APN
BUSINESS CONTINUITY, RECOVERY AND PANDEMIC INFLUENZA RESPONSE PLAN

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OVERVIEW

When uncertainty is coupled with anxiety, lack of clear information and limited awareness about strategies to manage the range of possible scenarios, the outcome is more likely to be chaotic. The more certain we become of our abilities to act in an uncertain or emergency situation and the closer to agreement we are on how the best outcomes can be achieved, the more likely we are to engage in rational decision making and play a clear and key role in maintaining and protecting the health of our organizations, employees and those we serve.

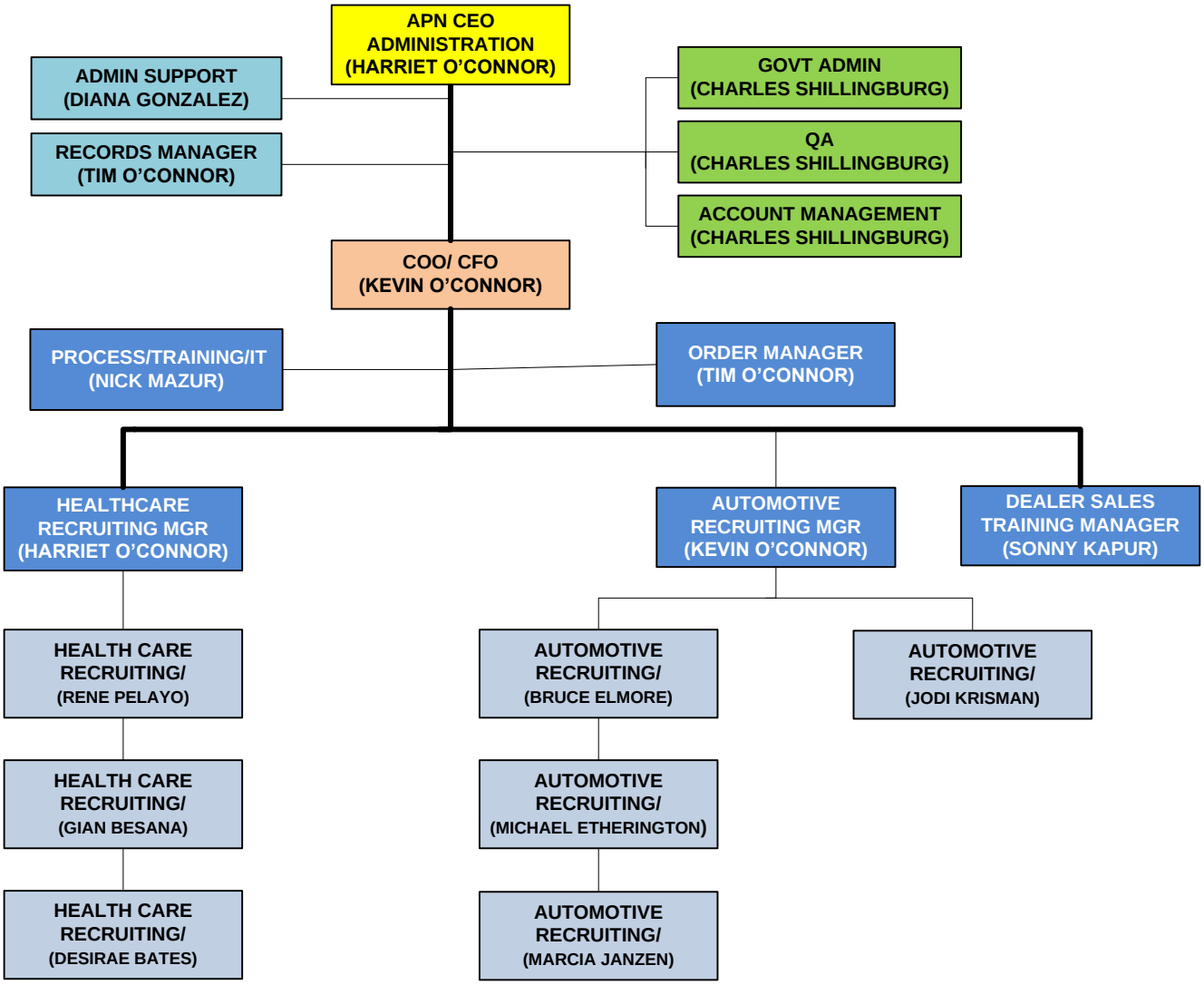
BUSINESS CONTINUITY & RECOVERY PLANNING COORDINATOR & PANDEMIC LEAD

APN'sVice President Quality Assurance will serve as the Business Continuity & Recovery Planning Coordinator and Pandemic Lead. This position will be responsible for:

1. Developing the Business Continuity, Recovery and Pandemic Plan (BCRPP), including establishing a Business Continutiy, Recovery and Pandemic Team to develop a continuity of operations plan for critical and essential services and products.
2. Ensuring cross-training of employees for continuity of business on critical and essential services.
3. Establishing policies for flexible worksites (e.g., telecommuting) nd flexible work hours (e.g., staggered shifts).
4. Developing alternative methods to ensure there are services and products in the supply chain that include:
    a. Determining the potential impact on continuity of services and products provided.
    b. Determine the materials, equipment and supplies that will be needed in-stock to be self-sufficient through an 8—10 day time period.
    c. Identify contingency for accepting and/or delivering services and products ifnormal processes are interrupted.
    d. Identify essential staff and other critical inputs (e.g., suppliers, sub-contractor services, products and logistics) required to maintain business operations by location and function.
5. Establishing and maintaining an up-to-date list of company contacts and organization chart that includes:
    a. An emergency notification call tree.
    b. Emergency communications plan, which includes identification of APN's key contacts, with backups, and emergency telephone numbers that include:
        i. Police Department
        ii. Fire Department
    c. Company Organization Chart

ORGANIZATION CHART

APN STAFFING & EMPLOYMENT SOLUTIONS



BUSINESS CONTINUITY, RECOVERY AND PANDEMIC TEAM (Essential Employees)

The following individuals are on the Pandemic Team and are Essential Employees:

• Harriet O'Connor	CEO	Assistant Continuity Plan & Team Lead/Plan/Infection Control Coordinator/Admin/HR
• Kevin O'Connor	COO/CFO	Deputy Asst Cont Plan & Team Lead/Ops/Finance
• Charles Shillingburg	VP QA	Continuity Plan & Team Lead/IC/PIO
• Tim O'Connor	Recruiter	Logistics/liaison/Safety
• Vendor	Continuity Mgr.	Continuity Plan & Team Lead/IC/PIO/Liaison Officer

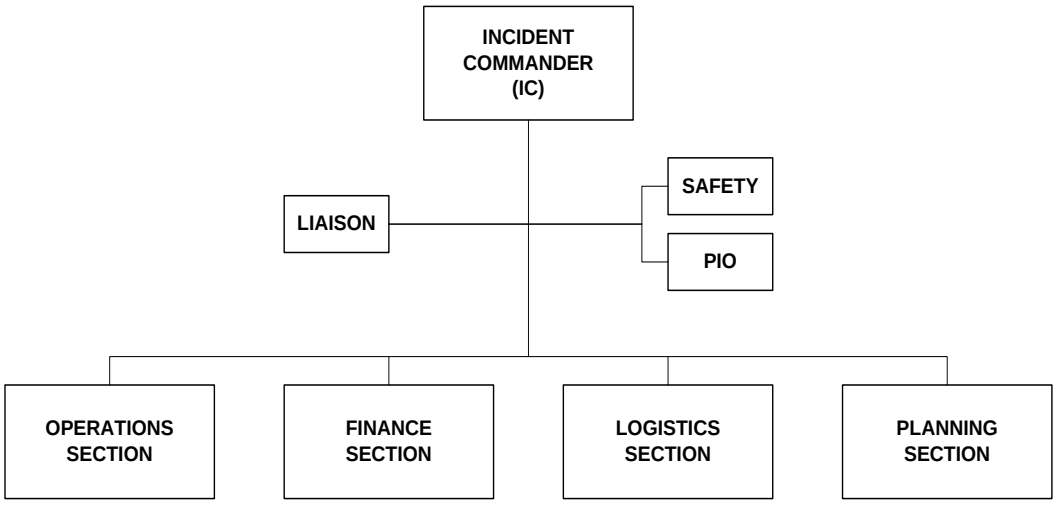
CONTINUITY OF OPERATIONS PLAN

Organization, Roles and Responsibilities

APN's Continuity of Operations Plan will utilize the NIMS/ICS Incident Command System to coordinate APN's response resources and actions with outside agencies. APN's Operational Plan is consistent with ADES' Public Health Incident Management System (PHIMS).

APN's Business Continuity, Recovery Coordinator and Pandemic Lead will serve as the company's Incident Commander (IC) with APN's response scaling appropriately to the situation. The IC will initially assume all operational positions, with positions filled by other individuals appropriately as the situation demands. He is amply qualified, as he has extensive training in the Incident Command System and its use. He is a Certified Fire Fighter I/II, Certified Fire Instructor I, holds numerous ICS/NIMS certifications in leadership and the ICS System (including ICS400) and served as a Firefighter, EMT-B, Wildland Firefighter and Medical Unit Leader, Logistics and PIO positions in Wildland Fire. He is currently actively involved with the City of Phoenix's CERT Team.

INCIDENT COMMAND SYSTEM



The Operations Staff is responsible for carrying out the response activities described in the Incident Action Plan (IAP). The Operations Section Chief coordinates Operation Section activities and has primary responsibility for receiving and implementing the IAP. The Operations Section Chief reports to the Incident Commander and determines the required resources and organizational structure within the Operations Section. Below are examples of activities that the Operations Section might be involved in:

- Conduct human case surveillance and characterize an outbreak
- Conduct human case follow-up
- Disseminate data (cases, geographical distribution)
- Handle public, media and health care provider inquiries
- Develop messages covering clinical information and prevention
- Make regular updates to local health departments

- Identify need and broker vaccine/antivirals
- Provide Behavioral Health Services to ADHS staff
- Support resource and information requests from Arizona hospitals and clinics

The Planning Staff is responsible for the collection, evaluation, dissemination and use of information about the development of the incident and status of resources. This section's responsibilities also include creation of the Incident Action Plan (IAP) which defines the response activities and resource utilizations for a specified time period.

- Coordinate staffing rosters to support operations
- Provide input to the IC and Operations in preparing the IAP
- Development of IAP
- Compilation of PHIMS Updates/Briefs into the weekly/daily Situation Report
- Conduct and facilitate planning meetings

The Logistics Staff is responsible for providing additional facilities, personnel (volunteers), communications, supplies and materials for the incident response.

- Additional equipment for HEOC, Communications, Call Center, etc.
- Health Messaging
- Facilities
- Personnel (volunteers)

The Finance and Administration Staff is responsible for all financial, administrative, and cost analysis aspects of the incident.

- Procurement of items/services
- Maintenance of contracts
- Tracking of incident expenditures and personnel time

The modular organization of NIMS allows responders to scale their efforts and apply the parts of the NIMS structure that best meet the demands of the incident. For example, many incidents will never require the activation of Planning, Logistics, or Finance/Administration Sections, while others, such as influenza pandemic, will require some or all of them to be established.

Communications occurs across groups, but also comes directly to one's supervisor and subsequently to the Section Chiefs and Command Staff. The Section Chiefs and Command Staff meet as needed to use information to make decisions. Information from these meetings and regular updates are incorporated into Situation Reports that are disseminated by e-mail to the entire response network to keep everyone up to date and anticipate future issues.

Critical & Essential Services

The following have been identified as Critical and Essential services:

- Health Care Personnel (e.g., RNs, LPNs)
    - Recruiting & Staffing
    - Screening & Verifying Credentials
    - Scheduling
    - Dispatching
    - Monitoring (e.g., Attendance, discrimination, harassment, off-site performance, etc.)
    - Liaison with Hiring Agency
    - QA (Monitoring, Measuring, Reporting)
- Vendor Services

  - Water
  - Waste
- Inter and Intra Agency Communications
  - Cell phone services
  - Skype
  - Cox
- Computer Services/IT
  - Employee files
  - Accounting/Payroll Files
  - Service/Application/Software/Hardware Support
- Finance
  - Attendance
  - Payroll
  - Reporting

Continuity Plan

APN will ensure continuity of operations by the following means:

- Cross-training employees in Critical and Essential Services
- Maintain APN as a Virtual Organization.
  - APN is currently set up as a Virtual Organization and administrative employees need not work from our central office to conduct their work. As we operate as a Virtual Organization, we do not anticipate disruption of services and we will be able to maintain 100% effectiveness of operations at all times.
  - Most of APN's current operating systems and all of APN's critical systems [e.g., PCR, SmartSheet, and telephone system (Skype)] are in the Cloud and allow employees to work from any location with internet access. Thus, administrative employees, Managers and field personnel (e.g., Nurses) have continual access to critical employee, agency and supplier information from any location with internet access. If a Pandemic or other emergency were to occur, employees can continue to work and communicate with each other and clients, as well as perform all financial functions (including payroll), even if quarantined or unable to leave home.
- Ensure continued communications between staff, agencies and suppliers by providing employees, Agencies and Support companies with emergency contact numbers and methodologies (e.g., Cloud based solutions). (See Emergency Communications Plan below)
  - Telephone contact can be maintained, as APN utilizes Skype for standard telephone communication that can be carried on through PC connections and in-coming calls can be routed seamlessly through Skype to individual employee cellphones. All employees can also be directly accessed using their own cell phone numbers.
  - Email communication is available through two methods:
    - PCR that includes email with Outlook connections
    - Employees' internet addresses
  - If meetings are required among staff, Agencies and suppliers, GoToMeeting can be utilized to conduct virtual meetings.
- Data Security is maintained through the following methods:
  - Cloud –based programs and applications are secured by the vendors.
  - APN routinely backs up its essential server-based databases in the Cloud (e.g., Dropbox) twice a day and onto multiple back-up hard drives that are kept offsite in separate locations.

  - Technical Support for critical applications and software are handled by our software vendors (e.g., PCR, and Accounting). Non-critical applications and software can be supported by a wide variety of vendors, as they are Microsoft based.
- APN continually recruits medical personnel and has an extensive database of RN's, LPN's and many other specialties. We can utilize individuals from this extensive "pool" of employees to substitute if a nurse or other medical Practitioner is unable to make their shift.
- Risks will be continually assessed by monitoring:
  - Center for Disease Control (CDC) and Arizona Department of Health Services (ADHS) notices and alerts.
  - AHCCCS
  - Local Media
  - Social Media
  - Using APN's Risk Grading Matrix and Assessment Tool (See Appendix A)
  - APN's Emergency Communication Plan that is reviewed and revised at least once annually. The plan identifies:
    - Key contacts, with back ups
    - Chain of Communications that include
      - Managers
      - Employees
      - Suppliers
      - Sub-Contractors (if applicable)
      - Customers (as necessary)
- **APN Lists**
  - **APN Staff List (See Appendix I)**
  - **APN Supplier List (See Appendix J)**
  - **APN Healthcare Practitioner List (See Appendix K)**

- APN will track and communicate business operations and employee status through the use of custom scheduling tools. These can be modified to fit the needs of AHCCCS, ADES DDD, etc.

Example Plan

1 WEEK SCHEDULE																								
	LOCATION			MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY			SUNDAY		
EMPLOYEE	HOME	APN OFFI	CLIENT FA	SHIFT	SHIFT	SHIFT	SHIFT	SHIFT	SHIFT	SHIFT	SHIFT	SHIFT	SHIFT	SHIFT	SHIFT	SHIFT	SHIFT	SHIFT	SHIFT	SHIFT	SHIFT	SHIFT	SHIFT	SHIFT
APN Admin Staff																								
Admin1		x		x			x			x			x			x								
APN Nursing Staff																								
RN 1				x			x			x			x			x								
RN 1				x			x			x			x			x								
RN 2					x			x			x			x			x							
LPN 2					x			x			x			x			x							
RN 3						x			x			x			x			x						
LPN 3						x			x			x			x			x						
RN 4																			x	x		x	x	
LPN 4																			x	x		x	x	
RN 5																				x	x		x	x
LPN 5																				x	x		x	x

- Implementation of exercises and drills to test the Plan, with periodic reviews and revisions (at least once per year).

PLAN TO REDUCE IMPACT ON APN EMPLOYEES AND CUSTOMERS

APN will reduce the impact of uncertain and emergency situations (including Pandemics) on APN employees and customers through the following means:

- Cross-train employees so that multiple employees can perform essential job functions.
- Promote maximum use of telecommuting that allows employees to work from home or elsewhere.
- Anticipate employee absences during a pandemic due to personal illness, family member illness, community containment measures and quarantines, school and/or business closures and public transport closures.
- Implement guidelines that modify the frequency and types of face-to-face contacts (e.g., hand-shaking, seating in meetings, office layouts, shared work stations, etc.) among employees and between employees and customers.
- Encourage annual influenza vaccinations for all APN employees.
- Evaluate current status of employee's access to healthcare services and improve access to information about employee benefits as needed.
- Evaluate employee access to and availability of mental health and social services during a pandemic, including government, community, and faith-based resources and improve services as needed.
- Identify employees and key customers with special needs and incorporate the requirements for such persons into APN's preparedness plan.
- Cross-train employees on essential tasks.

POLICIES TO BE IMPLEMENTED DURING EMERGENCY SITUATIONS

During an uncertain or Emergency Situation (including Pandemics), APN will implement the following policies:

- Employee compensation and sick-leave absences will be treated as normal sick-leave days (non-punitive) with normal compensation.
- Employees out on sick leave due to the emergency/ may return to work after they are no longer infectious and able to work with a signed physician's statement to this effect.
- APN will encourage working offsite and flexible hours.
- Help prevent the spread of influenza at APN's headquarters office by promoting respiratory hygiene/cough etiquette and prompt exclusion of people with influenza symptoms.
- Employees that have been exposed to pandemic influenza, are suspected of being ill, or who become ill at APN's worksite will immediately trigger an infectious control response and be granted sick-leave.
- Travel will be restricted to travel to affected geographic areas, based on ADHS and CDC recommendations, both domestic and international.
- Administrative employees working in or near an affected area when an outbreak begins will be immediately evacuated, with guidance provided to them about returning from affected areas.
- Response to incidents will be triggered by the assessment grade from the APN Risk Grading Matrix and Assessment Tool (Appendix A).
- As all incidents vary in terms of requirements, response (e.g., scaling up and down) to individual incidents will fall within the guidelines established by APN's NIMS based, scalable response system.
- APN's IC will coordinate APN's response in conjunction with contracted Agencies' IC (e.g., AHCCCS, ADES DDD's IC) in charge of its Emergency Response, Business Continuity, Recovery & Pandemic Response Plan and other appropriate agencies following the NIMS/ICS Joint Command structure.

RESOURCE ALLOCATION TO PROTECT EMPLOYEES, CUSTOMERS AND PATIENTS DURING AN EMERGENCY SITUATION

APN will protect employees and customers during an emergency/ pandemic through the following means:

- Provide sufficient and accessible infection control supplies (e.g., hand hygiene products, tissues, surgical masks and receptacles for their disposal) in all APN locations, at all times.
- Continue to enhance communications and information technology infrastructures as needed to support employee telecommuting and remote customer access.
- Ensure availability of medical consultation and advice for emergency response by ensuring occupational health staff have connected with appropriate staff at ADHS.
- Ensure availability of psychosocial support services, including educational and training materials, for employees who participate in or provide support for emergency responses such as influenza pandemics.

EMPLOYEE COMMUNICATION, EDUCATION AND TRAINING

APN will employ the following to educate and communicate with employees on Emergency and Pandemic issues:

- All employees will pass IS-100.B: Introduction to Incident Command System, ICS-100. Take Class online at https://training.fema.gov/ [You will need to register and obtain a Student ID Number (SID)]
- Periodically distribute information on NIMS/ICS, with formal training conducted at least annually
- Disseminate materials covering emergencies and pandemic fundamentals, including signs and symptoms of influenza and modes of transportation, personal and family protection and response strategies, including hand hygiene, coughing/sneezing etiquette, and contingency plans.
- Anticipate employee fear and anxiety, rumors and misinformation and plan communications accordingly.
- Ensure all communications are culturally and linguistically appropriate.
- Provide information for the at-home care of ill employees and family members, when necessary.
- Familiarize APN employees with www.az211.gov for specific pandemic response information leading up to and during a pandemic.

MATERIALS, EQUIPMENT AND SUPPLIES TO BE STOCKED IN ADVANCE FOR SELF-SUFFICIENCY FOR 8-10 DAYS

The following materials, equipment and supplies will be stocked in APN's central office in advance for self-sufficiency for 8-10 days.

MATERIALS SUPPLIES AND QUANTITIES REQUIRED FOR 8-10 DAYS	
ITEM	**QUANTITY**
Office Supplies	
HP MFP-M272 PCL 6 Printer	1
-Sets of Color & BW inkjet cartridges	2 sets each
Reams printing paper	1 case
Laptop Computers	8
Spare computer cables	3
Computer Mice- Spares	4
Manila File Folders	50

Hanging File Folders	25
Thumb Tacks	24
Staples	6
Paper Clips	1
Pens	8
Cell Phone Charger	24
Grease Pencils	8
White Board Erasers	1
Ink Markers	16
Pliers	1
Overhead lights	4
Notebooks	2
The Recruiter's Morgan Planner	24 boxes
AA batteries	12
AAA batteries	16
Flashlights	10
Cell Phone Charger	4
Radio- Battery Powered	100
Food/Water	
Water Jugs/Bottles	1
Can Opener	1
Canned Goods (Variety) - 3 days supply	24
Medical Supplies	
Stocked Medical Kit/Bag- Trauma	12 rolls
Duct Tape- Rolls	1
Tissues	6
Hand Sanitizer	2 boxes
Dust/Filter Masks	1 doz bottles
Janitorial Supplies	
Waste Baskets	1 gal
Waste Basket liners	1 box
Paper Towels	7 dozen
Bucket	2 cans
Mop	6
Air Filters	2 cans
Antiseptic Wipes	2 cans
Anti-bacterial hand sanitizer	1 can
Clorox Bleach	1 can
Nitrile gloves	8 bottles
Surgical Masks	8
Lysol Spray	8
Air Filters	2

Glass Cleaner	25
Steel Cleaner	25
Comet	1 box
Spot Remover	1 box
Anti-Bacterial Liquid Hand Soap	1 box

CONTINGENCY FOR ACCEPTING AND/OR DELIVERING SERVICES AND PRODUCTS IF NORMAL PROCESSES ARE INTERRUPTED

See Appendix I

If normal processes are interrupted for accepting and/or delivering services, APN will employ alternate suppliers and means to obtain supplies and services, as appropriate.

BUSINESS CONTINUNUITY, RECOVERY AND PANDEMIC PLAN - IMPLEMENTATION SUMMARY

Key planning issues and strategies to consider before an emergency situation

Issue	Strategy
Coordination	Appoint a Business Continuity Coordinator and Pandemic Lead (Charles Shillingburg- Office: 602.788-5890 x 119; Cell: 602 478-0046; charles@apnusa.com)
APN Protocols	Ensure there are protocols for all components of preventing and managing an Emergency Situation
General practitioner and staff education and training	Provide training at least once a year on identifying, evaluating risks and managing in conjunction with local, State and national Agencies Emergency Situations and potential and actual cases of influenza, infection control procedures, and practice protocols
Equipment	Ensure adequate supplies of necessary equipment and disposables
Surveillance	Adopt protocols for identifying potential emergency hazard risks and early signs of pandemic influenza
Antivirals	Ensure appropriate supply and storage of antivirals
Influenza Immunization	Ensure staff is vaccinated with current Flu Vaccine
Infection control	Identify a local infection control coordinator

Facilities	Minimize Pandemic Flu transmission risks in public areas Minimize the need for work to be conducted in unified, fixed facilities. Emphasize Cloud-based infrastructure
Waste	Ensure adequate arrangements for local disposal of infectious waste materials
Ethical issues	Discuss ethical issues that will influence strategy, including who is prepared to continue working and who will not be working
Workforce and Workload Review	Maximize use of nurse and other Practice staff workforce Review routine tasks to identify what can be delegated or re-organized
Communication	Connect to broadband Internet to ensure rapid and reliable information access Protocols for forwarding telephone calls to work numbers to individual employee cell phones via SKYPE Consider appropriate automated phone information messages
Technology	Ensure complete loss of use of main site and any satellite offices out-of-State will not affect workflow performance, as all critical work systems are Cloud-based, so employees and contractors can work effectively, remotely
Education/Training	All employees will pass IS-100.B: Introduction to Incident Command System, ICS-100 Periodically distribute information on NIMS/ICS, with formal training conducted at least annually Train designated personnel on protocols forr forwarding telephone calls to work numbers to individual employee cell phones via SKYPE Distribute OSHA Pandemic Influenza Preparedness and Response Guide for Healthcare Workers and Healthcare Employees Put up pandemic influenza-related education materials in the meeting room Be aware of key public health messages and advice distributed by ADHS, AHCCCS, ADES and other sources Inform employees and clients about how APN will operate during an emergency situation, including working with contracting Agencies such as AHCCCS
Indemnity and legal issues	Clarify issues related to occupational health and safety, human resources (e.g., staff disability and death, and paying absentee staff), duty of care (choices about seeing or not seeing patients), and indemnity coverage for alternative patient care strategies
Review/Test/Update	Coordinate response with ADHS, AHCCCS, ADEM and other Agencies At least annually, review and test the Response Plan for effectiveness and conduct After Action Reviews (AARs) to improve and update the system.

Key issues and strategies during the emergency situation

Issue	Strategy
APN protocols	Activate APN protocols
Workload adjustment	Delegate and reorganize workload tasks, administrative tasks (e.g., referral letters and reports) and nursing schedules Activate triaging protocol, including phone, routine appointments and the front desk

	Make adjustments for General Practitioner and Practice staff absenteeism
Surveillance	Monitor all staff for the emergence of influenza-like illness, including self-monitoring of GPs and other clinical staff Maintain screening protocols for identifying potential patients
Equipment	Ensure adequate supplies of necessary equipment and disposables
Antivirals	Use available supplies as appropriate
Pandemic influenza vaccine	Maintain check on when vaccines are available and where.
Communication	Maintain frequent links with local public health units and contracted Agencies for updates and revision of protocols Employees and Contractors, if working under a AHCCCS Contract, can contact AHCCCS Security at 602.417.4888 in the event of a disruption of normal business hours
Minimizing spread of infection	Review and revise infection control policies and procedures
Staff education and training	Review, update (at least once a year) and maintain APN protocols using continuous quality improvement principles
Patient/Staff education	Ensure appropriate information readily available to Staff, Clients and patients
Immunization	Ensure staff influenza and pneumococcal vaccine are immunized
Ethical issues	Discuss risk scenarios with staff, clients and patients, especially those at high risk (e.g., elderly, chronic disease patients, and pregnant women)

Key issues and strategies post-emergency

Issue	Strategy

After Action Review	Review: • What was intended • What was the result • What was done well • What could be improved
Action Plans	Develop and Implement Action Plans (A3s) for improvements

Testing the Plan

- The plan will be reviewed, tested and updated at least once a year. The testing will not put major services at risk. The testing methods will be practical, cost effective, and appropriate to the situation promoting confidence in the plan
- The exercise will test, policies, procedures, systems and backup procedures

- Staff and Contractors will be tested.at least annually, on their Business Continuity, Response and Pandemic Plan knowledge. Test results will be documented.

APPENDIX A - APN Risk Grading Matrix and Assessment Tool

Risk Grading Matrices

(Adapted from AS/NZS 4360:3999 Risk Management Standard)
The Matrices below are not exhaustive, but are intended as a broad guide to interpretation of the consequence and likelihood scores. They are intended to support the application of professional judgment in relation to specific risk issues.

Table 1: Qualitative measures of consequence or impact.

Level	Descriptor	Example Detail Description
1	Insignificant	No injuries, low financial loss
2	Minor	First aid treatment, situation immediately contained, financial loss below $5k
3	Moderate	Medical treatment required, some loss of service capability, situation contained with difficulty or with outside assistance, breach of regulation, inability to achieve important target, high financial loss $5-$9k, local adverse publicity/loss of confidence in the System.
4	Major	Extensive and lasting injuries or illness to individuals or group, significant loss of service capability, situation contained with significant difficulty, significant breach of regulation, inability to meet key target, major financial loss >$50k, adverse national publicity/major loss of trust with Client/APN.
5	Catastrophic	Death, significant threat to the general public, service closure, financial loss >$100k, adverse national/international publicity/major loss of trust with Client/APN.

Table 2: Qualitative measures of likelihood.

Level	Descriptor	Description
5	Almost certain	Is expected to occur in most circumstances
4	Likely	Will probably occur in most circumstances
3	Possible	Might occur at some time
2	Unlikely	Could occur at some time
1	Rare	May occur only in exceptional circumstances

Table 3: Qualitative Risk Analysis Matrix- Level of Risk.
The overall Risk Rating, which indicates level of risk, is calculated as a multiplier of the scores from tables 1 and 2 above.

Likelihood	Consequences				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
5 (almost certain)	5 - M	10 - H	15 - H	20 - V	25 - V
4 (likely)	4 - L	8 - M	12 - H	16 - V	20 - V
3 (moderate)	3 - L	6 - M	9 - M	12 - H	15 - H
2 (unlikely)	2 - L	4 - L	6 - M	8 - M	10 - H
1 (rare)	1 - L	2 - L	3 - L	4 - L	5- M

Legend		
V – Risk Rating 16-25	Very High	IC and all Sections activated with Action Plan
H – Risk Rating 10/15	High Risk	IC and some Sections activated with Action Plan
M – Risk Rating 5-9	Moderate Risk	IC and controls specified
L – Risk Rating 1-4	Low Risk	Manage by routine procedures

APPENDIX B - GLOSSARY OF TERMS

Glossary of Terms and Definitions

Asset	**Anything that has value to the organization**
Business Processes	**Series of operations or courses of action, undertaken by, or on behalf of an organization and inked to its objectives.**
Clinical Governance	**A framework through which APN is accountable for continuously improving the quality of its services and safeguarding high standards of care, safety, patient satisfaction and patient quality of life by creating an environment in which excellence in clinical care flourish.**
Consequence	**The outcome of an event expressed qualitatively or quantitatively.**
Plans/Action Plans	**A course of action to be followed after an unexpected event, which threatens to disrupt continuity of normal business activities.**
Quality Assurance	**A process designed to provide evidence that APN or its Staff, Contractors and Systems are meeting or exceeding Requirements to provide Quality of Care, protect patients, staff, the public and other stakeholders against risks of all kinds.**
Corporate Governance	**The systems and processes by which healthcare bodies lead, direct, and control their functions, in order to achieve organizational objectives and by which they relate to their partners and wider community.**
Events	**Incidents or situations, occurring in particular places during particular intervals of time.**
Frequencies	**Measures of rates of occurrence.**
Impact	**The result of an event or incident on the organization.**
Incident	**An event or circumstance that may lead to unintended or unnecessary harm or damage involving any person or property.**
Interruption	**Act that prevents an authorized service or activity from proceeding to specification.**
Loss	**A negative consequence, financial or otherwise.**
Recovery	**The restoration of an information system back to an error-free and secure state from which normal operation can resume.**
Recovery Plans	**Formulated method for achieving the full restoration of services within a predetermined timeframe.**
Residual Risk	**The remaining level of risk after controls or risk treatment measures are applied.**
Risk	**An assessment of the probable impact on an asset by a particular threat exploiting a particular vulnerability. This can be viewed as: Risk = Impact X Threat X Vulnerability.**
Risk Acceptance	**A managerial decision to accept a certain degree of risk, usually for technical or cost reasons.**
Risk Assessment	**Assessment of threats, impacts and vulnerabilities on organizational assets to enable measures to be taken to reduce the identified risks.**
Risk Management	**The culture, processes and structures that are directed towards the effective management of potential opportunities and adverse effects.**
Service Continuity	**The management of risks to ensure that at all times and circumstances and organization can continue to operate core services to, at least, a minimum predetermined level.**
Stakeholders	**People or organizations who may affect, or be affected by, or perceive themselves to be affected by, a decision or activity.**
Likelihood	**Qualitative description of probability or frequency.**

APPENDIX C - INCIDENT ACTION PLAN

Be brief and concise with your entries

Location	Control Level	Operational Period From To

1.0 SITUATION Disease, community, environment PROMPTS: Weather, disease trends, Resources, Hazards & safety REFERENCE: Maps, weather reports, Sitreps, appreciation, warnings, alerts	CURRENT
	PREDICTED
2.0 OBJECTIVES (or MISSION) PROMPTS: Time & space REFERENCE: Appreciation – control options, courses open to disease	CURRENT
	ALTERNATE
3.0 EXECUTION add safety information as appropriate	
GENERAL OUTLINE PROMPTS: Strategies & tactics (current/proposed/alternate) REFERENCE: Appreciation, Control Options	
GROUPINGS	

TASKS Including PR & Media	
COORDINATING INSTRUCTIONS PROMPTS: Timings, routes, assembly areas, staging areas	
4.0 ADMINISTRATION (Logistics support) PROMPTS: Unit names, locations, contact names, phone no's, timings, duties/tasks, routes, suppliers, quantities, status (required, organized, stand by, enroute)	
SUPPLY WHO, WHAT, WHERE, WHEN of resources not readily available	
GROUND SUPPORT Transport of personnel, traffic mgt, refueling, mechanical repair/maintenance	
COMMUNICATIONS Installation, maintenance, technical advice	
STAGING AREA/ FCP Setting up, communications, staffing	
5.0 ADMINISTRATION (Logistics services) PROMPTS: Unit names, locations, contact names, phone no's, timings, duties/tasks, routes, suppliers, quantities, status (required, organized, stand by, enroute)	
FACILITIES Security, waste, cleaning	

CATERING	
OH&S/MEDICAL Medical plan, first aid plan	
FINANCE	
TRAVEL	
INDUCTION/ TRAINING	
ACCOMMODATION	
6.0 CONTROL, COORDINATION & COMMUNICATION	
CONTROL & COORDINATION STRUCTURE REFERENCE Structural Chart	
COORDINATION & LIAISON Local knowledge, police, agency reps, emergency mgt reps	
COMMUNICATIONS PROMPTS Communications structure, operational comms plan, information mgt	

EXTRAS	
Attachments PROMPTS: maps, weather, organizational charts, resources, comms diagram	
Plan developers PROMPTS PO, Logs Mgr, Controller	
Approval Controller, Ops Director	

APPENDIX D - A3 IMPROVEMENT TOOL

-CURRENT STATE-

A3

Title:		Fresh Eyes:
Owner:		Team:
PDSA:		
Coach		
PLAN	Background/Current Conditions (CSM Sketch)	
	Problem Statement	
	Goals/Targets	
Stakeholder's Signatures		

APPENDIX D (Continued)
IMPROVEMENT TOOL
-FUTURE STATE-

Subject Expert(s):		Start Date:	Title:
		Revision Date:	
		Revision Number:	
PLAN	Analysis/Root Causes Sketch		
DO	Countermeasures to Root Causes (FSM) Sketch		
CHECK	Study (Planned vs. Actual Results)		
ACT/ADJUST	Act/Adjust		
Stakeholder's Signatures:			

APPENDIX E - INCIDENT LOG SHEET

This log sheet should be used locally by the Manager on-site with responsibility for coordinating the local response to the event.

Incident Date: **Log Keeper:**	**Incident Lead Director**

Signed (Incident Lead Director) Date_____/_____/_____

Signed (Log Keeper) Date_____/_____/_____

APPENDIX F - TELEPHONE MESSAGE SHEET

This log sheet should be used locally by the Manager on-site with responsibility for coordinating the local response to the event.

TIME CALL RECEIVED	CALLER/DESIGNATION CONTACT NUMBER	MESSAGE	ACTION REQUIRED	TIME- ACTION TAKEN AND WHY

A copy of the log should be retained.

APPENDIX G - RELATED INFORMATION

The Joint Commission

A survey of more than 300 employees of three county health departments in Maryland yielded similar results. The survey examined local health department workers' risk perceptions and likelihood of reporting to work during an influenza pandemic. Slightly more than half (53.8 percent) of the workers surveyed indicated that they would report to work during a pandemic influenza-related emergency.

The Maryland survey findings also indicated a significant variation in a worker's willingness to report to work depending on the worker's perception of his or her role in a pandemic. For example, those who indicated that they would not have an important role to play in a local pandemic influenza outbreak were least likely to say that they would be willing to report to work. Such findings point to the importance of ensuring in advance that all public health workers are fully aware of the importance of their roles in a potential pandemic influenza outbreak.
The ongoing New York survey also asked 217 registered nurses (RNs) working in home health care in New York City if they were "willing to provide care to a home care patient (using personal protective equipment) if the patient were infected with avian influenza." More than one-third (37 percent) of the RNs who were surveyed responded that they would provide care, and the same percentage said that they were not sure.10 More than one-quarter of the RNs (27 percent) responded that they would not provide care to a patient infected with avian influenza.10
Measures that home care agencies can take to increase workers' willingness to report to work include:

- Ensuring that workers have appropriate personal protective equipment and providing training on its appropriate use, including fit testing. Knowing how and when to use such equipment may lessen some of the workers' concerns, thus increasing their willingness to report to work in a public health emergency.
- Helping employees identify backup informal child-care and adult-care arrangements in the event of school and day care center closures.
- Providing psychological support during a pandemic, including incorporating psychological support of health care workers into pandemic planning, reinforcing to workers their value and importance to the community; possibly extending resources to cover workers' families, and offering psychological resources to workers for an extended time after the pandemic subsides.

RESOURCE

The Substance Abuse and Mental Health Services Administration offers *A Guide to Managing Stress in Crisis Response Professions*, which provides a framework for stress management strategies for crisis response workers and managers. The strategies are sufficiently broad that individuals and groups can select those that best fit their needs and circumstances. Go to http://mentalhealth.samhsa.gov/disasterrelief/publications/allpubs/SMA-4113/introduction.asp.

Workforce Training Needs for an Influenza Pandemic

Many legal issues surround the issue of training home health care and other health care workers for a pandemic influenza outbreak, such as home health care workers' scope of practice and worker liability. Within these legal and regulatory boundaries, training the home health care workforce to assume necessary new roles during an influenza pandemic can help ensure an optimal pandemic response while offering the long-term advantages of enhancing workforce skills. A variety of training needs may surface for home health care agencies during an influenza pandemic.

- All staff will need training on identification of the symptoms of pandemic influenza, its modes of transmission, and infection control measures for reducing exposure to the pandemic virus. In addition, training will be necessary to determine where the agency fits in the local response to a pandemic outbreak.

- Workers will need just-in-time clinical skills training given that some home health care workers may be asked to provide in-home care to medical and surgical patients discharged early from hospitals and that such care may be of a higher acuity than many home health care workers may be accustomed to providing. Home health aides may need to be trained in medication dispensing under emergency conditions.
- Workers may benefit from training in psychological first aid and palliative care to cope more effectively with their own stress as well as that of their patients, their patients' families, and their own family.
- Workers may also need training on how to handle increased numbers of deaths in the home.

RESOURCES

- CDC offers free courses to train professionals on aspects of pandemic influenza. Go to www.cdc.gov/flu/professionals/training/.
- CDC has issued interim guidance for the use of facemasks and respirators during a pandemic. Go to http://www.pandemicflu.gov/vaccine/mask.html and http://www.pandemicflu.gov/plan/community/commitigation.html.
- CDC has updated its infection control core curriculum, which is currently being formatted into learning system software. In addition, appendices are being created to address infection control in resource-limited settings. The updated curriculum is expected to be available in the summer of 2008.
- The Department of Labor's Occupational Safety & Health Administration has released guidance for protection of employees against pandemic influenza and provides quick cards for reference. Though not specifically designed for the home health care industry, the cards provide a useful reference point to assist home health care agencies in creating their own informational materials. Available at http://www.osha.gov/dsg/guidance/avian-flu.html.
- AHRQ has produced a DVD titled *Cross Training Respiratory Extenders for Medical Emergencies (Project XTREME)* to train health care professionals who are not respiratory care specialists to provide basic respiratory care to patients during a public health emergency. For information, go to http://www.ahrq.gov/prep/projxtreme.

- The roles of home care workers as trainers and teachers are also likely to expand during a pandemic. Home health care nurses historically have had a vital role in health education and training, including showing family members how to care for patients and manage procedures such as infusion, dispensing of medications, use of oxygen nebulizers and telemonitoring devices, and wound care. During a pandemic influenza outbreak, family members also must be trained to cope with infectious disease and the risk of respiratory spread. A train-the-trainer model would help to tap into the professional skills of the home health care workforce and could help address workforce shortages as well. The State of Massachusetts Department of Public Health's education program, for example, relies on State public health nurses to provide train-the-trainer classes in teaching self-care to people in the community. Those trainers, in turn, will expand the education program even further in the community. The State is starting with Medical Reserve Corps (MRC) volunteers, local health department personnel, and school nurses. The training will focus on family members taking care of other family members.

RESOURCE

Flu: What You Can Do – Caring for People at Home is a Massachusetts statewide education and training initiative to support ongoing efforts to educate residents about flu and pandemic flu. The training course for health professionals includes a video, a presentation, and booklets to educate residents about flu care at home. Go to http://www.mass.gov/dph/cdc/epii/flu/flu_caring_at_home.htm.

The annual flu season presents a valuable opportunity for providing information and training on pandemic influenza. It is a choice time to educate family members and the general public on basic sanitary measures such as hand washing and cough and sneeze etiquette, as well as on key differences between seasonal flu and pandemic influenza.

What Is Needed

- Further training will be required to ensure that the home health care workforce can meet the needs of higher-acuity patients and cope with the stresses of a pandemic influenza outbreak.
- Home health care agencies need to conduct regular assessments of the PPE training to provide training opportunities as needed to ensure effective use of PPE and all safety equipment. Respirator training and use should be in the context of a complete respiratory protection program in accordance with OSHA regulations.
- Home health care agencies need to address all appropriate human resource policies, such as liberal leave policies and transportation alternatives, in a continuity of operations or business contingency plan for maintaining business operations during an influenza pandemic.
- Train-the-trainer modules that can tap into the skills and existing resources of the home health care workforce to train other home care workers and patients' families and increase surge capacity need to be developed and employed.

- Home health care agencies need a tool to enable them to assess structural facilitators (e.g., transportation, childcare, elder care) and determine what is needed to ensure that their staff are able to report to work in an emergency.
- Home health care agencies need emergency preparedness plan templates, including off- the-shelf training programs and drill exercises.

Changes in Parameters of Patient Care

The parameters of home health patient care will change during an influenza pandemic. Both new and existing patients may have needs and concerns that they would not have under normal circumstances. These issues are complex and need to be addressed as part of planning for a pandemic. Some issues may be addressed by the use of telehealth technologies.

New Patients and New Needs

The home health care worker on the job during an influenza pandemic will face a number of new patient care issues. Among the most challenging could be the influx of new patients released early from hospitals. These patients may need a higher acuity of care than the home health care worker normally provides.

It is difficult to predict or plan for the level of care that hospital patients released early may need at home without knowing how ill the patient will be. Some researchers are developing a classification system to guide hospital personnel in determining which patients can be released early from hospitals. The system ranks patients according to their risk for a consequential medical event, including unexpected death, irreversible impairment, or reduction in function within 72 hours of hospital discharge for which an in-hospital critical intervention would be initiated to stabilize or ameliorate the patient's condition.25 A system such as this may help the community know what to expect to some extent. Other factors, such as the severity of the influenza pandemic and a given hospital's surge capacity, will ultimately determine the numbers and categories of patients that hospital will need to release early.

Some existing patients may become seriously ill with the influenza virus. For elderly patients with pre-existing conditions, this infection could become life-threatening. In a pandemic, because systems may be overwhelmed, the normal avenues of hospitalization and hospice care may not be available for these patients. Home health care workers will need to be well prepared and trained to provide, or arrange for a provider of, palliative care to these patients. Patients may seek information, advice, and assistance beyond what the worker normally provides. Whether or not patients or their family members have contracted the influenza virus, they may seek information on the virus specifically and the pandemic overall. They may seek advice or help on obtaining necessities such as food, water, or medical supplies. They will need information about infection control.
Part of pandemic influenza preparedness for the home health care agency is to establish processes by which workers either can address such concerns or can communicate effectively and tactfully to patients the limitations of care that the agency can provide. The home health care agency must prepare workers to communicate to patients:

- The role and responsibility of the agency and the worker regarding worker safety and health, distribution of infection control supplies (such as face masks, respirators, and hand hygiene materials), food, medications, and other necessities to home care patients and their families.
- The scope of patient services that the worker can provide and the reasons, including legal limitations, that some services must be denied or referred to other providers.
- Information on the use of personal protective equipment and infection control within the household.
- As needed, the processes that have been established in the community to manage increased numbers of deaths in the home during a pandemic.
- While home health care workers may not be able to meet every need voiced by patients during an emergency, they certainly can offer patients helpful resources and useful information. Community planning groups may have

public information materials already prepared. Regardless of the source, materials should be appropriate for the needs of the patient and in the language and at the reading level that will serve the agency's patient populations. The resources below are a few examples. Federal agencies such as HHS's CDC, and Substance Abuse and Mental Health Services Administration; the U.S. DHS' Federal Emergency Management Agency; and the VA have educational materials available on pandemic influenza.

Seasonal Flu versus Pandemic Flu

Pandemic Flu	Seasonal Flu
Rarely happens (three times in 20th century)	Happens annually and usually peaks in January or February
People have little or no immunity because they have no previous exposure to the virus	Usually some immunity built up from previous exposure
Healthy people may be at increased risk for serious complications	Usually only people at high risk, not healthy adults, are at risk of serious complications
Health care providers and hospitals may be overwhelmed	Health care providers and hospitals can usually meet public and patient needs
Vaccine probably would not be available in the early stages of a pandemic	Vaccine available for annual flu season
Effective antivirals may be in limited supply	Adequate supplies of antivirals are usually available
Number of deaths could be high (The U.S. death toll during the 1918 pandemic was approximately 675,000)	Seasonal flu-associated deaths in the United States over 30 years ending in 2007 have ranged from about 3,000 per season to about 49,000 per season.
Symptoms may be more severe	Symptoms include fever, cough, runny nose, and muscle pain
May cause major impact on the general public, such as widespread travel restrictions and school or business closings	Usually causes minor impact on the general public, some schools may close and sick people are encouraged to stay home
Potential for severe impact on domestic and world economy	Manageable impact on domestic and world economy

Sampling of Checklist Items Specific to Staff Shortages

- A contingency staffing plan has been developed that identifies minimum staffing needs and prioritizes critical and non-essential services on the basis of essential operations. ***Some examples to consider include: meals vs. activities in a nursing home, therapy versus hydration, blood pressure medications vs. antacids, etc***. Providers need to assess the care or services that should be provided and prioritize critical items that must be done and those that may be delayed during the crisis.
- The contingency staffing plan includes a strategy for cross-training and reassignment of personnel to support critical services.
- The contingency staffing plan considers alternative strategies for scheduling work shifts in order to enable personnel to work longer hours without becoming overtired.
- Specific criteria for declaring a "staffing crisis" that would enable the use of emergency staffing alternatives.
- Strategies have been developed for supporting personnel whose family and/or personal responsibilities or other barriers prevent them from coming to work (e.g., strategies that take into account the principles of social distancing when schools are closed, care of children and elders, transportation, reasonable accommodation or state governmental mandate).
- Strategies for collaborating with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis, including the development of memorandums of advanced agreement (MAAs) and memorandums of understanding (MOUs) with regional and tribal healthcare partners. A resource that can be used for agreements can be accessed at: http://www.wha.org/emergencyPreparedness.aspx

Staff is the most critical asset of programs that deliver health care services. During a pandemic or crisis, providers will need to determine how they will meet residents' prioritized needs as internal staff resources become limited. Programs regulated by the Division of Quality Assurance (DQA) should follow the guidance provided below to determine if waivers or variances may be available for relief of staffing requirements.

Health Care Response during specific pandemic periods

Listed here are some of the issues to be considered when addressing each of the Elements of Section C.

1 Inter-pandemic Period

- Estimate the impact of an influenza pandemic on FQHC services using software such as Flu Work Loss available from the CDC at http://www.cdc.gov/flu/pandemic/preparednesstools.htm
- Ensure pandemic influenza plan and protocols are in place
- Review internal emergency management and disaster mental health plans (i.e. in collaboration with NJ DHS Division of Mental Health Services Disaster and Terrorism Branch and local/state Office of Emergency Management)
- Establish contact and plan with other FQHC and with state and local public health agencies (i.e., register for LINCS Health Alert Network)
- Update and/or inventory pharmaceutical supplies and sources of pharmaceutical resources and ensure that suppliers have adequate business continuity plans
- Update and/or inventory medical supplies and sources of medical supplies and ensure that suppliers have adequate business continuity plans
- Establish/maintain inventory of personal protective equipment (PPE)

- Develop and maintain contact lists of FQHC personnel (including work and home communication information)
- Conduct education/training for staff on the Pandemic Plan, Personal Pandemic Plan, infection control, respiratory etiquette and hand hygiene
- Conduct surveillance for influenza

2 Pandemic Alert Period

- Continue activities of the Inter-pandemic Period
- Review and update FQHC Pandemic Influenza Plan
- Obtain from NJDHSS and public health authorities case definitions, protocols and algorithms to assist with case finding, management, infection control, and surveillance reporting
- Review, revise as needed, and activate guidelines for prevention and control measures
- Maintain contact and continue planning with other FQHCs and with state and local public health agencies (i.e. NJ LINCS Health Alert Network)
- Conduct surveillance and testing for influenza per NJDHSS guidance
- Provide “refresher” training to staff
- Cross-train staff as appropriate
- Begin education of patients (ensure uniformity of message with state education) to include
    - Seasonal influenza vs pandemic influenza
    - Prevention activities (i.e. hand washing, social distancing, etc.)
    - Home care of those ill with influenza
- Exercise each of the key components of the plan and revise/adjust plan accordingly

3 Pandemic Period

- Continue activities of the Pandemic Alert Period
- Activate Pandemic Influenza Plan
- Keep up-to-date on the latest recommendations from governmental public health authorities
- Screen all incoming patients for influenza-like-illness
- Implement a plan for early detection, reporting and treatment of health care personnel (staff)
- Implement plan to vaccinate and provide antiviral agents to staff per NJDHSS guidance, when vaccine is available Implement plans to vaccinate and provide antiviral agents to patients per NJDHSS guidance
- Reinforce infection control procedures to prevent the spread of influenza and utilize appropriate PPE

- Maintain close contact with other FQHC and with state and local public health agencies
- Post signs for respiratory hygiene/cough etiquette
- Maintain high index of suspicion that patients presenting with influenza-like illness could be infected with pandemic strain
- Cohort and segregate patients
- Consider co-morbid conditions when developing staffing assignments
- Consider assigning staff recovering from influenza to care for influenza patients
- Follow guidelines for when sick staff are allowed to return to work
- Increase environmental cleaning efforts

4 Between Waves

- Scale back pandemic response activities as appropriate returning to Pandemic Alert Period activities
- Initiate recovery operations including stress management and crisis counseling
- Summarize and analyze the pandemic response and lessons learned for next wave
- Review and revise the Pandemic Influenza Plan based on outcome measurements and performance results of current plan
- Rebuild/reinstate essential services
- Prepare for the next wave

5 Post-pandemic Period

- Scale back activities as appropriate returning to Interpandemic Period activities
- Initiate recovery operations including stress management and crisis counseling
- Summarize and analyze the pandemic response and lessons learned for future pandemic situations
- Review and revise the Pandemic Influenza Plan based on outcome measurements and performance results of current plan
- Rebuild/reinstate services

6 Responsibilities

- Identify/list Inter-pandemic roles/responsibilities for all staff members.
- Identify/list Pandemic Alert Period roles/responsibilities for all staff members.
- Identify/list Pandemic Period roles/responsibilities for all staff members.

- Identify/list roles/responsibilities for all staff members between waves.
- Identify/list Post-pandemic Period roles/responsibilities for all staff members.

7 Plan Maintenance

- Any FQHC Pandemic Influenza Preparedness and Response Plan is a dynamic document and should be updated periodically to reflect new developments in understanding of the novel influenza virus with potential to cause a pandemic, its transmission, prevention, and treatment.
- The plan should be exercised to identify operating challenges and promote effective implementation. Plan updates should incorporate changes in response roles and improvements in response capability developed through ongoing planning efforts and exercises.

APPENDIX H - ARIZONA PANDEMIC INFLUENZA RESPONSE PLAN

SEE

https://www.azdhs.gov/preparedness/emergency-preparedness/#pandemic-flu-home

APPENDIX I – APN STAFF LIST

APN STAFF LIST					
Contact	**Cell Phone**	**Home Phone**	**Alt. Phone**	**Work Email**	**Alt. Email**
APN Staff					
Executive Staff					
Kevin O'Connor	602.527.1819	602.485.9037	602 788-5890 x115	kevin@apnusa.com	oconnorharriet@yahoo.com
Harriet O'Connor	602.885.5511	602.485.9037	602 788-5890 x113	harriet@apnusa.com	oconnorharriet@yahoo.com
Charles Shillingburg	602.478.0046	N/A	602 788-5890 x119	charles@apnusa.com	charles.shillingburg@juno.com
Tim O'Connor	602.448.7492	602.354.2545	602 788-5890 x114	tim@apnusa.com	tmmyos.oconnor@gmail.com
On-Call/After Hrs	602 619-5251				
Healthcare Recruiters					
Nick Mazur			602 788-5890 x110	Nick@apnusa.com	
Rene Pelayo	480.510.3751	N/A	602 788-5890 x116	rene@apmusa.com	accessrp7@aol.com
Gian Bates		N/A	602 788-5890 x111	Gian@apnusa.com	
Disirae Bates			602 788-5890 x112	Disarae@apnusa.com	
Auto Recruiters					
Jodi Krisman		N/A	602 788-5890 x124	Jodi@apnusa.com	
Bruce Elmore			602 788-5890 x121	Bruce@apnusa.com	
Michael Etherington		N/A	602 788-5890 x123	Michele@apnusa.com	
Marcia Janzen		N/A	602 788-5890 x120	Marcia@apnusa.com	N/A
Adminstration					
Diana Gonzalez			602 788-5890 x122	Diana@apnusa.com	
Sales Trainer					
Sonny Kapur				sonny@apnusa.com	

APPENDIX J – APN SUPPLIER LIST

APN SUPPLIER LIST					
Contact	**Cell Phone**	**Home Phone**	**Alt. Phone**	**Work Email**	**Alt. Email**
Suppliers					
APS	602.371.6767				
AZ Republic Media (Career Builders) Paul Schlosser	602.444.8000				
Cloudnet (Telephone)	602.788.5890				
Cox Communications	623.322.2000			www.cox.com	
First Stop Computer Repair	602.749.8355				
HJN/AHC Healthcare Database)			FAX 678.623.0181	www.healthjobs.com	
Homestead. com	800.710.1998				
Network Solutions	877.432.0677		877.361.7476		
PCR	440.946.5214 x 2				
Universal Background Checks	877.263.8033				
Verizon	800.922.0204				
Emergency Services					
Phoenix Police Dept	911				
Phoenix Fire Dept	911				
ADHS	602.364.4558			http://www.azdhs.gov/bhs/	
CDC	404.639.3311			www.cdc.gov/flu/pandemic-resources/	

APPENDIX K – APN HEALTHCARE PRACTITIONER LIST

-Go to PCR/Healthcare/Rollup/Temporary Staff-

APN HEALTHCARE PRACTITIONER LIST					
Contact	**Cell Phone**	**Home Phone**	**Alt. Phone**	**Work Email**	**Alt. Email**
Healthcare Staff					