LESSON 5-2
AMBULATORY CARE

Lesson: Ambulatory Care

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Intended Audience of Learners
A broad range of health professionals who may work with the older adult population.

Competencies
This lesson supports learning related to the following competencies, with regard to *special considerations for the geriatric population in ambulatory care settings* in disasters:

Core Competencies and Subcompetencies from Walsh L, Subbarao I, Gebbie K, et al. Core competencies for disaster medicine and public health. *Disaster Med Public Health Prep*. 2012;6(1):44-52. doi: 10.1001/dmp.2012.4

Core Competency 5.0 "Demonstrate knowledge of personal safety measures that can be implemented in a disaster or public health emergency."
Subcompetency 5.1 "Explain general health, safety, and security risks associated with disasters and public health emergencies."
Subcompetency 5.2 "Describe risk reduction measures that can be implemented to mitigate or prevent hazardous exposures in a disaster or public health emergency."

Learning Objectives
At the end of this lesson, the learner will be able to:

5-2.1 Discuss preparedness and protective measures healthprofessionals in ambulatory care settings need to take before, during, and after disaster situations.

5-2.2 Describe the actions that will be performed by health professionals in ambulatory care during disaster situations.

Estimated Time to Complete This Lesson
30 minutes

Content Outline

Module 5: Setting: Special considerations for older adults
Lesson 5-2: Ambulatory Care

Introduction:

Since the disasters of September 11, 2001, and the devastation of Hurricanes Rita and Katrina, communities have been mandated to have emergency preparedness plans to facilitate care and enable functioning until aid from regional, state, or federal agencies is made available.[1] Planning committees and guides have been developed to provide expert guidance on the emergency management process and to remove readiness barriers by providing tools, strategies, and processes during emergencies.[2] Once an emergency situation has been identified and an area of the country is experiencing a devastating event, aspects of the National Incident Management System, including the Incident Command System, will be implemented within the community. This standardized emergency management framework establishes a common approach to how entire communities will prepare for, respond to, and recover from a large-scale emergency or disaster.[3] All disaster information will be filtered through a network of public safety agencies and emergency operations centers; each community facility has an emergency response liaison who will be the point of contact and connection to the response network. The emergency response liaison will instruct the ambulatory care facility on their role during the disaster. Ambulatory care facilities are defined as medical **care** provided on an outpatient basis, including diagnosis, observation, consultation, treatment, intervention, and rehabilitation services. This care can include advanced medical technology and procedures even when provided outside of hospitals. First, patients in those areas will be secured, the facility will be instructed on the immediate areas of concern, and transportation to a safe environment will be facilitated. The transition of older adults who have special needs of transportation, mental illness, and disabilities will require focused coordination. The emergency response liaison will instruct the facility on their function according to the disaster and the proximity of the facility to the disaster site. Many functions can occur from the ambulatory care facility, such as providing triage for the immediate disaster area, functioning as a transition center for patients, functioning as a communication center, or providing shelter to name a few.[3] Ongoing communication with the community is essential to managing concerns within the population about risk, managing infection control, maintaining public interest in and involvement with preparedness activities, and sustaining the trust that will be essential in directing the public effectively and safely during a disaster.[2]

Content Outline:

I. Components of the planning process are structured to be a template because no community is exactly like another; structures, governance, resources, and

capabilities will vary.[2]
http://www.jointcommission.org/assets/1/18/planning_guide.pdf.

a. Define the community: the associations of groups of people living together in a specific geographical area; fire, law enforcement, roads, bridges, transportation systems, schools and universities, hospitals, nursing homes, ambulatory care centers; culture; and language.
b. Identify and establish the emergency management team. Developing a plan with community partners is integral to success. This is vital to maintaining a successful preparedness and safety plan. The emergency operations plan addresses preparedness measures, emergency response, and evacuation planning so that the workplace can plan for a variety of emergency situations. For example, hospital leaders may bring together clinic leaders, law enforcement, and community transportation leaders for planning at the local level annually to discuss emergency preparedness for the community and any new additions to the existing plans.
c. Determining the risks and hazards the community faces requires thinking outside the box. An all-hazards approach will prepare the community for prevention, protection, mitigation, response, and recovery. A risk assessment considers the geographical area and the possibilities of natural disasters of hurricanes, earthquakes, or tornadoes but also must consider mass casualty events as well such as transportation accidents, nuclear or chemical weapons, and infectious disease outbreaks.[2] The National Commission on Terrorist attacks recognizes that preparedness must address vulnerability to hazards—not just natural possibilities, but human intentional (terrorism) or human unintentional (technological) as well.
d. Set goals for preparedness and response planning. The basic general goals will be to save lives and protect health, protect and sustain the critical infrastructure, find dual uses for existing capabilities, and create an inventory of resources that may be needed in an emergency situation. Preparedness is an ongoing process using training and public education and outreach campaigns. City-wide and community-wide discussions and operations–based exercises maintain competencies and provide learning experiences based on the Homeland Security Exercise and Evaluation Program.
e. Determiningcurrent capacities and capabilities is necessary to support efforts to meet the needs of disaster victims, which could include providing shelter, food, and emergency first aid; collecting information to report on victim status; and assisting with reuniting families.

II. Ambulatory care functions during disaster relief may vary to meet the demands of the victims. Older adults who have special needs will need to be identified to

accommodate physical, mental, and care needs during transitions. Safe transitions of current patients in the facility is necessary. To facilitate transitions, the community partners in transportation, emergency medical services, fire department, and law enforcement should be contacted to organize transportation in the event the roadways or streets are damaged or blocked. The patients transitioned are tracked by use of a centralized identification process so that family members can be informed of their location.

a. The emergency response liaison will communicate which functions are required of each facility.
b. Determine staff roles and responsibilities: this should be outlined in the emergency operations plan. There should by an on-scene incident commander, a safety officer, and section chiefs for all areas (clinical, clerical, support staff). These leaders will provide updates and instructions on the level of disaster relief that will be offered. Identification of an emergency assembly area is recommended, as is identification of those individuals who have special needs or who have disabilities. The safety officer will focus on infection control to prevent contamination.
c. Emergency supplies and equipment are maintained at each work site. The recommended supplies are first aid supplies, flashlights, extra batteries, battery-operated AM/FM radio, paper copies of work documents, personal protective equipment, notebook computer with wireless broadband access, and two-way radio. This should be an assigned duty that is maintained and stocked regularly. It is recommended that the supplies be adequate for your staff and patients for a minimum of 3 days. When a community-wide event occurs, just–in-time vendors will deliver the supplies needed to sustain operations for 3 days; the on-scene commander will determine the supplies needed.
d. Establish a communication system in the facility that provides internal mass notification of the impending disaster. The on-scene incident commander will have direct communication with the emergency operations center and will deliver all instructions to the section chiefs. When normal communications (normal in-house telephone systems, cell phones, hospital pagers) are interrupted, the on-scene commander will communicate by use of two-way radios, satellite phones, and e-mail or WebEOC.
e. Demobilization after the disaster is primarily concerned with returning the facility to its previous state and restoring normal staffing practices.

The Hazard Vulnerability Analysis and Statewide Risk Assessment are generally used to develop the Emergency Operations Plan for each facility and should be reviewed annually. These plans are based on the organization's experiences to identify events that could affect

demand for services and the ability to provide those services, the likelihood of those events occurring, and the consequences of those events.

Suggested Learner Activities for Use in and Beyond the Classroom

1. Invite learners to work in groups of 4 and develop a list of important practices that should be in a disaster plan for an ambulatory care setting. If any of the learners work in ambulatory care and have access to an existing plan, invite them to review that plan to see if any additions could be made to the list already formulated.
2. Invite one or more learners who have experience working in an ambulatory care setting to describe past disaster preparedness exercises that they have participated in and lessons from those exercises, which can be applied to the care of older adults in disasters. Other learners will serve as audience members for these presentations and should be prepared to identify action items for their own work setting as a result of these presentations.

Readings and Resources for the Learner

- Required Resources
  - None

- Supplemental Resources
  - None

Learner Assessment Strategies

1. Prepare a short briefing that would be appropriate for leadership and staff of an ambulatory care setting. The briefing should describe key issues that should be considered in caring for older adults in a disaster.

Readings and Resources for the Educators

- Required Resources
  - FEMA Community Preparedness Guide 101. http://www.fema.gov/media-library-data/20130726-1828-25045-0014/cpg_101_comprehensive_preparedness_guide_developing_and_maintaining_emergency_operations_plans_2010.pdf

- Supplemental Resources
  - None

Sources Cited in Preparing Outline and Activities Above

1. Stokowski L, Rebmann T, McCaulley M. Has your ambulatory care center planned how to prevent infections during disasters? Medscape website. http://www.medscape.com/viewarticle/811214. Published September 20, 2013. Accessed February 5, 2015.
2. *Standing Together: An Emergency Planning Guide for America's Communities*. The Joint Commission. http://www.jointcommission.org/assets/1/18/planning_guide.pdf. Published 2005. Accessed February 5, 2015.
3. Training. US Department of Transportation, Federal Transit Administration website. www.transit-safety.volpe.dot.gov/training. Published 2006. Accessed February 5, 2015.