

Community Health Centers (CHCs) are a vital part of effective emergency response in the communities they serve.



During natural and man-made disasters, CHCs are often the only source of refuge for some of the most vulnerable populations, such as those:

- In poverty or without health insurance
- Who are considered frail elders
- From geographically isolated or remote locations including:
 - Rural areas
 - Public Housing
 - Inner cities

Therefore, even before disaster strikes, such groups are already deemed “high-risk”.

In addition to providing comprehensive primary care services, during emergencies CHCs’ role expands to:

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| • Managing Internal Emergencies | • Mass Casualty Care | • Reception and Triage |
| • Reception of Hospital Overflow | • Mental Health Services | • Maintaining Ongoing Routine Patient Care |
| • Staff Protection | • Mass Prophylaxis | • Hazardous Material Response |
| • Risk Communication | • Provide Volunteer Staff | • Community/Clientele Preparedness |
| • Receive/Utilize Volunteers | • Sheltering | • Bio-Agent Identification and Reporting |

Not only are CHCs often in need of support during times of disasters, but they are also a key valued stakeholder in managing surge capacity and patient overflow from other hospital and urgent care center providers.

Here are some of the types of questions and considerations that CHC leadership and staff should think about:

Advanced Planning

- If you are able to anticipate the disaster, you should consider contacting patients scheduled for appointments the following week and bring them in asap. Likewise, patients should be encouraged to refill prescriptions ahead of time.
- How will you make payroll if the banks or your office is closed? Consider cash advances even if you make electronic payroll payments since power may go out.
- Know your insurance limitations and barriers, including flood and business interruption insurance. In some settings that provide care (with a sound patient record keeping system), disaster expenses may be covered.

Evacuation

- * If my office is damaged where will I relocate? Most fraud and abuse laws and other barriers are temporarily waived. Some CHCs and hospitals may want to create mini-offices for displaced health care providers.
- * If you evacuate, how will you contact your staff or patients to let them know when you return? At least leave your contact information with an answering service. Many patients may rely solely on their health care providers for medical advice.
- * Is your office secure before leaving? Have you backed up your electronic data?

Infrastructure and Resources

- Medical care must be rendered with limited tools. Table top exercises with your team can help your center prepare for such challenging conditions.
- When CHCs go on generator power, some things may not work, among them air conditioning, information systems, CT, MRI, and PET scanners.
- Temperatures may rise in CHC patient waiting and examination rooms, often causing excess humidity that can impact the use of tools requiring power.
- In certain emergencies like an earthquake, you may see a rise in the number of puncture wounds, lacerations, and closed head injuries from debris; in day 2 or 3 after a tornado, hurricane, or fire, you may witness a rise in respiratory ailments of all kinds.
- The water supply may become compromised due to loss of power at a pumping station or (in the case of an earthquake) a main break and this has a severe impact on sterilization. One should consider drilling a well as a back up (hooked to a generator of course).
- Human waste disposal may also be affected by water supply damage. You may consider quickly contracting for Port A Potties or use red bags and utilize temporary disposal methods such as trenches or latrines.



Supplies

- ⇒ Many organizations can deliver drinking water, including FEMA, faith-based groups, Budweiser, and Wal-Mart.
- ⇒ Transportation will be a challenge, including gasoline shortages. Establish a relationship with either a gasoline station or fuel supplier. Also, anticipate that ambulances will be in short supply or not operational due to flat tires or fuel issues.
- ⇒ Contact health plans such as Cardinal Health for disaster supply chain management. Some may have the data and ability to operate 24X7, and thus could serve in a knowledge capacity; you can also seek out medical supplies, infrared lighting, etc.

Communications

- ◇ Have an air card and become fluent in text messaging since SMS seems to work under even austere conditions. Even if you are staying in the impacted area, make sure to have a staff contact on the outside.
- ◇ Build your LinkedIn list with a wide range of disaster recovery contacts. This will save time in thinking about who you would call while your email and speed dial are still functioning.

Helpful Resources:

- ◆ National Center for Health in Public Housing (NCHPH) & National Center for Disaster Medical Response (NCDMR)- Webinar and Powerpoint Slides on “Emergency Management Program-Community Health Centers”: <http://www.nchph.org/webinars/>
- ◆ Federal Emergency Management Association (FEMA)-Resolve to be Ready Toolkit <http://www.ready.gov/resolve>
- ◆ National Center for Disaster Medicine and Public Health-Disaster Health Courses Compendium http://ncdmph.usuhs.edu/Site_n/KnowledgeLearning/2011
- ◆ Institute of Medicine: Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response <http://www.iom.edu/Reports/2012/Crisis-Standards-of-Care-A-Systems-Framework-for-Catastrophic-Disaster-Response.aspx>
- ◆ American Red Cross-Emergency Preparedness: <http://www.redcross.org/portal/site/en/menuitem.86f46a12f382290517a8f210b80f78a0/?vgnnextoid=92d51a53f1c37110VgnVCM1000003481a10aRCRD>

Sources: Consultants Carl Taylor and David Wallace; Photo 1 <http://www.creditcardprocessing.net/credit-cards-for-emergency-situations/> Photo 2 <http://abcnews.go.com/US/tornado-threat-looms-large-storm-ra-tled-midwest-south/story?id=15831034#.T3shKKiDtrB> Photo 3 <http://www.bphc.org/programs/emsep/emergencypreparedness/php/Pages/Home.aspx>