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Key Considerations for Emergency Planning During COVID-19

Introduction

Americares

Americares is an international health-focused nonprofit organization that saves lives and improves health for people affected by poverty or disaster so they can reach their full potential. Americares invests in local health centers: when local health centers thrive, so do people in their communities—with better health, more opportunities, and increasingly productive lives.

Purpose

Currently, COVID-19 still affects a large portion of the United States and much of the world. In addition to this pandemic, other risks remain such as hurricanes, earthquakes, wildfires, and many other potential disasters. This situation is new to everyone, and there are few answers or clear guidance as to what the pandemic will look like in the near future and how to cope with COVID-19 and an additional disaster. Many of the standard issues around disaster planning – prioritization, resource allocation, minimal staff levels and excess needs – remain but need to be framed to address the ongoing threat of COVID-19. Much of the existing guidance focuses on social distancing and isolation, but this is not an option for most medical care and becomes even more difficult if an evacuation is needed. The purpose of this document is to provide information for health center leadership as they build the ongoing COVID-19 pandemic into their emergency plans and anticipate additional disasters.

Intended Audience

This document has been developed to assist community health centers (CHC) and free and charitable clinics (FCC) adjust their emergency planning to include COVID-19 as a constant risk while preparing for and responding to additional disasters.

What are the risks?

Along with the ongoing threat of COVID-19, other risks remain. Earthquakes and tornadoes are an ongoing and unpredictable risk, while there are no signs that the risk of wildfires will be any lower than previous years. The National Oceanic and Atmospheric Agency (NOAA) is predicting an above-normal 2020 hurricane season with 3-6 major storms (category 3 or higher) anticipated. As seen in previous years, even smaller hurricanes can have a major widespread impact because of rain and storm surge flooding.

How do my planning assumptions change?

Health centers need to assume that COVID-19 will remain a major threat to both the health and lives of patients and staff but also to the financial outlook of the health center. All emergency planning needs to assume that not only will COVID-19 remain a threat, but that threat may be exacerbated by any additional disaster, particularly one that results in evacuation or sheltering. Communities evacuating as well as communities receiving evacuees will likely see spikes in COVID-19 cases as people are forced out of their homes and into the homes of friends and family or into public shelters.

Along with ongoing patient surge, health centers also need to anticipate challenges with staffing and resource management. Assume there will be cycles of staff shortages from COVID-19 as your staff get sick or have to care for family members. These staff shortages may become worse after an additional

disaster if staff are evacuated, injured, or in other ways affected by the disaster. Additionally, the resource shortages, particularly PPE, that have strained healthcare since COVID-19 first started are likely to continue. This may affect health centers during a major disaster even if the disaster itself was on the other side of the country as national resource stockpiles will be redirected to affected areas.

Finally, health centers should assume that outside assistance, particularly at the federal level, may be delayed and short-term recovery may take longer than usual as COVID-19 restrictions will affect response work. Health centers need to be prepared to step up and support their communities even more than usual. The immediate needs after a disaster may go unassisted for a while as outside resources are delayed.

How do I keep my staff and patients safe?

During any disaster, health centers should prioritize staff and patient safety. With the ongoing threat of COVID-19, this priority becomes even more important. To the extent possible, ensure there is sufficient PPE to protect staff and patients before the health center even opens its doors, as well as cleaning supplies to disinfect exam rooms and shared spaces.

Reach out to your staff and patients to encourage personal preparedness. This should include the standard emergency preparedness steps of developing a family emergency plan and gathering, as much as possible, supplies of food, water, medicine, and other essentials to last at least three days. In addition, encourage them to take steps to protect themselves and others from COVID-19 such as wearing masks (preferably reusable) and using hand sanitizer frequently. Set expectations with patients that response and recovery may be slower than usual due to constraints from COVID-19.

Encourage community members to obey all evacuation orders. Government officials routinely weigh the risk of evacuation against the risk of sheltering in place and are particularly focused on this given the risk of catching or spreading COVID-19 during evacuation or sheltering is so high.

For staff:

- Establish multiple methods of communication and ensure your staff are in contact with their supervisors as much as possible during and after a disaster. Include a policy of what staff should do if communications networks are temporarily disabled.
- Identify a 'core' team who will be responsible for going to the health center as soon as it is safe to do so to assess any damage to the building and determine if and when the center can reopen for patients.
- Establish a telehealth procedure and ensure necessary staff have the technology needed to provide telehealth care even if they have to evacuate.
- Minimize the number of staff who are interacting with patients and each other. This could include rotating shifts and having staff work from home as they are able.
- Encourage personal and family preparedness so staff are able to work knowing their family is safe.

For patients:

- Communicate information through as many channels as possible. Use social media, local radio and TV stations, patient portal, and signs posted around the health center and in the community. Houses of worship can be an excellent connection, and work with other social

service agencies such as those serving undocumented or migrant workers, low income, single mothers, elderly, or other underserved populations.
- Share information about steps the health center is taking to protect patients who come for an appointment.
- Encourage personal and family preparedness.
- Emphasize patient and community education to address fears and myths around COVID-19 as well as other potential disasters.

Within the health center facility, maintain additional cleaning protocols and minimize time patients spend in waiting rooms. If possible, set up triage or quick visits outside the building such as drive-by COVID-19 testing or administering childhood vaccinations.

What should we consider when planning for a disaster concurrent with COVID-19?

Exactly how a concurrent disaster will affect your health center while COVID-19 is a threat depends on a variety of factors including what types of hazards and risks the facility has, the depth of staff and resources the health center can access, and the scale of possible disasters. While planning for a concurrent disaster, have your leadership team or emergency management/safety committee sit down and work through potential scenarios. These scenarios don't have to be complex or lengthy but should address a few different scenarios. Consider how your health center will be affected if the disaster directly affects health center staff and community. Consider also how your health center will be affected if the disaster affects a neighboring community or state and people evacuate into your community or a shelter is opened in the community. Include in these scenarios, the reality of COVID-19 and a potential spike in cases associated with the scenarios. Finally, consider what happens if a major disaster occurs in another part of the country, but resources are directed towards the disaster area and away from unaffected areas.

Another option is to conduct a local risk assessment to determine how COVID-19 is affecting the health center operations. This assessment could include a business assessment of the health center to address concerns such as falling income as patients are afraid to visit for routine medical needs. This could also include how COVID-19 affects the health center and community risk from other disasters. For example, if the health center is close to a location that is usually used for a shelter, or the town receives evacuees from surrounding areas how does COVID-19 affect those existing risks.

Planning for multiple disasters may seem like a daunting task, but it can be broken down into smaller pieces. For health centers who already have an emergency plan, the majority of this work has been done, but needs to be re-considered with the threat of COVID-19 as the baseline when a disaster occurs.

- *Succession and delegations of authority:* Ensure you have a primary and secondary person identified for key roles within the health center. This could be done using the Incident Command System, or existing leadership structure. Given the high risk of COVID-19 amongst healthcare workers and the assumption that staff live in areas that may be affected by other disasters, it is critical that health centers have back-up personnel who are trained and authorized to step into leadership roles if the primary person is unable to perform those duties, even if it is only for a few hours. It is important to ensure someone can step up to make time sensitive decisions as quickly as possible if the primary decision-maker is unavailable. Decide ahead of time what powers the secondary staff member will have and the process for decisions the secondary

person is not authorized to make. The Board of Directors may need to be involved for leadership delegations. If the health center has multiple locations, define what authority leadership at the separate locations has and what authority remains with headquarters and organizational leadership.

- *Communication with staff:* Define how you will communicate with staff. As much as possible, identify multiple methods, including options if the phone system is temporarily disabled. Communication methods can include email, phone tree, or texting. The communication should be consistent and occur at regular time intervals – for example, updates will be sent out daily at noon. Another option is to set up an answering machine staff can call to hear a pre-recorded message that can also be updated regularly by leadership. Ensure there is two-way communication so staff can bring up concerns or fears, and let their supervisors know if they are unable to come to work. Communication with staff should include information on health center status and hours, expectations for staff, and any changes or concerns that need to be addressed.
- *Communication with patients:* Similar to staff communication, use as many methods and languages as possible to get out the message for patients. This could include social media, local media such as radio or local news, signs around the facility and community, website and answering machine updates, patient portal, and networking. Work with other social service organizations and houses of worship to reach vulnerable populations such as migrant workers, undocumented families, or the homeless. Messaging for patients could include information such as open hours, services provided, who to contact for an appointment or more information, as well as general health and preparedness information. Messaging should include steps the health center is taking to protect patients who come for an appointment to help ease the fear many people have currently of contracting COVID-19 when visiting a health center. As much as possible, be a reliable source of information for your patients and provide messaging that is consistent with guidance from government and other local agencies. This can help address some of the rumors often associated with disasters.
- *Services:* The services your health center offers may have already been adjusted due to COVID-19 and may need to be further adjusted during another disaster. Consider your patient population and what their highest needs are when considering what services to prioritize or temporarily suspend. CHCs should work closely with their HRSA Project Officer to adjust their scope as needed due to the effects of the disaster. Utilize telehealth services for screening and routine visits that do not require a physical examination. Telehealth could also be used to reach evacuees as well as enabling your providers to continue appointments if they are included in an evacuation order. If you have any mobile medical capabilities, outfit those vehicles to provide your priority services and ensure the vehicle is stored in a safe location and will be protected from the disaster. When prioritizing services, consider how anticipated PPE shortages might affect those services and ways to work around that.
    - Get creative when it comes to continuing to provide services during this pandemic. How can you best reach your patients and overcome fears of catching COVID-19 by visiting the health center? Work closely with your HRSA Project Officer or other regulatory entities to see what options are available that protect staff and patients while meeting needs and legal requirements. For example, can staff meet patients at their vehicles in the parking lot to administer routine vaccinations or shots?

- *Resources:* Identify what resources are critical for the health center to continue to provide care. As much as possible, stock up on these resources ahead of time, and expect a longer amount of time for resources to be arrive at the health center. Use the CDC PPE Burn Rate Calculator to determine how much PPE your health center needs to continue to provide in-person care. The CDC has also published Strategies to Optimize the Supply of PPE and Equipment to help health centers continue to provide care during the ongoing PPE shortages. Stay closely connected with your local department of health and hospital for support with supplies.
- *Partnerships:* Partnerships are particularly important with COVID-19 as it is so widespread and long-lasting. If you have not done so already, connect with your local department of health and healthcare coalitions and be involved in local disaster planning. Ongoing coordination around COVID-19 testing and care will help reduce unnecessary redundancy. Connecting with these entities for disaster planning will help ensure your health center gains access to available resources and information while coordinating care and ensuring shelter medical plans are adequate. Reach out to pre-existing partners to determine how they have had to adjust their services due to COVID-19 as well as connecting with new partners locally, regionally, and nationally. Reach out to your state association or the national association for additional resources and to connect with similar health centers in your state or across the country who are facing similar issues.

Shelters and evacuations

Work with your local emergency management agency or Red Cross to address potential medical needs and mental health needs associated with opening shelters. This can include routine screening of shelter residents, ensuring social distance and other protective steps are observed, isolating residents with COVID-19 symptoms and moving those with significant symptoms to medical facilities as soon as possible. Encourage patients and staff to have a supply of personal PPE (cloth/reusable masks, hand sanitizer, and soap) readily available to take during an evacuation. Expect cloth masks to be mandatory at shelters for anyone over two years old who does not have a medical condition that would make a mask unsafe. The CDC has published additional information for going to public shelters. Shelters will be opened as a last resort, with other options such as hotels, dormitories, and small shelters being prioritized over large open shelters that have been used previously. If large shelters do need to be opened, residents can expect a number of additional steps to protect themselves and shelter staff including wearing a mask as much as possible, regular temperature checks, and steps to maintain distance such as multiple meal shifts.

How can I support the mental health of my staff and patients?

Whether we can see it or not, the uncertainty and stress during a pandemic affects everyone. Adding in the additional stress from disasters can cause long lasting stress and anxiety. Educate staff in psychological first aid and other coping mechanisms and provide resources for staying healthy at home. For more guidance, the CDC has provided information on Healthy Eating, Physical Activity, Sleeping Tips, and Meditation to reduce stress and anxiety. For providers, Psychological First Aid courses specifically centered on COVID-19 are available for free from the Red Cross online.

In the case that any staff or patients show signs of high anxiety, depression, or overcome by the stress of the pandemic, they should be directed to seek professional mental health support. Otherwise, anyone

can visit the National Disaster Distress Helpline at 1-800-985-5990, or text TalkWithUs or Hablanos to 66746.

Americares has a variety of mental health and psychosocial support (MHPSS) resources and training available for healthcare providers. Email mentalhealth@americares.org for more information.

Do you have a question we haven't answered? Email preparedness@americares.org or click here to schedule a consultation.