER-Northern Chair or designee is the authority for ERCP activation and deactivation. Plan activation levels will be determined by the unique circumstances of each emergency situation and the level of support for ESF 8 response operations. Activation may be immediate or gradual depending on emergency acuity. Triggers for deactivation may include determinations that no further public health or medical services coordination is needed or notification from ESF 8 agencies within the region that Coalition support is no longer needed. The following AzCHER-Northern ERCP Activation Table Guide shows plan activation levels based on example indicators and potential actions that may be taken for each activation level.

ERCP Activation Table Guide

ERCP Activation Level	Examples of Possible Indicators	Notifications
Not activated	• No medical surge or temporary, routine medical surge • Health care facilities and corporate networks able to manage provision of medical services without the need for additional resources.	• AzCHER-Northern Coordinator not notified.
Not activated - Standby	• Initial stages of an emergency or disaster that may impact delivery of medical services or result in medical surge. • Health care facilities/agencies do not need regional resource coordination yet.	• AzCHER-Northern Coordinator notified by Emergency Management (EM) or ESF 8 from impacted area of situational status.
Activated - Regional impacts	• Emergency or disaster affects large populations or geographical areas. • There may be additional demand for medical services or there are difficulties in medical service provision. • Greater levels of medical care are needed than can be provided within a jurisdiction. • Emergency or disaster affects more than one jurisdictional area within the region. • Multiple hospitals in the region on caution status. Health care facilities/agencies may need regional resource coordination support. • Healthcare facilities evacuate or require additional coordination for transport of patients.	• AzCHER-Northern Coordinator activation requested by any EM or ESF 8 within region. • AzCHER-Northern Coordinator notifies Coalition Representatives. • Ongoing information exchange among state and local ESF 8 agencies. • AzCHER-Northern Coordinator notifies Coalition members via the Arizona Health Alert Network (AzHAN).

ERCP Activation Level	Examples of Possible Indicators	Notifications
Activated - Statewide impacts	• Large inter-regional or statewide disaster impacts. • Emergency or disaster affects large population areas and results in additional demand for medical services or has resulted in difficulties in medical service provision. • Emergency or disaster affects more than one regional jurisdictional area. • Health care facilities/agencies may need regional or statewide resource coordination support. • Healthcare facilities evacuate or require additional coordination for transport of patients.	• AzCHER-Northern Coordinator activation requested by EM or ESF 8. • AzCHER-Northern Coordinator may exchange information, and situational status with Coalition Coordinators from other HCC regions as needed. • Ongoing information among state and local ESF 8 agencies. • AzCHER-Northern Coordinator notifies Coalition members via AzHAN.
Recovery	• Emergency or disaster resolved but the health care system continues to need additional jurisdictional or regional coordination support due to increased demand for medical services.	• Continued support requested by EM or ESF 8 agencies. • AzCHER-Northern Coordinator may exchange information, and situational status with Coalition Coordinators from other HCC regions as needed. • Ongoing information among state and local ESF 8 agencies. • AzCHER-Northern Coordinator notifies Coalition members via AzHAN.
Deactivated	• Return to normal health care system operations • Health care facilities or agencies no longer need regional or statewide coordination support. • Health care system no longer needs additional resources.	• AzCHER-Northern Coordinator deactivated by EM or ESF 8. • AzCHER-Northern Coordinator notifies Coalition members via AzHAN.

Appendices

The following appendices are included in this document:

- Appendix A. Acronyms
- Appendix B. Authorities and References

Appendix A. Acronyms

ADHS	Arizona Department of Health Services
ASPR	Office of the Assistant Secretary for Preparedness and Response
AzCHER-Northern	Arizona Coalition for Healthcare Emergency Response, Northern Region
AZDEMA	Arizona Department of Emergency and Military Affairs
AzHAN	Arizona Health Alert Network
CBRN	Chemical, Radiological, Radiological, and Nuclear
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare and Medicaid Services
EM	Emergency Management
EMC	Emergency Medical Condition
EMTALA	Emergency Medical Treatment and Labor Act
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ERCP	Emergency Response and Communications Plan
ESF	Emergency Support Function
ESF 8	Emergency Support Function 8: Public Health and Medical Services
FDA	Food and Drug Administration
FD&C Act	Food, Drug, and Cosmetic Act
FEMA	Federal Emergency Management Agency
HCC	Health Care Coalition
HEOC	Health Emergency Operations Center
HHS	U.S. Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HITECH	Health Information Technology for Economic and Clinical Health
HVA	Hazard Vulnerability Analysis
ICS	Incident Command System
IHS	Indian Health Service
MAA	Mutual Aid Agreement
MOU	Memorandum of Understanding
MSE	Medical Screening Examination
NIMS	National Incident Management System
NPI	Non-Pharmaceutical Intervention

PAHPRA	Pandemic and All-Hazards Preparedness Reauthorization Act of 2013
PHSA	Public Health Service Act
POD	Point of Dispensing
SEOC	State Emergency Operations Center
SSA	Social Security Act
URL	Uniform Resource Locator

Appendix B. Legal Authorities

The list of authorities below is provided for the Arizona Coalition for Healthcare Emergency Response – Northern Region (AzCHER – Northern) Emergency Response and Communications Plan. The list of authorities is not exhaustive, but is intended to provide information for Coalition representatives who are supporting Emergency Support Function 8: Public Health and Medical Services (ESF 8) agencies. Additional authorities may be found in public health emergency response plans. A brief explanation is provided for each authority listed below and Uniform Resource Locators (URLs) are included for convenience in locating additional information.

Federal Authorities

Centers for Medicare and Medicaid Services (CMS) Emergency Medical Treatment and Labor Act (EMTALA)
Congress enacted the Emergency Medical Treatment & Labor Act (EMTALA) to ensure public access to emergency services regardless of ability to pay. Section 1867 of the Social Security Act imposes specific obligations on Medicare-participating hospitals that offer emergency services to provide a medical screening examination (MSE) when a request is made for examination or treatment for an emergency medical condition (EMC), including active labor, regardless of an individual's ability to pay. Hospitals are then required to provide stabilizing treatment for patients with EMCs. If a hospital is unable to stabilize a patient within its capability, or if the patient requests, an appropriate transfer should be implemented. https://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA/index.html

Health Insurance Portability and Accountability Act (HIPAA) 45 CFR Parts 160, 162, and 164.

Following is a brief description of HIPAA. Additional information may be found at the links provided.

To improve the efficiency and effectiveness of the health care system, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, included Administrative Simplification provisions that required HHS to adopt national standards for electronic health care transactions and code sets, unique health identifiers, and security. At the same time, Congress recognized that advances in electronic technology could erode the privacy of health information. Consequently, Congress incorporated into HIPAA provisions that mandated the adoption of Federal privacy protections for individually identifiable health information.

The U.S. Department of Health and Human Services (HHS) published a final Privacy Rule in December 2000, which was later modified in August 2002. This Rule set national standards for the protection of individually identifiable health information by three types of covered entities: health plans, health care clearinghouses, and health care providers who conduct the standard health care transactions electronically. Compliance with the Privacy Rule was required as of April 14, 2003 (April 14, 2004, for small health plans).

HHS published a final Security Rule in February 2003. This Rule sets national standards for protecting the confidentiality, integrity, and availability of electronic protected health information. Compliance with the Security Rule was required as of April 20, 2005 (April 20, 2006 for small health plans).

The Enforcement Rule provides standards for the enforcement of all the Administrative Simplification Rules.

HHS enacted a final Omnibus rule that implements a number of provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act to strengthen the privacy and security protections for health information established under HIPAA, finalizing the Breach Notification Rule. https://www.hhs.gov/hipaa/for-professionals/index.html

The following information describes how health care information can be shared in a severe disaster:

Providers and health plans covered by the HIPAA Privacy Rule can share patient information in all of the following ways:

TREATMENT: Health care providers can share patient information as necessary to provide treatment.

Treatment includes:

- Sharing information with other providers (including hospitals and clinics),
- Referring patients for treatment (including linking patients with available providers in areas where the patients have relocated), and
- Coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate health services).
- Providers can also share patient information to the extent necessary to seek payment for these health care services.

NOTIFICATION: Health care providers can share patient information as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition, or death.

The health care provider should get verbal permission from individuals, when possible; but if the individual is incapacitated or not available, providers may share information for these purposes if, in their professional judgement, doing so is in the patient's best interest.

Thus, when necessary, the hospital may notify the police, the press, or the public at large to the extent necessary to help locate, identify, or otherwise notify family members and others as to the location and general condition of their loved ones.

In addition, when a health care provider is sharing information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, it is unnecessary to obtain a patient's permission to share the information if doing so would interfere with the organization's ability to respond to the emergency.

IMMINENT DANGER: Providers can share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public -- consistent with applicable law and the provider's standards of ethical conduct.

FACILITY DIRECTORY: Health care facilities maintaining a directory of patients can tell people who call or ask about individuals whether the individual is at the facility, their location in the facility, and general condition.
Of course, the HIPAA Privacy Rule does not apply to disclosures if they are not made by entities covered by the Privacy Rule. Thus, for instance, the HIPAA Privacy Rule does not restrict the American Red Cross from sharing patient information.
https://www.hhs.gov/hipaa/for-professionals/faq/960/can-health-care-information-be-shared-in-a-severe-disaster/index.html

The HIPAA Privacy Rule is not suspended during a national or public health emergency. However, the Secretary of HHS may waive certain provisions of the Rule under the Project Bioshield Act of 2004 (PL 108-276) and section 1135(b)(7) of the Social Security Act.

What provisions may be waived:

If the President declares an emergency or disaster *and* the Secretary declares a public health emergency, the Secretary may waive sanctions and penalties against a covered hospital that does not comply with certain provisions of the HIPAA Privacy Rule:

1. The requirements to obtain a patient's agreement to speak with family members or friends involved in the patient's care (45 CFR 164.510(b))
2. The requirement to honor a request to opt out of the facility directory (45 CFR 164.510(a))
3. The requirement to distribute a notice of privacy practices (45 CFR 164.520)
4. The patient's right to request privacy restrictions (45 CFR 164.522(a))
5. The patient's right to request confidential communications (45 CFR 164.522(b))

If the Secretary issues such a waiver, it only applies:

1. In the emergency area and for the emergency period identified in the public health emergency declaration.
2. To hospitals that have instituted a disaster protocol. The waiver would apply to all patients at such hospitals.
3. For up to 72 hours from the time the hospital implements its disaster protocol.

When the Presidential or Secretarial declaration terminates, a hospital must then comply with all the requirements of the Privacy Rule for any patient still under its care, even if 72 hours has not elapsed since implementation of its disaster protocol.

Regardless of the activation of an emergency waiver, the HIPAA Privacy Rule permits disclosures for treatment purposes and certain disclosures to disaster relief organizations. For instance, the Privacy Rule allows covered entities to share patient information with the American Red Cross so it can notify family members of the patient's location. See 45 CFR 164.510(b)(4).

https://www.hhs.gov/hipaa/for-professionals/faq/1068/is-hipaa-suspended-during-a-national-or-public-health-emergency/index.html

Additional information on the HIPAA Privacy Rule may be found at https://www.hhs.gov/hipaa/for-professionals/faq/privacy-rule%3a-general-topics/index.html.

Federal Food, Drug, and Cosmetic Act (FD&C Act), Section 564

The Food and Drug Administration (FDA) Commissioner may allow unapproved medical products or unapproved uses of approved medical products to be used in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions caused by Chemical, Biological, Radiological, and Nuclear (CBRN) threat agents when there are no adequate, approved, and available alternatives. Section 564 of the FD&C Act was amended by the Project Bioshield Act of 2004 and the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 (PAHPRA), which was enacted in March 2013. https://www.fda.gov/regulatoryinformation/lawsenforcedbyfda/federalfooddrugandcosmeticactfdcact/default.htm

Public Health Service Act (PHSA), Section 319. Public Health Emergencies.

Section 319 provides the legal authority for the Department of Health and Human Services (HHS), among other things, to respond to public health emergencies. http://www.astho.org/uploadedFiles/Programs/Preparedness/Public_Health_Emergency_Law/Emergency_Authority_and_Immunity_Toolkit/12-PH%20Srvc%20Act%20FS%20Final%203-12.pdf

Robert T. Stafford Disaster Relief and Emergency Assistance Act, As Amended, April 2013.

The Stafford Act constitutes the statutory authority for most Federal disaster response activities especially as they pertain to the Federal Emergency Management Agency (FEMA) and FEMA programs. https://www.fema.gov/library/viewRecord.do?from_Search=fromsearch&id=3564

Social Security Act, Section 1135 (42 U.S.C. § 1320b-5).

When the President declares a major disaster or an emergency under the Stafford Act or an emergency under the National Emergencies Act, and the HHS Secretary declares a public health emergency, the Secretary is authorized to, among other things, waive or modify certain Medicare, Medicaid, Children's Health Insurance Program (CHIP) and Health Insurance Portability and Accountability Act (HIPAA) requirements as necessary to ensure to the maximum extent feasible that, in an emergency area during an emergency period, sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act (SSA) programs and that providers of such services in good faith who are unable to comply with certain statutory requirements are reimbursed and exempted from sanctions for noncompliance other than fraud or abuse.

https://www.ssa.gov/OP_Home/ssact/title11/1135.htm
https://www.phe.gov/Preparedness/legal/Pages/1135-waivers.aspx

Arizona Authorities

A.R.S. § 36-627 Allows county health departments to provide temporary hospitals or places of reception for persons with infectious or contagious diseases. These hospitals will be under the control and subject to regulations of the local board of health or health department while such disease exists.

A.R.S. § 36-628 Allows county health departments to employ physicians and others they deem necessary to provide care for persons afflicted with contagious or infectious diseases.

Annexes

The following annexes are included as attachments to this plan:

- Annex A. Communications
- Annex B. Contact Lists