JUVARE

Enterprise resilience solutions

EMResource Reporting for COVID-19

Toolkit for Hospitals

Last Updated 11-05-2020

ARIZONA DEPARTMENT OF HEALTH SERVICES

Health and Wellness for all Arizonans

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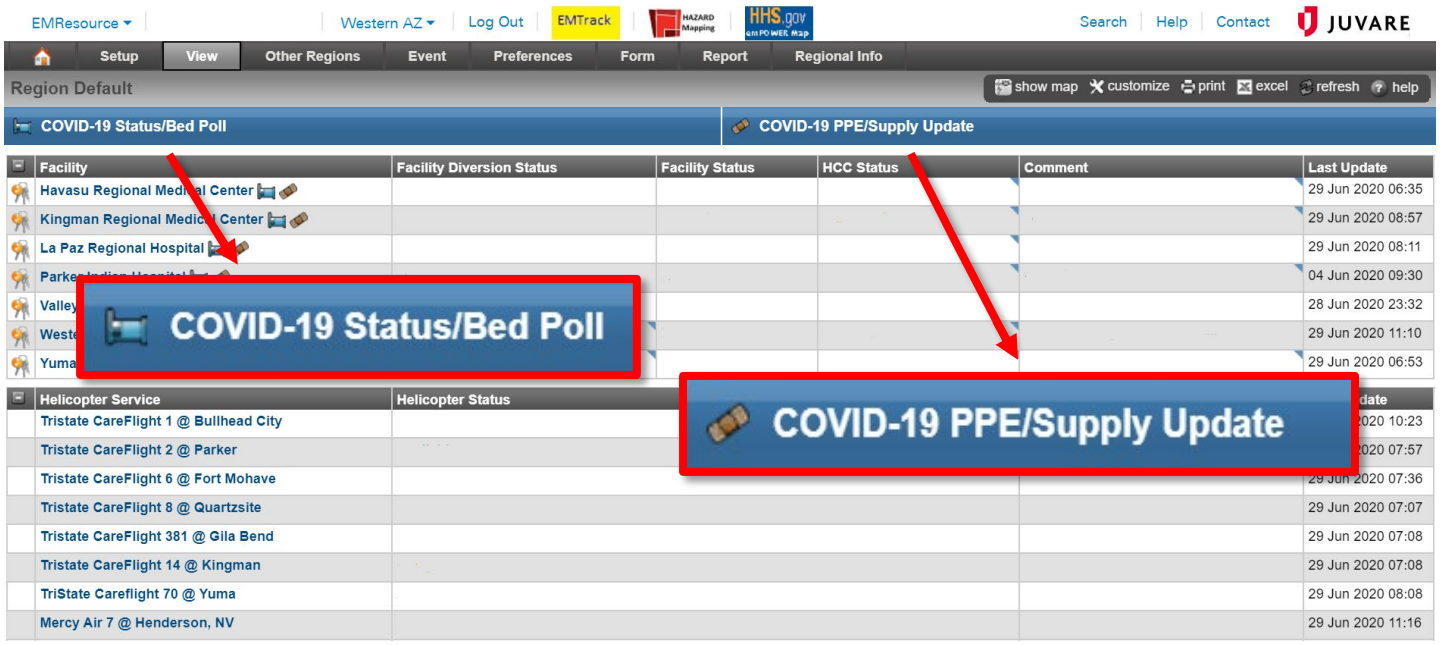
For questions or further assistance email: HEOClogistics@azdhs.gov

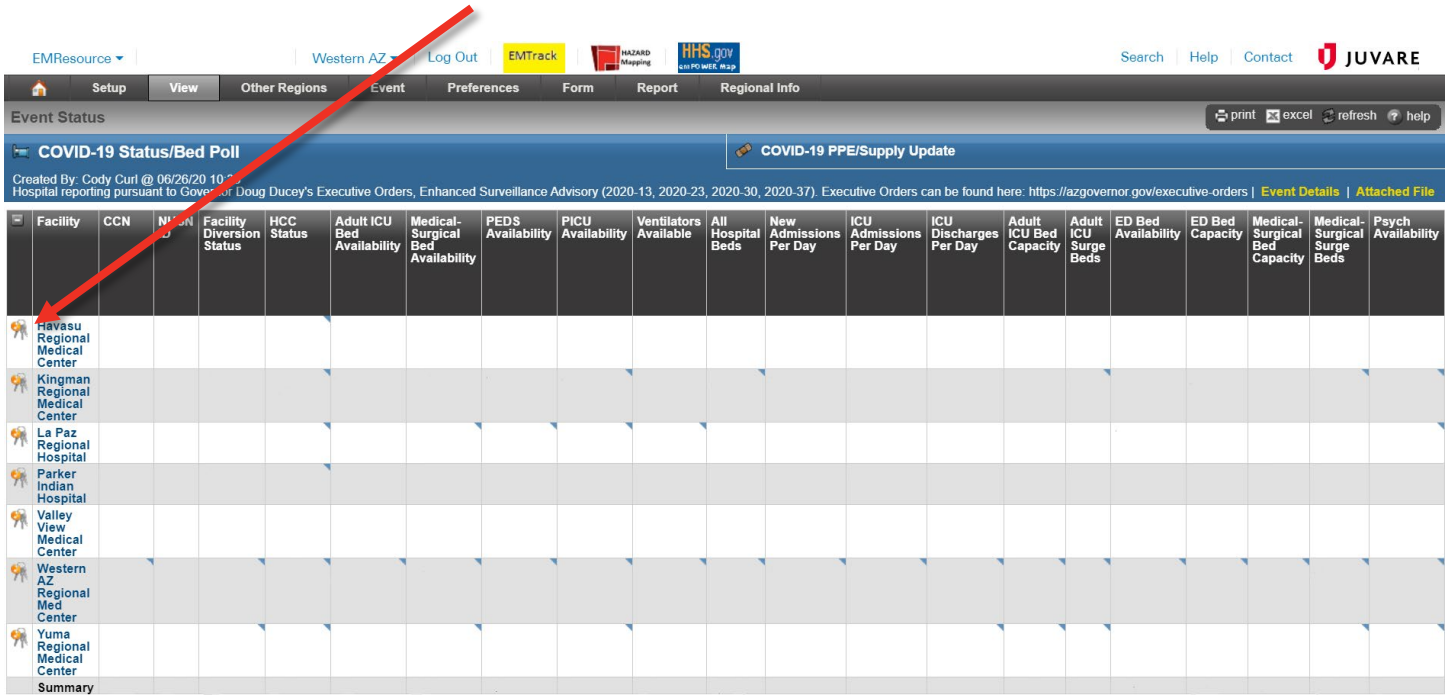
Step 1: Sign into the EMResource Online Platform

https://emresource.juvare.com/login

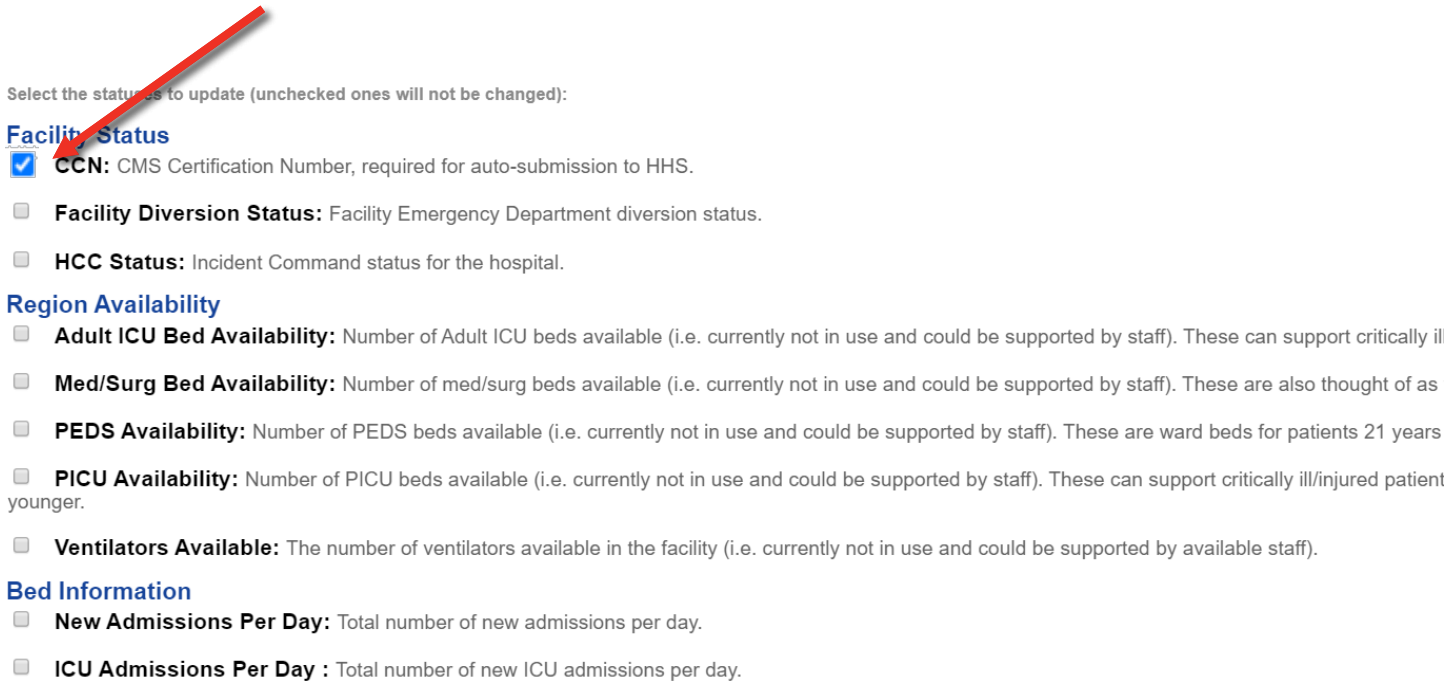
Step 2: Click an event at the top of the screen



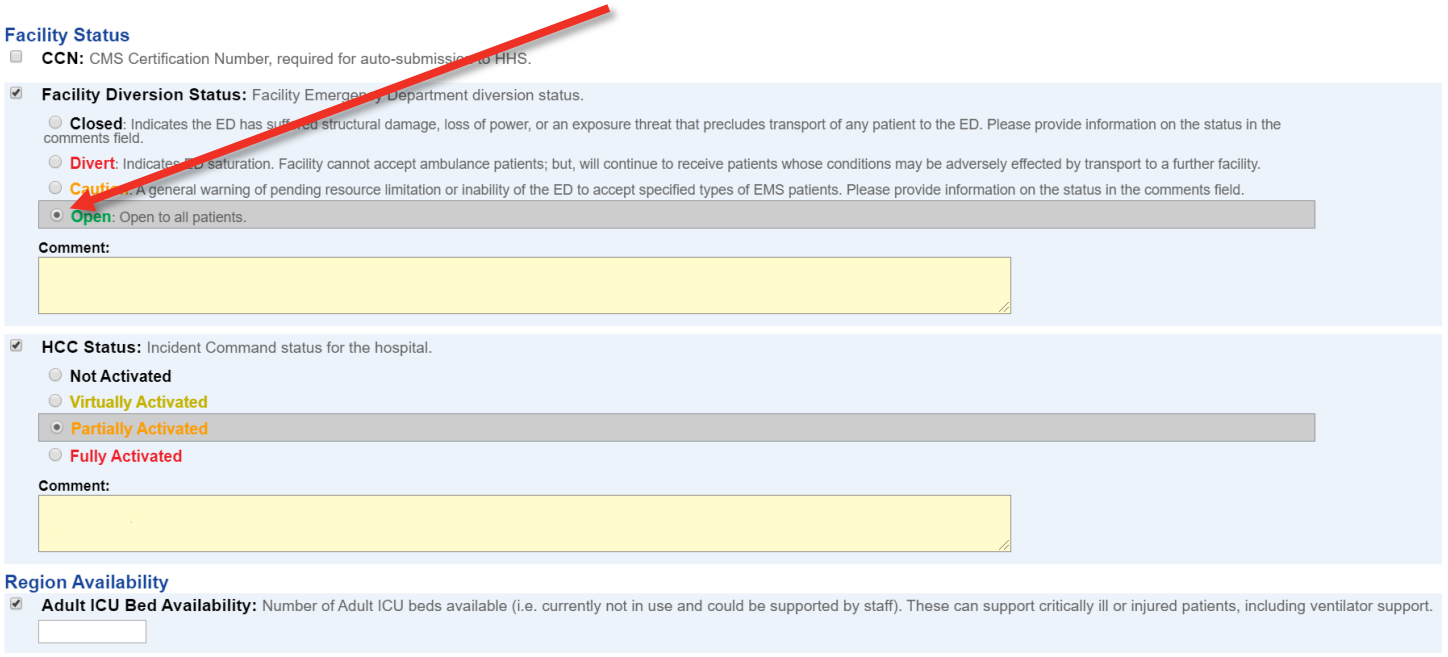
Step 3: Click the key symbol to the left of your facility name



Step 4: Check the box next to the status type you want to update



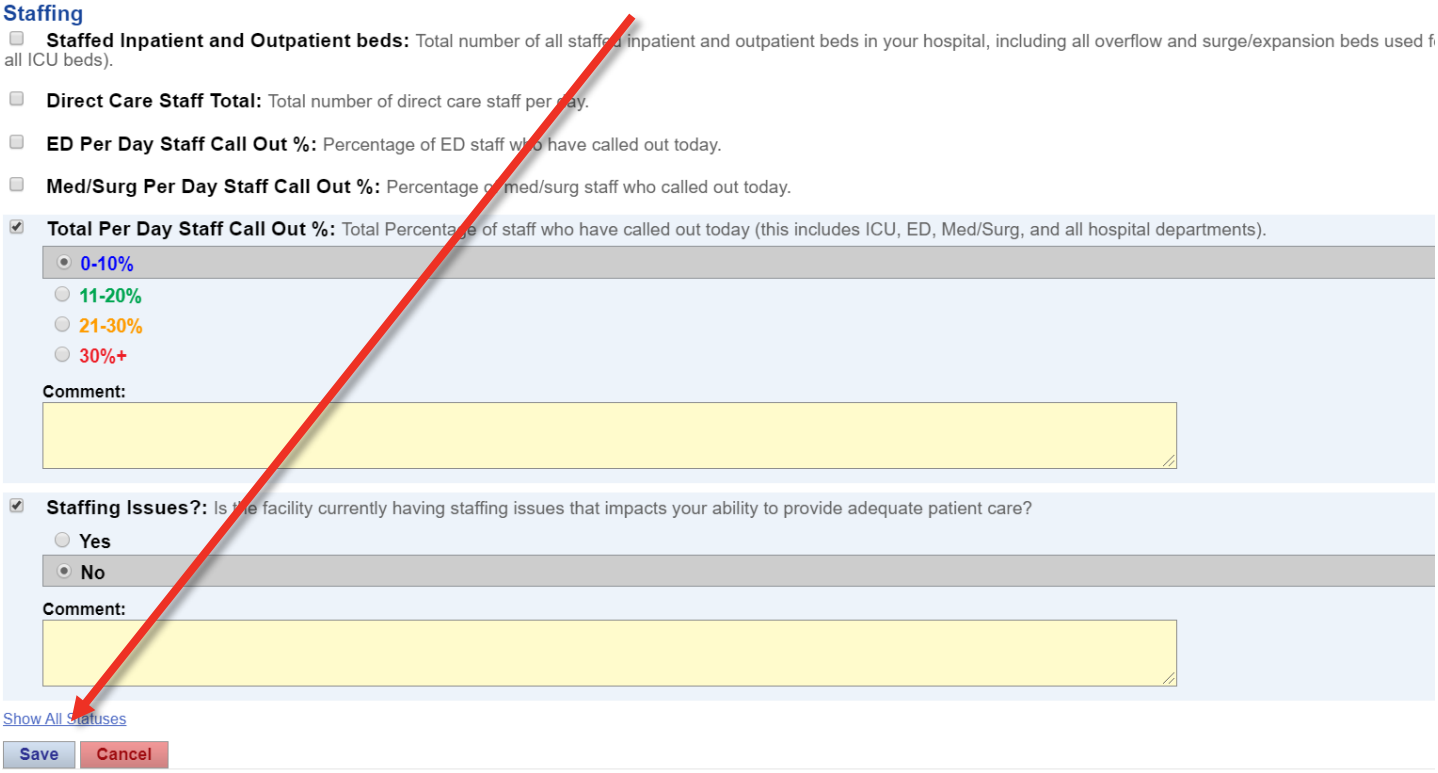
Step 5: Enter in the value and a comment, if needed



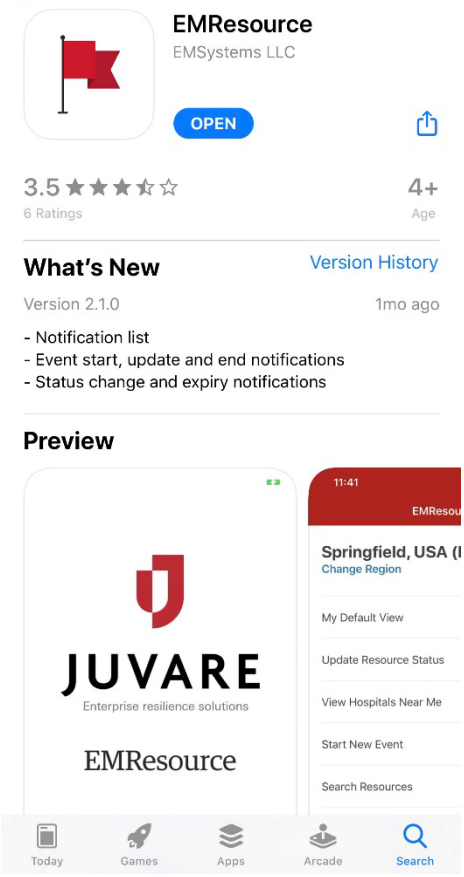
Note: If a value does **not** need to be changed from the previous day, you can skip this status type and the previous day's value will be saved.

Note: If a status type is **not applicable** to your facility, enter a "0" for the value and "N/A" in the comment section.

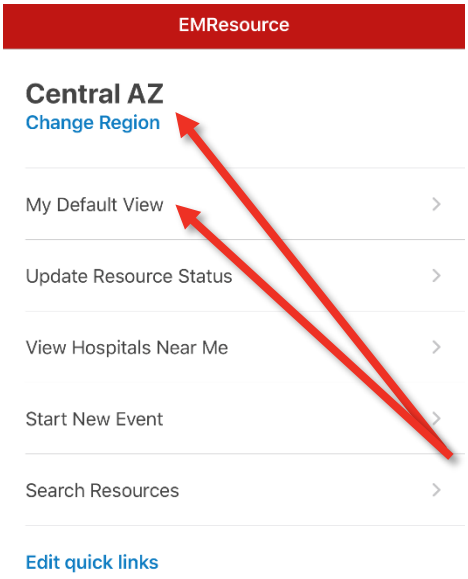
Step 6: Once all information is entered, click Save



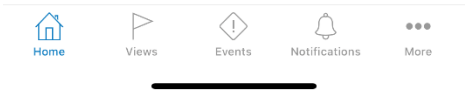
Step 1: Download the EMResource Mobile Application

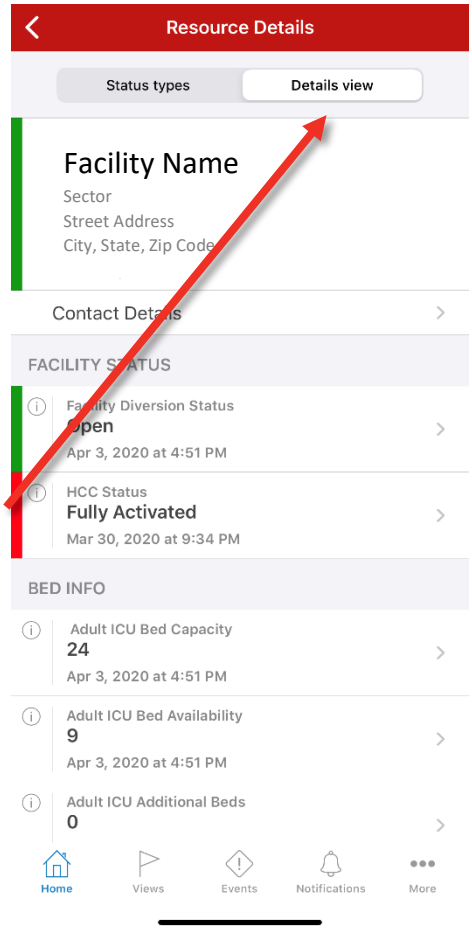


Step 2: Sign into EMResource Mobile Application

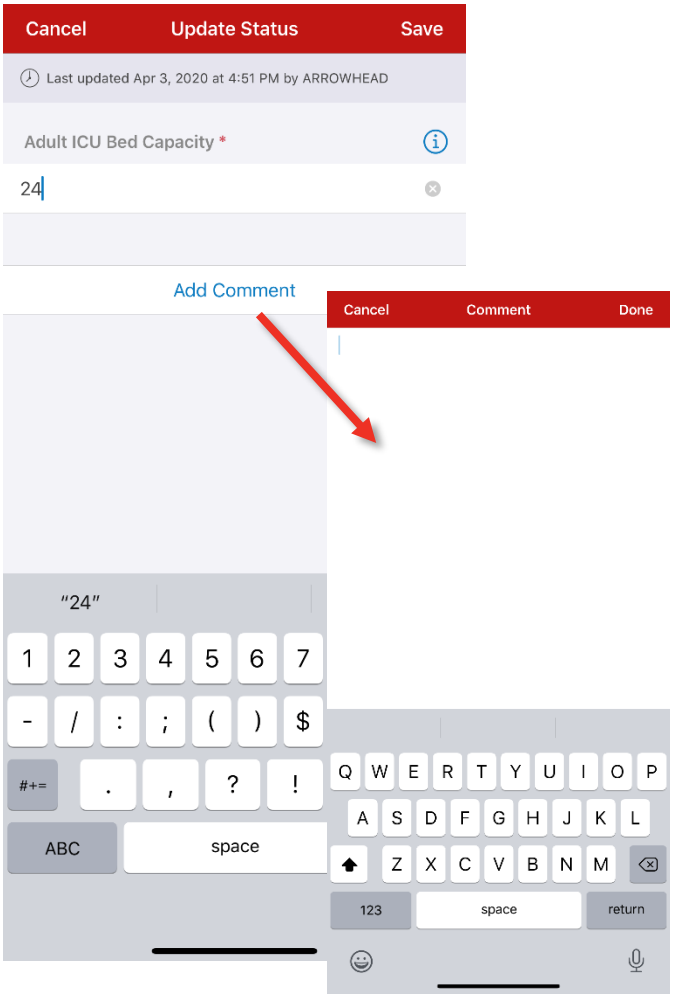


Step 3: Make sure you are in the correct region then click "My Default View"

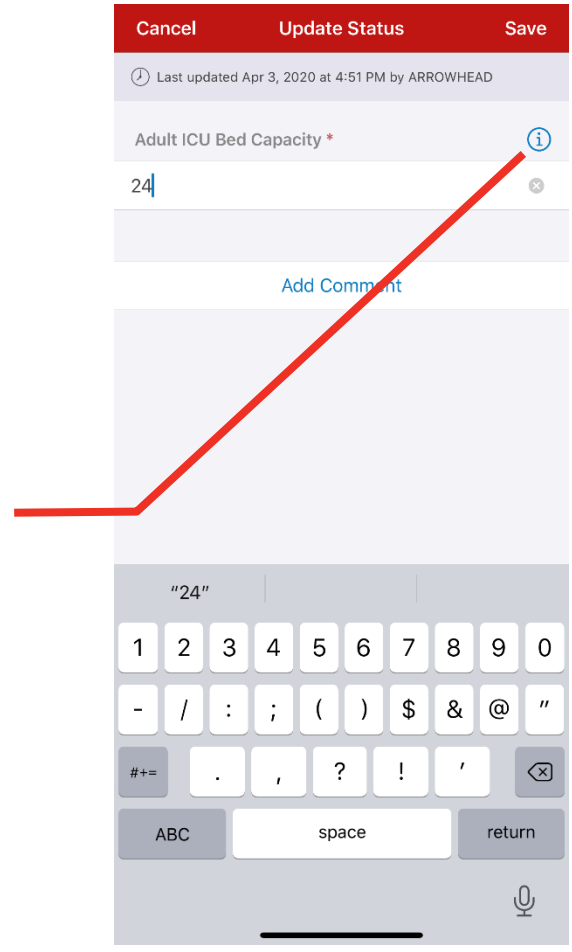




Step 4: Click "Details view" then click on the status type you want to update



Step 5: Enter in the value
You have the option to add a comment within each status type, if needed



Click the ⓘ for a description of the status

COVID-19 Status/Bed Poll

Facility Status

Values – Text

CCN: CMS Certification Number, required for auto-submission to HHS.

NHSN ID: For reporting data to the National Healthcare Safety Network (NHSN). This will be entered by ADHS staff once the "National Healthcare Safety Network (NHSN) Reporting Responsibilities" User Agreement has been signed: https://forms.gle/yxL2ipE5QX5zRATz6

Values - Closed, Divert, Caution, Open

Facility Diversion Status: Facility Emergency Department diversion status.

Values - Not Activated, Virtually Activated, Partially Activated, Fully Activated

HCC Status: Incident Command status for the hospital.

Values -

Conventional: The spaces, staff, and supplies used are consistent with daily practices within the institution. These spaces and practices are used during a major mass casualty incident that triggers activation of the facility emergency operations plan.

Contingency: The spaces, staff, and supplies used are not consistent with daily practices, but provide care that is functionally equivalent to usual patient care practices. These spaces or practices may be used temporarily during a major mass casualty incident or on a more sustained basis during a disaster (when the demands of the incident exceed community resources).

Crisis Standards of Care: The level of care possible during a crisis or disaster due to limitations in supplies, staff, environment, or other factors. These standards will usually incorporate the following principles: (1) prioritize population health rather than individual outcomes; (2) respect ethical principles of beneficence, stewardship, equity, and trust; (3) modify regulatory requirements to provide liability protection for healthcare providers making resource allocation decisions; and/or (4) designate a crisis triage officer and include provisions for palliative care in triage models for scarce resource allocation (e.g., ventilators).

Standards of Care: Standards of care your facility is currently operating.

Region Availability

Adult ICU Bed Availability: Number of Adult ICU beds available (i.e. currently not in use and could be supported by immediate staff). These can support critically ill or injured patients, including ventilator support.

Medical-Surgical Bed Availability: Number of medical-surgical beds available (i.e. currently not in use and could be supported by staff).

PEDS Availability: Number of PEDS beds available (i.e. currently not in use and could be supported by staff). These are hospital beds for patients 21 years and younger.

PICU Availability: Number of PICU beds available (i.e. currently not in use and could be supported by staff). These can support critically ill/injured patients, including ventilator support for patients 21 years and younger.

Bed Information

All Hospital Beds: Total number of all staffed inpatient and outpatient beds in your hospital, including all overflow and surge/expansion beds used for inpatients and for outpatients (includes all ICU, ED, and observation).

HHS: Adult Hosp Inpatient Bed Occupancy: HHS: Adult Hospital Inpatient Bed Occupancy

HHS: Adult Hospital Inpatient Beds: Total number of staffed inpatient adult beds in your hospital including all overflow and surge/expansion beds used for inpatients (includes all ICU beds). This is a subset of All Hospital Inpatient Beds.

HHS: Adult ICU Bed Occupancy: Total number of staffed inpatient adult ICU beds that are occupied. This is a subset of All Hospital Inpatient Bed Occupancy

HHS: All Adult Hospital Beds: Total number of all staffed inpatient and outpatient adult beds in your hospital, including all overflow and surge/expansion beds used for inpatients and for outpatients (includes all ICU, ED, and observation). Subset of All Hospital Beds.

HHS: ICU Beds: ICU BEDS: Total number of staffed inpatient ICU beds. This is a subset of All Hospital Beds and All Hospital Inpatient Beds.

Hospital Inpatient Bed Occupancy: Total number of staffed inpatient beds that are occupied.

New Admissions Per Day: Total number of new admissions per day.

ICU Admissions Per Day : Total number of new ICU admissions per day.

ICU Discharges Per Day : Total number of ICU discharges per day

ICU Bed Occupancy: Total number of staffed inpatient ICU beds that are occupied.

Adult ICU Bed Capacity: Total number of Adult ICU beds (i.e. beds open plus (+) beds in use). These can support critically ill or injured patients, including ventilator support.

Adult ICU Surge Beds: Potential Adult ICU beds that could be supported by current staffing in the event of a surge. If Adult ICU bed capacity is expanded, include the number of activated surge beds in the Adult ICU Bed Capacity number. Mandated by Executive Order 2020-16 "Increasing Hospital Capacity For COVID-19 Preparedness" to increase bed capacity by 50%.

ED Bed Availability: Number of ED beds available (i.e. currently not in use and could be supported by staff).

ED Bed Capacity: Total number of ED beds (i.e. beds open plus (+) beds in use).

Medical-Surgical Bed Capacity: Total number of medical-surgical beds (i.e. beds open plus (+) beds in use). Medical-surgical beds refer to those hospital beds that are NOT ICU or ED (also does not include PACU recovery beds).

Medical-Surgical Surge Beds: Potential Medical-Surgical beds that could be supported by current staffing in the event of a surge. If Medical-Surgical bed capacity is expanded, include the number of activated surge beds in the Medical-Surgical Bed Capacity number. Mandated by Executive Order 2020-16 "Increasing Hospital Capacity For COVID-19 Preparedness" to increase bed capacity by 50%.

Psych Availability: Number of psych beds available (i.e. currently not in use and could be supported by staff). These are hospital beds in a closed/locked psychiatric unit or where a patient will be attended by a sitter.

OB/GYN Availability: Number of OB/GYN beds available (i.e. currently not in use and could be supported by staff).

OR Availability: An operating room that is equipped, staffed, and could be made available for patient care in a short period of time.

Other: Number of available beds (i.e. currently not in use and could be supported by staff) for other types of care not listed.

Neg Flow Availability: Beds provided with negative airflow, providing respiratory isolation. NOTE: This value may represent available beds included in the counts of other types.

Total Number of Holds: Total number of patients who are currently in the ED or any overflow location awaiting an inpatient bed. NOTE: This value will include the COVID-19 Number of Holds count.

COVID-19 Bed Information

HHS: Adult confirmed-positive COVID: Patients currently hospitalized in an adult inpatient bed who have laboratory-confirmed COVID-19. This is a subset of Total hospitalized Adult confirmed positive COVID patients. Include those in observation beds.

HHS: Confirmed COVID in ICU: The number of lab confirmed COVID patients in all ICU patient care areas.

HHS: Hospitalized ped confirmed-positive: Patients currently hospitalized in a pediatric inpatient bed, including NICU, newborn, and nursery, who have laboratory-confirmed COVID-19. Include those in observation beds. This is a subset of Total hospitalized pediatric suspected or confirmed positive COVID patients.

HHS: Hospitalized Peds Confirmed/Suspect: Patients currently hospitalized in a pediatric inpatient bed, including NICU, newborn, and nursery, who are suspected or laboratory-confirmed COVID-19. Include those in observation beds.

HHS: ICU adult confirmed-positive COVID: Patients currently hospitalized in an adult ICU bed who have laboratory-confirmed COVID-19.

HHS: Prev Day Total ED Visits: Enter the total number of patient visits to the ED who were seen on the previous calendar day regardless of reason for visit. Include all patients who are triaged even if they leave before being seen by a provider.

HHS: Suspected COVID in ICU: CURRENT number of patients in critical care units (as of 0700 daily) with suspected COVID-19. This includes non-critical care areas being used for surgre critical care and ED boarding

HHS: Total adult suspected/confirmed: Patients currently hospitalized in an adult inpatient bed who have laboratory-confirmed or suspected COVID-19. Include those in observation beds.

COVID-19 Positive Inpatients: Number of inpatient COVID-19 positive or suspected positive patients.

ICU Beds In Use by COVID-19 Patients: Number of ICU beds in use by COVID-19 positive patients or patients with suspected COVID-19.

COVID-19 Patients Seen in ED Per Day: Enter the total number of ED visits who were seen on the previous calendar day who had a visit related to COVID-19 (meets suspected or confirmed definition or presents for COVID diagnostic testing).

COVID-19 Number of Holds: Number of patients COVID-19 positive or suspected positive who are currently in the ED or any overflow location awaiting an inpatient bed. NOTE: This value will include the COVID-19 Number of Holds and Ventilated count.

COVID-19 Number of Holds and Ventilated: Number of patients COVID-19 positive or suspected positive who are currently in the ED or any overflow location awaiting an inpatient bed and on a mechanical ventilator.

COVID-19 Mortality: Number of patients with suspected or laboratory-confirmed COVID-19 who died on the previous calendar day in the hospital, ED, or any overflow location.

Hospitalized 14+ Days: Number of COVID-19 positive or suspected positive patients currently hospitalized in an inpatient bed fourteen or more days after hospital admission due to a condition other than COVID-19.

Staffing

Staffing Issues?: Is the facility currently having staffing issues that impacts your ability to provide adequate patient care?

HHS: Critical Staffing shortage w/in 1wk: Enter Y if you anticipate a critical staffing shortage within a week. Enter N if you do not anticipate a staffing shortage within a week.

Direct Care Staff Total: Total number of direct care staff per day. Direct care staff includes any staff coming into direct contact with a patient.

Adult ICU Per Day Staff Call Out %: Percentage of Adult ICU staff who called out today.

ED Per Day Staff Call Out %: Percentage of ED staff who have called out today.

Med-Surg Per Day Staff Call Out %: Percentage of med-surg staff who called out today.

Total Per Day Staff Call Out %: Total Percentage of staff who have called out today (this includes ICU, ED, Med-Surg, and all other hospital departments)

Ventilators

Ventilators In Use for COVID-19: Number of ventilators in use by COVID-19 positive patients or patients with suspected COVID-19.

HHS: Total Mechanical ventilators: Enter the total number (in use and not in use) of all mechanical ventilators, including adult, pediatric, neonatal ventilators, anesthesia machines and portable/transport ventilators available in the facility. Include BiPAP machines if the hospital uses BiPAP to deliver positive pressure ventilation via artificial airways.

Services

Access to COVID-19 Laboratory Testing: Do you have access to COVID-19 laboratory testing?

Lab Services: Current status of lab services, including blood cultures, chemistries, Gram stains, and hematology.

Radiology Services: Current status of radiology services, including CT, diagnostic, and ultrasound.

Lab Information

HHS: Current Remdesivir Inventory: Enter the number of remdesivir vials in inventory at 11:59pm on the previous calendar day in the hospital pharmacy

HHS: Prev Day Remdesivir Used: Number of remdesivir vials used on the previous calendar day in an inpatient, ED, and/or overflow location

COVID-19 Bed Information

COVID-19 Positive Admissions Per Day: Total number of new COVID-19 positive or suspected positive admissions per day.

COVID-19 Positive ICU Admissions Per Day: Total number of new COVID-19 positive or suspected positive ICU admissions per day.

COVID-19 Positive Discharges Per Day: Total number of COVID-19 positive or suspected positive patients discharged from the facility per day.

COVID-19 Positive ICU Discharges Per Day: Number of COVID-19 positive or suspected positive ICU discharges per day.

COVID Admit/Discharge Information

HHS: Prev Day Peds Confirmed COV Admits: Enter the number of pediatric patients who were admitted to an inpatient bed on the previous calendar day who had confirmed COVID-19 at the time of admission. This is a subset of Total hospitalized pediatric suspected or confirmed positive COVID patients

HHS: Prev Confirmed 18-19: Previous day's adult admissions with confirmed COVID ages 18 and 19.

HHS: Prev Confirmed 20 - 29: Previous day's adult admissions with confirmed COV ages 20 - 29

HHS: Prev Confirmed 30 - 39: Previous day's adult admissions with confirmed COVID-19 ages 30 - 39

HHS: Prev Confirmed 40 - 49: Previous day's adult admissions with confirmed COVID-19 ages 40 - 49

HHS: Prev Confirmed 50 - 59: Previous day;s adult admissions with confirmed COVID-19 ages 50 - 59

HHS: Prev Confirmed 60 - 69: Previous day's adult admissions with confirmed COVID-19 ages 60 - 69

HHS: Prev Confirmed 70 - 79: Previous day's adult admissions with confirmed COVID-19 ages 70 - 79

HHS: Prev Confirmed 80+: Previous day's adult admissions with confirmed COVID-19 ages 80+

HHS: Prev Confirmed Age Unknown: Previous day's adult admissions with confirmed COVID-19 age unknown

HHS: Prev Day Peds Suspected COV Admits: Enter the number of pediatrics patients who were admitted to an inpatient bed on the previous calendar day who had suspected COVID-19 at the time of admission. This is a subset of Hospitalized pediatric suspected-positive COVID patients

HHS: Prev Suspected 18 - 19: Previous day's adult admissions with suspected COVID ages 18 and 19.

HHS: Prev Suspected 20 - 29: Previous day;s adult admissions with suspected COVID-19, ages 20 - 29

HHS: Prev Suspected 30 - 39: Previous day's adult admissions with suspected COVID-19, ages 30 - 39

HHS: Prev Suspected 40 - 49: Previous day's adult admissions with suspected COVID-19, ages 40 - 49

HHS: Prev Suspected 50 - 59: Previous day's adult admissions with suspected COVID-19, ages 50 - 59

HHS: Prev Suspected 60 - 69: Previous day's adult admissions with suspected COVID-19, ages 60 - 69

HHS: Prev Suspected 70 - 79: Previous day's adult admissions with suspected COVID-19, ages 70 - 79

HHS: Prev Suspected 80+: Previous day's adult admissions with suspected COVID-19, ages 80+

HHS: Prev Suspected Age Unknown: Previous day's adult admissions with suspected COVID-19, age unknown

Region Availability

Ventilators Available: The number of ventilators available in the facility (i.e. currently not in use and could be supported by available staff).

Ventilators

HHS: Total Mechanical ventilators: Enter the total number (in use and not in use) of all mechanical ventilators, including adult, pediatric, neonatal ventilators, anesthesia machines and portable/transport ventilators available in the facility. Include BiPAP machines if the hospital uses BiPAP to deliver positive pressure ventilation via artificial airways.

Ventilators In Use: Enter the total number of mechanical ventilators in use at the time the data is collected, including adult, pediatric, neonatal ventilators, anesthesia machines and portable/transport ventilators. Include BiPAP machines if the hospital uses BiPAP to deliver positive pressure ventilation via artificial airways.

ECMOs In Use: Number of ECMOs in use.

ECMOs Available : Number of ECMOs available for use.

Services

Triage Tent: Are triage tents being utilized at the facility?

PPE and Supplies

HHS: PPE Management: Are your PPE supply items managed (purchased, allocated, and/or stored) at the facility level or, if you are part of a health system, at the health system level (or other multiple facility group)?

HHS: Exam Gloves: Is your facility able to order and obtain gloves? If you have placed an order but are not able to have that order filled, please answer NO.

HHS: Exam Gloves (Duration): Select calculated range of days of supply in stock for exam gloves. Calculation may be provided by your hospital's ERP system or by utilizing the CDC's PPE burn rate calculator assumptions.

HHS: Exam Gloves On Hand: Please report this information if feasible. Record the number of individual units (or "each") available in the facility on the date of data collection. For hospitals which are a part of a health system, do NOT include supplies at other system locations, including warehouses.

HHS: Eye Protection: Is your facility able to order and obtain eye protection? (Includes goggles and face shields) If you have placed an order but are not able to have that order filled, please answer NO.

HHS: Eye Protection (Duration): Select calculated range of days of supply in stock for eye protection (face shields and goggles). Calculation may be provided by your hospital's ERP system or by utilizing the CDC's PPE burn rate calculator assumptions.

HHS: Eye Protection On Hand: Includes protective goggles or face shields that protect the wearer from droplets. Please report this information if feasible. Record the number of individual units (or "each") available in the facility on the date of data collection. For hospitals which are a part of a health system, do NOT include supplies at other system locations, including warehouses.

HHS: Gowns: Is your facility able to order and obtain single use gowns? If you have placed an order but are not able to have that order filled, please answer NO.

HHS: Single-Use Gown (Duration): Select calculated range of days of supply in stock for single-use gowns. Calculation may be provided by your hospital's ERP system or by utilizing the CDC's PPE burn rate calculator assumptions.

HHS: Gowns On Hand: Single use gowns. Please report this information if feasible. Record the number of individual units (or "each") available in the facility on the date of data collection. For hospitals which are a part of a health system, do NOT include supplies at other system locations, including warehouses.

Isolation Gown Estimation Per Day: Estimated number of isolation gowns used per day.

HHS: Reusable / Launderable Gown Re-Use: Does your facility re-use or extend the use of reusable/launderable isolation gowns? Enter YES if the facility re-uses or extends use of. Enter NO for those for which your facility does not re-use or extend use of. Enter N/A if the item is not applicable for your facility.

HHS: Reusable / Launderable Gowns: Is your facility able to order and obtain Reusable / Launderable Gowns? If you have placed an order but are not able to have that order filled, please answer NO.

HHS: Launderable Gowns On Hand: Please report this information if feasible. Record the number of individual units (or "each") available in the facility on the date of data collection. For hospitals which are a part of a health system, do NOT include supplies at other system locations, including warehouses.

HHS: Laboratory - Nasal Pharyngeal Swabs: Is your facility able to maintain a 3 day supply of Nasal Pharyngeal Swabs? If you have placed an order but are not able to have that order filled, please answer NO.

HHS: Laboratory - Nasal Swabs: Is your facility able to maintain a 3 day supply of Nasal Swabs? If you have placed an order but are not able to have that order filled, please answer NO.

HHS: Laboratory - Viral Transport Media: Is your facility able to maintain a 3 day supply of Viral Transport Media? If you have placed an order but are not able to have that order filled, please answer NO.

HHS: N95 Masks: Is your facility able to order and obtain N95 masks? If you have placed an order but are not able to have that order filled, please answer NO.

HHS: N95 Masks (Duration): Select calculated range of days of supply in stock for N95 masks. Calculation may be provided by your hospital's ERP system or by utilizing the CDC's PPE burn rate calculator assumptions.

HHS: N95 Masks On Hand: Please report this information if feasible. Record the number of individual units (or "each") available in the facility on the date of data collection. For hospitals which are a part of a health system, do NOT include supplies at other system locations, including warehouses.

N95 Mask Estimation Per Day: Estimated number of N95 masks used per day.

HHS: N95 Masks Re-Use: Does your facility re-use or extend the use of N95 masks? Enter YES if the facility re-uses or extends use of. Enter NO for those for which your facility does not re-use or extend use of. Enter N/A if the item is not applicable for your facility.

HHS: PAPRs and Other Respirators On Hand: Other respirators such as PAPRS or elastomerics Please report this information if feasible. Record the number of individual units (or "eaches") available in the facility on the date of data collection. For hospitals which are a part of a health system, do NOT include supplies at other system locations, including warehouses.

HHS: PAPRs/Elastomerics Re-Use: Does your facility re-use or extend the use of PAPRs/elastomerics? Enter YES if the facility re-uses or extends use. Enter NO for those for which your facility does not re-use or extend use of. Enter N/A if the item is not applicable for your facility.

HHS: PAPRS/Other Respirators: Is your facility able to order and obtain other respirators such as PAPRs or elastometrics? If you have placed an order but are not able to have that order filled, please answer NO.

HHS: Surgical Masks: Is your facility able to order and obtain surgical or procedural masks? If you have placed an order but are not able to have that order filled, please answer NO.

HHS: Surgical Masks (Duration): Select calculated range of days of supply in stock for surgical and procedure masks. Calculation may be provided by your hospital's ERP system or by utilizing the CDC's PPE burn rate calculator assumptions.

HHS: Surgical Masks on Hand: Surgical and procedure masks. Please report this information if feasible. Record the number of individual units (or "each") available in the facility on the date of data collection. For hospitals which are a part of a health system, do NOT include supplies at other system locations, including warehouses.

Surgical Mask Estimation Per Day: Estimated number of surgical masks used per day.

HHS: Ventilator Medications: Is your facility able to order and obtain ventilator medications? If you have placed an order but are not able to have that order filled, please answer NO.

HHS: Ventilator Supplies: (EXCLUDING MEDICATIONS) Is your facility able to order and obtain ventilator supplies? If you have placed an order but are not able to have that order filled, please answer NO.

HHS: Ventilator Supplies (Duration): Select calculated range of days of supply in stock for ventilator supplies. Calculation may be provided by your hospital's ERP system or by utilizing the CDC's PPE burn rate calculator assumptions.

Face Shield Inventory: Number of days of face shield inventory on hand:

Face Shield Estimation Per Day: Estimated number of face shields used per day

Goggle Inventory: Number of days of goggle inventory on hand:

Goggle Estimation Per Day: Estimated number of goggles used per day.

HHS: Other Med Supplies Shortages: Indicate any specific or critical medical supplies or medication shortages for which you are currently experiencing or anticipate experiencing in the next three days.

Hand Sanitizer Shortage?: Does the facility have a hand sanitizer shortage?

O2 Tank Shortage?: Does the facility have an O2 tank shortage?

Medication Shortage?: Does the facility have any medication shortages? (Please provide information on which medications in the comments field.)

IV Fluids Shortage?: Does the facility have an IV fluids shortage?

Influenza Patients

FLU: Flu/ILI 24: Number of influenza positive patients or patients with suspected influenza seen in the Emergency Department per day.

FLU: Pos or Suspect in ICU Beds: Number of ICU beds in use by influenza positive patients or patients with suspected influenza.

FLU: Pos or Suspect Inpatients: Number of inpatient influenza positive patients or patients with suspected influenza.

FLU: Pos or Suspect on Vents: Number of ventilators in use by influenza positive patients or patients with suspected influenza.

HHS: Influenza Confirmed Prev Day Deaths: Number of patients with laboratory-confirmed influenza who died on the previous calendar day in the hospital, ED, or any overflow location.

HHS: Influenza Confirmed in ICU: Patients (all ages) currently hospitalized in a designated ICU bed with laboratory-confirmed influenza. This is a subset of total confirmed patients.

HHS: Influenza and COV Conf Prev Day Deaths: Number of patients with laboratory-confirmed influenza AND laboratory-confirmed COVID-19 who died on the previous calendar day in the hospital, ED, or any overflow location. This is a subset of previous day total deaths.

HHS: Influenza Hospitalized Confirmed: Patients (all ages) currently hospitalized in an inpatient bed who have laboratory-confirmed influenza. Include those in observation beds.

HHS: Influenza Prev Day Admissions: The number of patients (all ages) who were admitted to an inpatient bed on the previous calendar day who had laboratory-confirmed influenza at the time of admission. This is a subset of total confirmed patients.

HHS: Influenza and COVID Total Confirmed: Patients (all ages) currently hospitalized in an inpatient bed who have laboratory-confirmed COVID-19 and laboratory-confirmed influenza.

Contact(s)

EMResource - Contact Name: Primary contact for EMResource entry questions. Identify and report information of an assigned liaison to facilitate Quality Check(s) of EMResource data to ensure reporting is accurate and in line with the intent of previous Executive Orders. Requests from ADHS must be accommodated within 72 hours of original request.

EMResource - Phone: Phone number for EMResource contact. Identify and report information of an assigned liaison to facilitate Quality Check(s) of EMResource data to ensure reporting is accurate and in line with the intent of previous Executive Orders. Requests from ADHS must be accommodated within 72 hours of original request.

EMResource - E-mail: E-mail address for EMResource contact. Identify and report information of an assigned liaison to facilitate Quality Check(s) of EMResource data to ensure reporting is accurate and in line with the intent of previous Executive Orders. Requests from ADHS must be accommodated within 72 hours of original request.

FAQs

What time period should the data reflect?

The data entered into EMResource should be from the previous 24-hour period (2400-2400) and submitted by 1200 each day.

We understand that status types such as those asking about bed availability will be a real-time update.

Can Juvare insert a scrollbar at the bottom of the page?

ADHS has submitted a ticket requesting the horizontal scroll-bar at the bottom of the page to show on the entire page.

Is there a tutorial or video on EMResource?

ADHS is creating an EMResource "How to" video. Once created, the link will be available here. You can also visit the "Help" link in the upper righthand corner of EMResource.

With additional questions or assistance email:
HEOClogistics@azdhs.gov