

2002-02

DATE: December 18, 2001

DOCUMENT TITLE: Emergency Preparedness
and the Potential Role for Health Centers in
Community Response

TO: All Bureau of Primary Health Care Supported Programs
Federally Qualified Health Centers Look-Alikes

In the wake of the events of September 11, the Bureau of Primary Health Care recognizes the need for federally-funded health centers to be fully integrated into their community's emergency management and disaster response networks. The strong response by health centers in the areas affected by the tragic events underscores that health centers have both the experience and capacity to be effective participants in a disaster response campaign and can play an important role in assisting local providers in delivering critical emergency services.

Ensuring that individual health centers have the capability to remain operational during times of crisis is critical, regardless of whether health centers are part of the local emergency strategy or not. Therefore, I strongly encourage you to expand your awareness of your local emergency preparedness system, give serious consideration to becoming directly involved, and develop a strategy formulated to address these situations so that you can respond effectively to emergent community needs and continue to provide outstanding primary care to your patients.

This Program Assistance Letter will help you begin to formulate an emergency preparedness strategy and serves to inform you of the Bureau's long-term strategy in assisting grantees in local emergency response.

Sincerely yours,

/s/

Marilyn Hughes Gaston, M.D.
Director, Bureau of Primary Health Care

EMERGENCY RESPONSE AND THE POTENTIAL ROLE OF HEALTH CENTERS

I. INTRODUCTION

The terrorist attacks of September 11 have highlighted the need for all of us to be prepared for emergency situations. The actions of health centers in the areas affected by the attacks underscores the potential that health centers have in responding to emergency situations at the local level.

Health centers have proven to be effective responders to local emergencies. Although you are structured and funded to provide primary health care to your patients, it is reasonable to expect that you would be part of a community-wide response in an emergency situation. In recent years, health centers along with Federal staff have provided emergency primary care services in response to:

- _ Hurricane Andrew—Florida and Louisiana, 1993
- _ Mississippi River flood—Iowa and Nebraska, 1995
- _ Northridge, California earthquake, 1996
- _ Fargo North Dakota/Minnesota flood, 1997
- _ New York City terrorist attack, 2001

At the core of an effective response is the recognition of the need to have a basic emergency preparedness plan—a blueprint to guide the health center through times or periods of uncertainty. This plan, developed by health center administrative and clinical leadership and adopted by the board of directors, can serve to strengthen the overall activities of the health center. However, such a plan is not effective unless it is well understood by all health center staff and connected to the actions of other providers (hospitals, health departments) in the community.

The Bureau of Primary Health Care (BPHC) clearly recognizes the potential need for federally-funded health centers to be fully integrated into their community's emergency and disaster response networks. To address this, the BPHC is asking health centers, if they can, to consider implementing a two-pronged approach that addresses: 1) what planning and preparation steps can be done in real time and within existing resources and 2) those action and response steps that need to be taken to ensure the health centers can effectively manage emergency situations including natural and man-made disasters (i.e., bioterrorism).

This document outlines many of the immediate steps that health centers can take to prepare themselves to function during an emergency situation, how health centers can participate in assisting other local emergency response authorities during a crisis, and provides linkages to Federal information resources for responding to these situations.

It is important to recognize that this document provides **broad guidelines** for initiating emergency response contingency planning for health centers. Demographic, geographic

differences, and local governmental political issues, in part, will determine the specific requirements for a health center's emergency preparedness plan.

II. EMERGENCY PREPAREDNESS STRATEGY

Regardless of whether a health center is part of a local emergency response plan, or not, health centers need to have an emergency preparedness strategy in order to function through a crisis. An essential component of this strategy for , health centers is the need to evaluate their internal capacity and resources and develop a basic Emergency Preparedness Plan (EPP).

The development and implementation of an Emergency Preparedness Plan is part of sound management strategy, and it is a requirement for accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The JCAHO released a special 24-page issue of *Perspectives*, the Joint Commission's official newsletter, that provides guidance to health care organizations in preparing for terrorists attacks that may involve nuclear, biological, and/or chemical incidents. It also offers lessons learned from hospitals located near the World Trade Center and the Pentagon. As part of this effort, JCAHO is paying particular attention to emergency management planning during its ongoing, onsite evaluations of hospitals and other health care organizations. This document can assist you in your planning. To read the special issue of *Perspectives*, go to: <http://www.jcrinc.com/perspectivespecialissue>.

It is essential that the EPP is developed by the three key areas of leadership within the health center. These include the Chief Executive Officer and other administrators, the Governing Board, and the clinical staff. The commitment of these three areas is necessary to ensure continuous operation and effective community response capability.

To assist Health Centers in developing an EPP, the BPHC has identified the following seven strategic components for EPP development:

- _ assessment of internal and external risks to which the health center may need to respond;
- _ evaluation of the health center's capacity in a crisis;
- _ identification of local emergency management agencies/authorities;
- _ clinical preparedness and training;
- _ communications;
- _ equipment and facilities; and
- _ supplies.

These elements are by no means the only components of emergency preparedness, but are an excellent starting point to begin developing policies, plans, and procedures for effective disaster preparedness.

Risk Analysis for the Health Center

One of the first steps in emergency contingency planning is an assessment of the community, health center and its clientele vulnerability to various man-made and natural disasters. A variety of factors, including the size of the health center, services provided, its geographic location, and the nature and density of its community's population, will impact the nature of internal and external threats for which an organization should prepare. Health centers need to ask themselves, given the physical environment of the health centers, what disasters should they anticipate. A risk analysis will also allow the health center to prioritize its emergency planning activities and utilize these resources more efficiently.

Evaluating the Health Center's Capacity in a Crisis

An important aspect of emergency preparedness is the evaluation of the health center's overall capacity to respond to a crisis situation. After completing a risk analysis, a health center should evaluate its ability to maintain normal operations during an emergency. The need for uninterrupted service delivery is likely to differ depending on the nature of the disaster as well as the particular resources of the health center's community. Health centers should attempt to answer the following question: In case of a disaster, to what extent will we seek to maintain normal operations? Whether the crisis is of natural or man-made origins, the following elements need to be considered. These elements include:

- _ leadership;
- _ staffing requirements;
- _ hours of operations;
- _ scope of clinical services to be offered during various emergency scenarios;
- _ the quantities of necessary supplies on hand; and
- _ equipment and facilities.

A key component is evaluating the willingness of your clinicians and other staff members to continue to provide primary care services during an emergency. While many may be willing to continue to provide services, others may not for a variety of reasons. Making this determination will affect the overall capacity of your health center during a crisis.

After examining the health center's intent and ability to maintain normal service delivery, the extent to which the organization will become involved in community-level emergency response activities can be assessed depending on the nature of the disaster. Depending on the level of emergency response capacity the health center can provide, your scope of services may need to be examined.

A health center's EPP should be considered a policy document that has been adopted by your Governing Board. Adoption of a comprehensive EPP may require changes in other Health Center policy documents.

Collaborating with the Local Emergency Management Agency

Immediate Steps

In all types of emergencies, coordinating with the local emergency management agency is crucial to establishing effective continuity of care in the community. You may want to begin by identifying the local emergency management agency and taking the opportunity to identify your Center and convey your Center's capacity to participate in planning and emergency response activities. In some communities, emergency management is the responsibility of the local public safety organization (i.e., fire and/or police department). Local health departments are another resource. These agencies could also lend their emergency management expertise to your own contingency planning efforts. Health centers can be an integral component of a community emergency response effort and establishing these network connections is very important.

Long-term Steps

Consider becoming part of the planning team of the emergency response plan for your community. In many communities, health centers are the only health care providers and your participation in this process can ensure adequate emergency health care services in your area. Your State Primary Care Association (PCA) and Primary Care Organization (PCO) are excellent resources to tap for assistance in developing emergency preparedness plans as well as possible training activities that may be offered in your area. The PCOs can also provide linkage to the State (government) preparedness and response planning activities.

Clinical Preparedness and Training

Getting highly technical information and training into the hands of clinical providers is essential for an effective response to any type of emergent threat. The BPHC recognizes the difficulty of training health personnel quickly and proposes the following resources that address both immediate and long-term clinical needs.

A wealth of information on signs and symptoms of chemical and biological agents is available on the World Wide Web (WWW). An excellent source for immediate use can be found at the Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness and Response website: www.bt.cdc.gov. This site contains information on public health fact sheets, information for clinicians, latest news, etc. Familiarizing Health Center clinicians with this information is an important first step.

This additional link will connect you to a document entitled, *Bioterrorism Readiness Plan: A Template for Health Care Facilities*. It was developed for the CDC by the Association of Professionals in Infection Control and Epidemiology (APIC), Inc., and can serve as a framework for developing the bioterrorism aspects of your Emergency Preparedness Plan. <http://www.cdc.gov/ncidod/hip/Bio/13apr99APIC-CDCBioterrorism.PDF>.

Hard copies of all clinical guidance on emergency preparedness should be maintained because access to the World Wide Web (WWW) may be either limited or not available in an emergency.

Communications

Maintaining lines of communication during times of emergency is critical. The health center management team will need to consider how to communicate with health center staff, local authorities (including emergency planners, police, fire/rescue, local, county, and State health departments, etc.), patients, as well as BPHC and Field Office personnel in the event of a loss in regular communication ability. Many local health departments or emergency management agencies have microwave, satellite, or other forms of communication capabilities. Your local agencies may be your primary means of communication with regional and national authorities during periods of emergency. Determining how you will communicate at the local level is therefore critical.

Immediate Steps

Establishing communication directories or “contact trees” for your staff, local authorities (as outlined above), BPHC and Field Office contacts, etc., is essential. Consider having a printed document with all of the contact names, organizational components, telephone, cellular phone and fax numbers, radio frequencies, and e mail addresses ready for use in an emergency. Staff should be familiar with their roles and how they will be contacted in an emergency.

Another consideration is how you will communicate with staff, local authorities and patients in the event of a health center closure. Use of local radio stations, local authorities, predetermined poster locations, etc., can assist in getting the message out.

Long-term Steps

Health centers may want to obtain information on what kinds of local “two-way” communication devices are used by local emergency management authorities. Considerations include power and installation requirements, licensing requirements, fees, and other costs associated with becoming locally connected. Your local emergency management agency can advise in this area.

Equipment and Facilities

Immediate Steps

Evaluating your capacity to remain operational is essential in establishing an emergency preparedness plan. Health centers need to understand their needs and have suitable back-up systems in place in order to continue providing continuity of care. Some of the components that should be evaluated include:

- _ emergency “back-up” power requirements and battery operated equipment;
- _ refrigeration needs—ensuring the cold chain for pharmaceuticals;
- _ security needs—connectivity to local law enforcement;
- _ transportation needs; and
- _ mobile health care vans.

Supplies

Immediate Steps

Maintaining an adequate quantity of medical supplies, and pharmaceuticals is an essential component of keeping a health center operational through an emergency situation. Health Centers should determine what items will be most needed in the event of an emergency and maintain an appropriate inventory of those items.

Health centers that plan to remain operational during emergencies should make appropriate arrangements with the local emergency management agency for re-supply of depleted inventory. It is important to recognize that during emergency periods, many of the normal routes of supply may be impractical or non-existent. Therefore, coordination with local authorities before emergencies happen is essential.

Long-term Steps

In the event of an actual emergency, supply levels and usage should be inventoried and reported to local authorities as appropriate. Coordinating inventory and re-supply of emergency items through your local emergency response network will be necessary for the health center to stay operational, especially if normal re-supply mechanisms are no longer functional. Planning efforts now can facilitate the results you want for the future.

III. THE BIOTERRORISM SURVEILLANCE ROLE OF HEALTH CENTERS

In the event of a suspected or actual bioterrorist attack, it will be incumbent on all American health care providers to assist in diagnosis and tracking of individuals/communities affected. Health centers can and should assist in bioterrorism surveillance activities.

Health center clinical staffs should utilize the CDC and other appropriate clinical information resources on bioterrorism to enhance the health center's ability to recognize the signs and symptoms of diseases and toxic agents that may be used in a bioterrorist attack. In addition health centers should become familiar with the appropriate reporting pathways for suspected incidences of bioterrorism.

IV. BPHC's COMMITMENT TO EMERGENCY PREPAREDNESS

The BPHC recognizes the troubling times in which we live and the unfailing commitment of health centers to their respective communities. The Bureau is committed to providing leadership and support in partnership with health centers during emergency situations. As part of this partnership, the BPHC will carry out the following activities to ensure proper coordination in the event of an emergency.

Immediate Response Plan (IRP) Steps for BPHC

- BPHC will contact all health centers in the affected area to ensure that emergency procedures are being implemented.
- Supplemental funding mechanisms will be engaged as available.
- Regular contact will be scheduled to update everyone on resource requirements and progress in response to the emergency.

Long-term Steps for BPHC

- BPHC plans to prepare a Primary Care Effectiveness Review section on expectations for Disaster Preparedness Plans that articulates the guidelines that health centers can use in establishing these plans.
- BPHC will establish a Bureau EPP.
- BPHC staff will establish appropriate contacts between appropriate Federal and State officials.
- BPHC will continue working to find opportunities for funding and collaboration for health centers.
- BPHC will partner with National Association of Community Health Centers, CDC, and other appropriate organizations to develop a comprehensive emergency preparedness and response guide specifically for health centers.