Impacts of disasters

The healthcare system can expect the following impacts:
- Surge of injured and worried patients seeking healthcare service
- Facility damage with decisions on whether to evacuate or stay open
- Need to adjust staffing schedules and work assignments
- Need to communicate with others to request or offer assistance
- Surge of fatalities impacting morgue services

Roles & Responsibilities

Many entities set standards for health facilities’ roles and responsibilities during disasters, including accreditation bodies, government, professional associations, and internal executive policy. Most providers will continue to provide their usual services at heightened demand. In addition, the following facilities have adopted these additional disaster roles:

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
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<tbody>
<tr>
<td>County EOC (Emergency Operations Center)</td>
<td>Takes lead role in managing countywide disasters. Brings together all responding agencies for coordinated response actions and priorities. Brings in additional resources. Manages public information.</td>
</tr>
<tr>
<td>Health DOC (Health Department Operations Center)</td>
<td>Provides support to health and medical providers. Adjusts healthcare provider standards for disaster. Prevents and contains disease, including isolation and quarantine at shelters or in community. Supports behavioral health response efforts. Provides public information on health risks and protective measures. Distributes prophylactic medications when available. Establishes alternate care sites when hospitals are overwhelmed. Coordinates priorities and resources across healthcare facilities.</td>
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<tr>
<td>Hospitals</td>
<td>Expand bed capacity in several ways to accommodate disaster victims. May discharge patients to alternate healthcare locations. May hold fatalities when morgue services are impacted. May assist with patient transfer. May assist other facilities by sending staff or resources.</td>
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<tr>
<td>Skilled Nursing Facilities</td>
<td>May expand bed capacity to receive patients discharged from hospitals. May hold fatalities at their facility temporarily. May assist with transport of patients. May share staff or resources with other impacted facilities.</td>
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<tr>
<td>Primary Care Clinics</td>
<td>May extend hours or set up triage sites outside their facility to provide disaster triage, first aid, mental health services, home health care information, or to refer clients to other care services. May disseminate information targeted to specific communities. May assist with translation of materials. May assist with patient transport. Some clinics may hold fatalities at their facility. May assist other HCFs by sending staff or resources.</td>
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</tbody>
</table>
Healthcare Partner Preparation

INTERNAL – Prepare your organization. Healthcare facilities must first plan for the care of their patients and staff. Consult your licensing standards and professional organizations for tools and guidelines on:

- Recommended disaster response plans
- Emergency supplies and vendor agreements
- Communications tools and staff emergency contact plans
- Recommended trainings and exercises
- Agreements & MOUs

EXTERNAL – Prepare to communicate and support local response efforts:

1. Join the Healthcare Disaster Planning Forum to be part of health and medical disaster planning decisions and activities.
2. Establish one or more California Health Alert Network (CAHAN) accounts to receive early notification of health/medical alerts.
3. Provide your facility 24/7 contact information for the Op Area Communications Plan (aka “The Rainbow Guide”).
4. Establish a HealthNet radio at your facility for back up disaster communications with other HCFs and with the Health DOC.
5. Establish a Cooperative MOU with the County to offer assistance when you are able.
6. Participate in Healthcare Forum trainings and drills to establish skills and working relationships.
7. Hospitals, clinics, and SNFs should establish an EMSystems account for rapid emergency medical information.
8. Integrate Coalition medical-health plans into your facility plans.
9. Establish a “Push Prophyl” MOU to agree to provide prophylactic medications to your staff and clients when needed.

Healthcare Coalition Governance and Funding

The Healthcare Disaster Planning Forum, Sonoma County’s local healthcare coalition, is a voluntary body of health and medical providers who contribute to coordinated disaster planning and response efforts. As much as possible, decisions are made by consensus of attendees at quarterly Forum meetings; additional input is sought for key decisions or use of funds as needed.

The Sonoma County Department of Health Services convenes meetings and working committees of the Healthcare Forum and serves as the fiscal agent for funds received from the US Dept of Health and Human Services Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP). Occasionally, funds are also available from the US Dept of Homeland Security or the Bay Area’s Urban Area Security Initiative. Beyond this, each healthcare coalition member contributes staff time and resources as able to strengthen working relationships and disaster response capacities.