



Clinic Emergency Preparedness and Response: San Diego Firestorm 2003

Clinic Emergency Preparedness Program "Meeting the Disaster Challenge"

June 29, 2004

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COMMUNITY CLINICS

CCC Member Clinics

- **17 clinics with over 70 locations**
- **Over 1 million patient visits per year**
- **Over 400,000 individual patients**
- **Single-largest provider of Primary & Preventive Care Services to the Uninsured.**
- **No County Clinics or Hospitals**



Council of Community Clinics & San Diego County Medical Society Bioterrorism Preparedness and Workforce Mobilization Priorities

Provider Preparedness

Objective

Assure clinic and unaffiliated private providers have needed plans and supplies.

Activities

- County plan augmentation
- Clinic/office plan templates
- Communication
- Supplies and Equipment
- Drills and monitoring readiness

Training

Objective

Assess training needs and conduct trainings for clinics and unaffiliated providers

Activities

- Physicians
- Superdocs and Supernurses
- Mental health workers
- BT Regional Liaisons
- Community health workers
- Public Health Reserve

Community Preparedness

Objective

Provide outreach and education diverse un/under insured communities.

Activities

- Trusted navigator identification
- Culturally and linguistically appropriate community education
- Reaching the unreachable

Workforce Mobilization

Objective

Help to identify the healthcare workforce & develop policies for mobilization.

Activities

- Workforce identification
- Policies
- Communication
- Mobilization
- Training recommendation



Consortia Role: Advocacy, Training, and Resources

- Advocate for funding and a “seat at the table”
- Help clinics customize their emergency preparedness plan
- Standardize PPE, supplies and equipment
- Coordinate trainings and drills
- Share local, state and national resources
- Support clinics in “owning” their emergency plans and procedures



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Clinic Best Practice:
San Ysidro Health Center
Emergency Operations Center
October 2003 Firestorm
(See video)



Clinic Roles in Fires

- Saw patients with respiratory problems
- Gave pharmaceuticals to patients
- Answered telephone inquiries
- Referred patients to Red Cross
- Provided mental health support
- Sent resources to other clinics



Lessons Learned from the Fires

- Clinic patients WILL go to their clinic in an emergency. Be ready for them! Some will show up having lost their homes and possessions. What will you do for them?
- Pharmaceutical supplies, prescription and over-the-counter, are quickly depleted in an emergency. "I'm out of blood pressure medicine and my pharmacy is closed."
- Rural clinics need to be more self-reliant. At night it can be freezing cold and pitch black. Basic emergency supplies are of the utmost importance.
- Many phone calls and visits are related to stress and anxiety. Be ready to meet mental health needs.
- Refugees and immigrants experience flashbacks to war in their home countries. They will call clinics for information and will not want to leave their homes.



More lessons learned...

- Leadership may be impacted by the emergency. Some will not be able to drive to their clinics. Have a backup plan!
- Power loss will bring clinics to a standstill. Basic generators are needed by all.
- Keep your cell phone charged (if you have power!) You will need it when the phones go down.
- When phone lines go down, Internet connections are lost. Only computers with satellite connections will remain in service.
- A natural relationship occurred between Red Cross and Clinics, in some cases coordinating care and services.
- Cross-border resources WILL BE used in border region – e.g., firefighters.



How does emergency response fit into health center priorities?

- All clinics have a an emergency preparedness plan but need to dust them off and bring them to life!
- Advanced preparedness is the result of a preparedness champion – physician or staff at clinic or consortia who is passionate about its importance.
- It would be a bigger priority if benefits in other areas can be seen – e.g., SARS, natural disasters, disease surveillance, data warehousing.
- Fits in better if handled centrally with a coordinator and adequate resources that the clinics also benefit from.



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“Yes, we will have Halloween this year!”



Two young Neighborhood Healthcare patients have their faces painted like firefighters.



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