

Community Health Centers and Local-level Disaster Planning

Kevin McCulley
Association for Utah Community Health
Utah's Primary Care Association



Project Assumptions

- A catastrophic event such as an earthquake or flood will cause disruptions to normal transportation patterns



Project Assumptions

- These disruptions will impact inflow of rescuers, outflow of impacted residents to definitive medical care, and crossflow within communities



Project Assumptions

- Outside response assets may not be available until 96 hours after initial event, and maybe not at all for many neighborhoods within a larger community
 - Lack of situational awareness
 - Transportation barriers
 - Time to mobilize assets from regional staging areas
 - Flight disruptions
 - Overall limitations in how much can be cached, and ratio of responders/population

Project Assumptions

- Traditional response agencies will be overwhelmed, may not get to all requests
 - 2003 NE Blackout – NYC EMS calls increased by over 100%, high priority calls went from 34% to 47% of all calls, call process times rose from 1.1 to 5.5 minutes, 11,000 traffic lights out created major traffic
- Bystanders and others in immediate vicinity will rescue, provide assistance to, and transport injured victims (maybe to your clinic)
 - Loma Prieta Nimitz Freeway Collapse – 150 on freeway, 50 killed, 50 self-rescued, 49 rescued by bystanders, 1 rescued by EMS

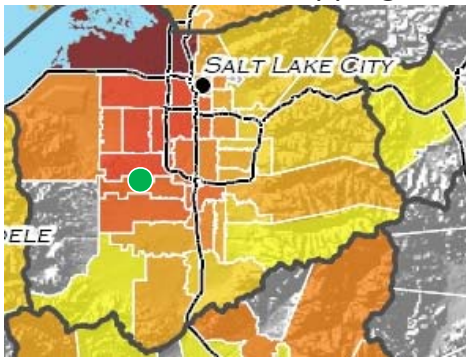
What Does This Mean?

- Planning should be conducted to assist local entities to conduct effective initial response activity
- CHCs and other outpatient providers (LTC, urgent-care clinics, outpatient surgical centers, et. al.) are in a position to contribute substantially to local disaster response
- Local planning can be enhanced by looking at small areas first and developing neighborhood/community Incident Command Systems
- Even if your plan is limited to serving existing patients, this will greatly assist local planners, especially with vulnerable population issues

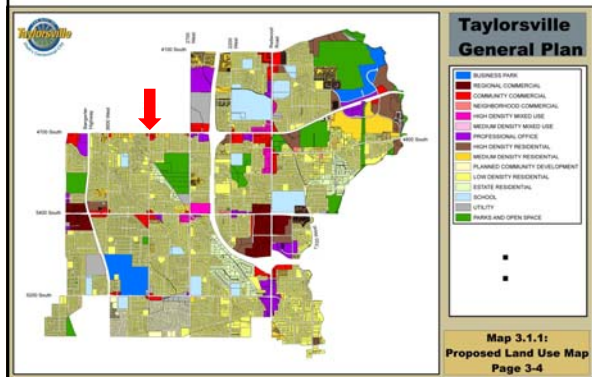
Initial Steps for CHC inclusion

- Know your environment
 - Patient location study (UDS Zips, EHR, Mapping)
 - Patient demographics and primary health needs
 - Who are your neighbors? (residents/businesses)
 - What planning groups exist? (LEPC, CERT, MMRS)
- Commit to the effort
 - One need/challenge – allowing staff FTE to be specifically designated to EP
 - To attend meetings, give tours, general education about your CHC, conduct staff trainings, develop partnerships, maintain equipment and supplies, seek \$

Service Area Mapping



Service Area Mapping



Space/Facility

- Assets – exam rooms; procedure rooms; shelter; generators; known to patients; in the right place
- Liabilities – No one there at night; dated facilities; limited power supply backup
- Suggestions – Think about backup systems as CIP/FIP funds are spent; work to identify CHC as “Critical Infrastructure”; allow after hours access if needed by City EP; purchase a basic gas generator; allow CERT Tx area on property

Staffing/People

- Assets – Medically trained staff, clinicians; cultural competence; interest in helping
- Liabilities – Internal study in UT – support staff live in area of clinic but many clinicians do not; staff will leave if concerned about family; off hours response capability; tied to hospital
- Suggestions – CERT training for staff; consistent family preparedness training; get \$ to offer starter kits; include staff in planning; develop contact lists/wallet cards; use ICS!!!!

Stuff/Equipment/Supplies

- Assets – Caching can buy you time; pharmacy; water storage;
- Liabilities – Limited space in clinic; some equipment not useful without training (decon); requires ongoing attention
- Suggestions – Store cache for patients and staff of water and food; develop both a trauma supply and PPE supply; allow community to locate cache trailer on property

Communication

- Assets – CHCs can offer on the ground reports; can serve as call centers for patients; can coordinate with EMS
- Liabilities – Lack of time to test, not enough people trained to run equipment; things walk away; \$ for fees; may not work without electricity
- Suggestion – Get a satellite phone; set-up HAM radio; Get EMS radio; train and test several staff deep; set up call in and staff notification process; use EHR system for mass communication to pts.

Summary

- Know your internal and external environment
- Commit to the effort for the long term
- Address Space
- Address Stuff
- Address Staff
- Address Communication

Kevin McCulley, Emergency Preparedness Coordinator
801-716-4612; kevin@auch.org; www.auch.org
