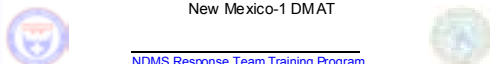


**Establishing the Base of Operation**

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**Outreach Activities for Disaster Response Teams**

Conrad Salinas, MD, FACEP  
California-2 DMAT  
John K Gaffney, BBA, CEM, NREMT-P  
New Mexico-1 DMAT



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**Objectives**

- Define outreach as it relates to NDMS/DMAT missions.
- Identify the types of services that DMATs can provide using outreach.
- Recall the operational and logistical considerations necessary to successfully provide outreach.
- Recall steps that team members can take to safely provide outreach.



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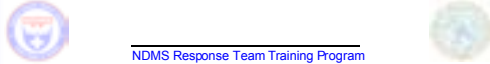

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**Background**

DMATs often encounter the need to work outside of a fixed location in the disaster impacted community.



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## Outreach

When disaster responders take healthcare to the public under circumstances in which the public cannot access medical care.



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## Why Do Outreach?

- People will continue to live in structures where their personal property remains.
- Many people are fearful of leaving because of security concerns or lack of transportation.



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## Why Do Outreach?

People value their privacy or prefer the familiarity of the areas in which they live, rather than going to a shelter.



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## History of DMAT Outreach

- Outreach has developed in a variety of forms by several different teams.
- During the deployments to Hurricanes Andrew and Iniki, deployment-outreach missions played large and critical roles.



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## DMAT Outreach Today

- Concept of outreach has melded all these types of outreach missions to its current state.
- Outreach is a dynamic concept - always in a state of flux and adjusting to community healthcare needs.



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## Mission Dynamics

- Outreach missions can consist of:
  - Taking blood pressures, monitoring glucose levels.
  - Following up on postpartum, post surgical and other patients recently discharged from the hospital.
  - Providing immunizations such as tetanus boosters.



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## Epidemiologic Surveillance

- Outreach teams can gather “medical intelligence” from areas of the community.
- These reports can resolve issues before they start, or help to begin to address potential healthcare problems.



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## Public Health Roles

- As a public health resource, outreach teams can educate on:
  - Hygiene
  - Disposal of human waste
  - Avoiding the spread of communicable diseases
  - Vector control



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## Effecting Outreach Delivery

- Various ways to do outreach:
  - Going door-to-door in a given neighborhood or geographic area.
  - Delivering medications and other supplies.
  - Checking patients recently discharged from the hospital.
  - Setting up clinics in shelters.



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## Mission Coordination

- **Coordination with the local authorities can:**
  - Target areas needing the assistance.
  - Identify specific types of needs and/or provide resources to help accomplish the mission.
    - e.g., Take a local resident who knows the neighborhood and streets.



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## Special Needs Populations

- Community leaders can potentially also identify specific patients at risk and their unique needs.
- Specific medications that might not be part of the DMAT basic pharmaceutical load can thus be obtained and distributed.



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## Training and Mission Assembly

- **Training for providers who will be doing outreach should emphasize:**
  - Purpose and limitations of the mission.
  - Protocols and referral mechanisms mentioned in item above.
  - Safety and security issues.



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## Safety Issues Education

- Educate providers on scene safety...
  - Need to assess a scene for hazards prior to entering and develop escape mechanisms, as needed.
  - Hazards such as weapons may be obvious, other hazards such as building damage may not.



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## Logistical Issues

- Logistical requirements must also be planned for...
  - Geography/maps
  - Providers
  - Transportation and communications
  - Provisioning the providers
  - Medical supply and resupply
  - Team protocols
  - Safety and security



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## Logistical Issues

- Outreach teams can travel by auto, air, or by foot, to accomplish their mission.
- Deployment of an outreach team with a security element should be seriously considered.



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## Logistical Issues

Delivery of healthcare directly to individuals by outreach teams may be of more quantity and quality than what existed before.



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## Outreach Mission Scheduling

- Shelters are noisy, quarters are cramped, and there is no privacy.



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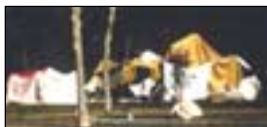
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## Outreach Mission Scheduling

- Patients sometimes pack-up their possessions and move to city parks and establish "tent cities."



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## Outreach Mission Scheduling

- In the evening, shelter and tent city populations tend to swell.
- Outreach is probably most effectively performed in the late afternoon or evening.



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## Patient Care Documentation

The need to capture some minimum data, along with a desire to maintain accurate patient encounter 'counts' necessitates some record keeping technique be developed.



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## Summary

- Previous deployments have demonstrated that DMATs will almost certainly be called upon to leave the standard fixed clinical environment and provide care out in the community.



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## Summary

- **With adequate planning and preparation...**
  - Missions can be accomplished safely.
  - The team may increase its productivity.
  - Improve morale and provider satisfaction.



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