

EMERGENCY PREPAREDNESS & AGRICULTURAL WORKERS

WHAT ARE EMERGENCIES & DISASTERS?

The Federal Emergency Management Agency (FEMA) has defined an emergency as: “Any unplanned event that can cause death or significant injuries to employees, customers, or the public, or that can shut down a business, disrupt operations, or cause physical or environment damage.” (1993)

Emergency is a broad umbrella term for various types of hazards, pandemics, and disasters.

FEMA identifies five types of emergencies:

1. Natural disasters
2. Pandemics
3. Home fires
4. Technological & accidental hazards
5. Terrorist hazards

A disaster is defined somewhat differently from an emergency, as it must cause damage or harm to a community (FEMA, 1990). It is characterized by its magnitude, scope, and duration of impact, as well as the length of forewarning and the speed of onset. FEMA identifies two types of disasters: natural and technological/manmade.

Natural Disasters

- Drought
- Earthquakes
- Extreme heat
- Floods
- Hurricanes
- Landslides & debris flow
- Severe weather
- Space
- Thunderstorm & lightning
- Tornadoes
- Tsunamis
- Volcanoes
- Wildfires
- Winter storms & extreme cold



Technological/Manmade Disasters

- Biological threats (bioterrorism)
- Chemical threats
- Radiation/nuclear threat

The first step in planning for all potential emergencies is to perform a hazard vulnerability analysis to determine what threats your Health Center may encounter. Is your Health Center near any bodies of water? Is it at risk for a chemical spill from passing trucks or trains? Kaiser Permanente has developed a sample hazard vulnerability analysis that can be viewed at <https://www.calhospitalprepare.org/post/revise-hva-tool-kaiser-permanente>

WHY ARE MIGRANT & SEASONAL AGRICULTURAL WORKERS VULNERABLE IN A DISASTER?

Migrant Health Centers are familiar with the barriers agricultural workers (MSAWs) face in accessing health care, such as a lack of transportation, high mobility, and language and cultural differences. These barriers exist during times of emergency, as well as in times of crisis.

After Hurricane Katrina, the lack of understanding and preparation in regards to certain populations was starkly revealed. While emergency officials had considered the disabled and elderly, little regard was given to the far-reaching effects of poverty on hard to reach populations (such as MSAWs) in surviving disasters (Greenberger, 2007).

COMMUNICATION ISSUES

What are the primary languages spoken by agricultural workers in your area? Are they able to understand written or spoken English? What communication mechanisms do they have access to (i.e., radio, cell phone, internet)?

TRANSPORTATION ISSUES

While some MSAWs may own a vehicle, many do not, and it is important to have a plan for mass transportation if workers are laboring in the fields (i.e., what if the main road to the farm has been destroyed by a fire or flood?). How will you ensure that children are reconciled with their parents if they are in separate locations?



RESOURCE ISSUES

Will agricultural workers be able to evacuate if needed? Will they have money to purchase gas for evacuating if they have access to a vehicle? Where will they stay if evacuated? Will they be able to purchase food while traveling? What type of social support networks exist that agricultural workers can access without fear of discrimination or deportation?

Community and Migrant Health Centers are essential players in ensuring that MSAWs in the area are prepared for potential emergencies and can be contacted and supported during emergencies. A thorough knowledge of the geographic locations, demographics, and assets and weaknesses of the community's migrant and seasonal agricultural workers will prove to be extremely useful and potentially life-saving if a disaster should occur.

WHAT ARE THE POTENTIAL EFFECTS OF EMERGENCIES & DISASTERS ON HEALTH CENTERS?

When preparing for emergencies, many people consider the immediate, short-term effects that could occur, such as power supply interruption, mass casualties, or property damage. Yet the effects of major disasters can last for years.

Immediate and short- term effects:

- Power supply interruption: Even back-up power supplies, such as gas generators, may not function during a disaster. Planning how to access vital records and manage billing without power should be a part of every C/MHCs emergency plan.
- Patient surge: A large increase in patient volume may coincide with a limited number of available staff: Cross-training when appropriate and emergency preparedness training for all staff are a key part of planning for this potential situation.
- Facility/equipment damage: Your clinic may be inaccessible, as well as the equipment inside. It is important to store vital records and other essentials off-site if at all possible.
- Communication disruption: If phone, internet, etc., are unavailable, a plan should be in place for identifying the location and safety of staff.



- Disease outbreaks: Plan for and train all staff on actions to take if a disease outbreak should occur during or after a disaster.

Long-term effects:

- Fiscal sustainability: Planning for the expenses incurred while still serving the community during a disaster may seem like a low-priority concern, but it can debilitate a health center for years.
- Staffing disruption: Much of the C/MHC's staff may be personally affected by the disaster, and unable to come to work. Staff with children may be unable to find child care, or they may experience homelessness or a lack of transportation.
- Long-term facility and equipment damage: Your Health Center's computers, medical equipment, and even the facility itself may need to be replaced.

WHAT ARE THE HEALTH RESOURCES & SERVICES ADMINISTRATION'S EXPECTATIONS FOR C/MHCS REGARDING EMERGENCY PREPAREDNESS?

All health centers funded under the 330 Health Center program (including 330 Look-A-Likes) are required by HRSA to prepare for emergencies. These expectations are discussed in detail in the Policy Information Notice 20017 – 15: Health Center Emergency Management Program expectations (<https://bphc.hrsa.gov/about/pdf/pin200715.pdf>)

1. Emergency management planning

Health centers should conduct a hazard vulnerability analysis and addresses all four phases of emergency management:

- A. Mitigation (What precautions will you take to lessen the severity and impact of an emergency?)
- B. Preparedness (How can you build your Health Center's capacity for handling emergencies?)
- C. Responses (How will you react and respond to the needs of your Health Center and your community?)
- D. Recover (How will your Health Center restore services and return to normalcy?)



It is also important to link your emergency plan to existing ones in your community's response to a disaster.

2. Linkages and collaborations

Your Health Center or neighboring organizations may be overwhelmed during a crisis, and established relationships are critical to your emergency management planning. Find ways to integrate your plan with those of your community at state, regional, and local levels by participating in community meetings or by initiating the conversation if has not begun. Establishing a role in a potential emergency will also help to coordinate efforts and avoid duplication of services. Would your Health Center best function as a vaccination depot, or does it need to serve as behavioral/mental resource? Does your staff need to aid in locating and communication with agricultural workers? In addition to understanding your own role in the plan, understand the roles of other organizations and the basics of the emergency management system in your community.

3. Communications and information sharing

Your communication plan should take into account both internal and external communications. Plans for internal communications will include your staff, patients, special populations, and the Governing Board. External groups may be local, state, and federal agencies, stakeholders, and the public.

Conduct periodic updates of staff contact information and design a communication tree that includes both internal staff and any external agencies that will need to be contacted in the event of an emergency.

Developing a back-up communication system should also be a part of the plan, both for internal and external parties. Make sure that culturally and linguistically appropriate messages are available according to the needs of your patient population and your community.

In the event of an emergency, your Health Center may be required to share data and information with HRSA Project Officer, such as patient capacity and operational needs. HRSA also encourages that reporting protocols and systems are in place for data sharing among clinics, public health departments, and other relevant agencies.

4. Maintaining financial and operational stability



HRSA expects that C/MHCs will be able to resume operations as soon as possible after a disaster. Maintain adequate, up-to-date insurance coverage help in the event of facility or equipment damage. Preservation and back-up of records essential to your Health Center is also important, and you should plan for ways to retrieve the back-ups in the event of an emergency. A back-up billing system is also recommended, and strategies for tracking patients and documenting medical services should be developed.

In the event of an emergency, every attempt should be made to collect reimbursement for services, but grantees may use grant funds to provide services consistent with their approved scope of project and the terms of their grant award (HRSA, 2007).

WHAT IS THE ROLE OF BOARD MEMBERS IN EMERGENCY PREPAREDNESS & MANAGEMENT?

Board members should:

- Ensure that developing a comprehensive emergency management plan is a priority for the C/MHC.
- Ensure that the needs of vulnerable and hard-to-reach populations, such as MSAWs and the homeless, are considered when developing the comprehensive emergency plan.
- Be prepared for emergency meetings.
- Be available for rapid approvals and immediate communication concerning recovery plans, liability, etc.
- Ensure that collaboration does not interfere with the autonomy of the Health Center.

WHAT RESOURCES FOR EMERGENCY PREPAREDNESS EXIST?

Resources on Emergency Management Planning:

[Sample hazard vulnerability assessment](#)

[Toolkit on disaster preparedness and recovery plan for community organizations](#)

[Occupational Safety and Health Administration-Emergency Management](#)

[American Red Cross-Prepare your workforce](#)

National Center For Farmworker Health, 2018



[FEMA Emergency Management Guide for Business and Industry](#)

[FEMA Plan, Prepare and Mitigate](#)

[FEMA Plan for and Protect your Business](#)

[CDC Emergency Preparedness and Response](#)

Resources for Clinicians:

[Clinician Outreach and Communication Activities](#)

[Emergency Preparedness and Response Training Resources](#)

[Emergency Preparedness for Clinicians](#)

Resources on Vulnerable Populations:

[Information about vulnerable populations and emergencies](#)

[National Resources Center on Advancing Emergency preparedness for Culturally Diverse Communities](#)

[Rural Preparedness Planning Guide: Planning for Population Surge Following Urban Disasters](#)

Resources on Migrant and Seasonal Agricultural Workers:

[MSFW Emergency Preparedness Planning Guide](#)

[Avian Influenza Rural Community Education Training](#)

[Including Outreach Workers in Emergency Preparedness](#)

[Prepararías para Emergencias Públicas en la Comunidad Latina: Manual para Capacitación de Personas Promotoras](#)

Tools for individuals and family emergency preparedness:

[READY.gov](#)

[Be informed](#)

[Make a plan](#)

[Build a kit](#)

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