

AAFP PREPAREDNESS MANUAL FOR DISASTERS AND PUBLIC HEALTH EMERGENCIES

Section III: Community Preparedness

(PRACTICE NAME)

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Introduction

Physicians are in a good position to assist their communities in disaster preparedness and response activities ranging from patient education to volunteer service inside and outside the community.

There is now greater recognition of the need for increased organization and preparation than ever before. You have probably heard about National Incident Management System (NIMS) and Incident Command System (ICS) disaster training. According to the NIMS Web site, “All federal, state, local, tribal, private sector and non-governmental personnel with a direct role in emergency management and response must be NIMS and ICS trained. This includes all emergency services related disciplines, such as: EMS, hospitals, public health, fire service, law enforcement, public works/utilities, skilled support personnel, and other emergency management response, support and volunteer personnel” (emphasis added). Every health care provider in the United States must receive NIMS and ICS training.

For more information on NIMS and ICS, visit:

<http://www.nimsonline.com/> - National Incident Management System Online

<http://www.fema.gov/emergency/nims/index.shtm> - NIMS Integration Center (NIC)

We are often most motivated to take action and lend aid when disaster strikes. However, preparation is the key to success. As a family physician, your unique abilities and your relationships with patients provide you the opportunity to be a catalyst for better preparedness and disaster response in your community.

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1. Patient education

All practicing family physicians have opportunities to influence their staff and patients about disaster preparation. Consider providing education to your patients, such as handouts that are available in your waiting or exam rooms. You can offer patients information on storm preparedness, disaster assistance, risk assessment, developing a disaster plan, creating basic supply kits, and pandemic flu prevention and preparedness.

Family physicians may be the best resource for alerting patients to the threat of pandemic influenza and providing prevention education. For example, school-age children and children in day care are often taught to cough and sneeze into tissues or their upper sleeves, rather than into their hands, to prevent the spread of infection. However, adults who don't have young children are largely unaware of this and may have difficulty adopting this habit. Simple posters in exam and waiting rooms may benefit your patients. Find more information or download a "Cover your Cough" poster from the Centers for Disease Control and Prevention at: <http://www.cdc.gov/flu/protect/covercough.htm>.

More patient resources from the AAFP:

<http://www.aafp.org/online/en/home/clinical/disasterprep/prepare/ptresources.html> - Links to patient resources for disaster preparedness

<http://www.aafp.org/online/en/home/clinical/disasterprep/pandemicflu/patientresources.html> - Links to patient resources for use in case of an influenza pandemic

2. Volunteerism

Have you considered becoming more involved in your community? When a disaster strikes, well-meaning health care providers who want to help will often show up to a site to be turned away. This is especially true when they try to help in emergencies outside the state in which they are licensed and insured. Volunteer protection, good Samaritan laws and licensing requirements differ by state. The AAFP has resources to help you prepare for volunteering at:

<http://www.aafp.org/online/en/home/membership/humanitarian/beforevolunteering.html>

Many opportunities exist on the local and national level for physicians to train and volunteer prior to a disaster. You could:

- Take a disaster life support course, such as those offered by the American Medical Association (<http://ndlsf.org/>).
- Take a course on pandemic influenza, such as the AAFP Pandemic Flu Webcast (<http://www.aafp.org/online/en/home/cme/selfstudy/cmetopics/seasonalflu.html>).
- Make sure your Basic Life Support (BLS) is current and consider becoming certified or recertified in Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS) and Advanced Trauma Life Support (ATLS).
- Join your local medical response team or other disaster medical assistance team (state, regional or national). Most disaster response groups that use medical

professionals (including family physicians) require some preparation, which usually includes submitting an application, going through a review process and attending training. Some of these groups are listed below.

Medical Reserve Corps (MRC)

The MRC uses a variety of health care providers to supplement emergency and public health resources during disasters and emergencies. This type of local organization may provide opportunities for physicians to learn about community resources while providing valuable volunteer resources to their communities. In most cases, the MRC member serves in a volunteer capacity and do not receive payment when the MRC is activated.

Sponsored by the Office of the U.S. Surgeon General, the MRC's program office offers general assistance to local units developed by state departments of health and other health organizations. The MRC Web site, <http://www.medicalreservecorps.gov>, includes registration information and a list of more than 600 units nationwide.

Qualifications require state licensure and other certifications as specified by the local unit. MRC units may elect to provide services outside their states or locale, in such a case licensure and liability coverage will vary depending on the locale receiving the unit. (A general policy of nationwide licensure and liability coverage is undergoing development, but has not been completed. It would be prudent to investigate licensure and liability coverage before proceeding to another state to provide care.)

In most cases, the medical provider will be a volunteer and not receive payment when the MRC is activated.

For more information, see: <http://www.medicalreservecorps.gov/HomePage>

Disaster Medical Assistance Teams (DMAT)

DMAT's are designed for rapid response to a disaster during the first 72 hours following a disaster. DMAT's deploy to disaster sites with sufficient supplies and equipment to sustain themselves for a period of 72 hours while providing medical care at a fixed or temporary medical care site.

In mass casualty incidents, their responsibilities may include triaging patients, providing high-quality medical care despite the adverse and austere environment often found at a disaster site, and preparing patients for evacuation. In other types of situations, DMAT's may provide primary medical care and/or may serve to augment overloaded local health care staffs. Under the rare circumstance that disaster victims are evacuated to a different locale to receive definitive medical care, DMAT's may be activated to support patient reception and disposition of patients to hospitals. DMAT's are designed to be a rapid-response element to

supplement local medical care until other Federal or contract resources can be mobilized, or the situation is resolved.

Sponsorship is under the National Disaster Medical System (NDMS), a division of the U.S. Department of Health and Human Services, which arranges a Memorandum of Agreement with specific organizations forming the DMAT. A list of existing DMAT's can be found at www.DMAT.org or through www.OEP-NDMS.DHHS.gov.

Qualifications include licensure and specialty certification as set by the DMAT. When a team is activated, members become part-time federal employees and their certification is recognized by all states.

DMAT members are required to maintain appropriate certifications and licensure within their discipline. When members are activated as Federal employees, licensure and certification is recognized by all States. Additionally, DMAT members are paid while serving as part-time federal employees and have the protection of the Federal Tort Claims Act in which the Federal Government becomes the defendant in the event of a malpractice claim.

More information, including a list of existing DMAT's, is available at <http://oep-ndms.dhhs.gov/teams/dmat.html> or by contacting your local EMS system to find out how to become involved and who in your community already is involved.

Emergency Systems for Advance Registration of Volunteer Health Professionals (ESAR-VHP)

The ESAR-VHP is a program that was started by the national government in response to September 11, 2001. This is a registration system authorized by Congress and delegated to the Health Resources and Services Administration (HRSA). HRSA assists states with establishing a standardized volunteer registration system that keeps an up-to-date list of volunteer identity, license, credentials, accreditation and hospital privileges. The ESAR-VHP Web site, <http://www.hrsa.gov/esarvhp>, defines the program and guidelines for registering.

The extent to which the registry has been developed varies by state, but it has the potential for connecting volunteers nationwide for response during a major disaster.

Community Emergency Response Team (CERT)

CERT's educate community members about disaster preparation and provide training in basic disaster response skills, including disaster medical operations.

FEMA initiated this program in 1993 and it is now a part of the Citizen Corps. More than 45 states have CERT programs in place. Although there is a place for physicians in this program, the training is aimed towards general community members. A discussion of this program and a listing of programs can be found at

<http://www.citizencorps.gov/cert>. Other terms used by various states for workers that are registered and trained for emergency response include temporary emergency workers (TEW)/registered emergency workers (REW). These workers may or may not be considered Community Emergency Response Teams.

Disaster Preparedness and Emergency Response Association (DERA)

DERA is an international non-profit association that links professionals, volunteers and organizations to prepare for emergencies. DERA provides professional support, resource sharing and networking and provide emergency assistance in disaster situations. More information is available at <http://www.disasters.org/>.

Non-government organizations

There are innumerable organizations that respond during disasters and need medical volunteers. Usually these groups do not provide payment or liability coverage. It is therefore incumbent on the volunteer physician to check into the situation before responding. Most organizations such as the Red Cross will require registration and training before accepting a volunteer.

3. Interaction with public health department

Consider contacting and becoming active in your local health department. Your assistance could be needed during a pandemic or a disaster, but you must establish a level of communication before a disaster. During a disaster, they may have limited resources to respond to your questions. They can also work with you to develop your own plans and include you on any updates regarding disease activity in your area, how the health department handles reporting, or changes in community resources.

Contact your local health department for more information. To locate your local health association, visit the American Public Health Association Web site, <http://www.apha.org/memberships/states/StateRegPHA/>.

Resources

From the AAFP:

<http://www.aafp.org/online/en/home/clinical/disasterprep/prepare/ptresources.html> -

Links to patient resources for disaster preparedness

<http://www.aafp.org/online/en/home/clinical/disasterprep/pandemicflu/patientresources.html> - Links to patient resources for use in case of an influenza pandemic

From the Centers for Disease Control:

<http://www.bt.cdc.gov> - Links to emergency preparedness and response topics

From the American Red Cross and Sigma Theta Tau International:

http://www.nursingsociety.org/education/case_studies/cases/SP0004.html – Disaster preparedness and response case study for nurses