



CONVENING
LEADERS FOR
EMERGENCY
AND RESPONSE

Responding to Public Health Emergencies in Rural Settings

TIP SHEET

Rural health care organizations face unique challenges when responding to public health emergencies due to their remote geographic location and sometimes limited access to resources.

This tip sheet offers strategies and examples from the field to effectively navigate public health emergencies in a rural community.

Key Strategies and Considerations



FOSTER FLEXIBILITY IN EMERGENCY RESPONSE TECHNIQUES

STRATEGY Develop a comprehensive emergency response plan that is adaptable to various scenarios. Consider creating subplans or annexes that are incident-specific.

EXAMPLE Intermountain Garfield Memorial Hospital has created a culture of preparedness by developing a versatile emergency response plan to guide health care teams as they navigate unpredictable circumstances.

STRATEGY Anticipate and assess the diverse needs of the community before, during and following an emergency.

EXAMPLE Following a large-scale vehicle accident, Intermountain Garfield Memorial Hospital used a language line to communicate with victims and their families, all of whom were international tourists.



PRIORITIZE WORKFORCE WELLNESS

STRATEGY Establish employee wellness programs, which may include counseling, stress management resources and recovery assistance, to support health care workers' well-being during and following an emergency.

EXAMPLE Following the Camp Fire in Paradise, Calif., Enloe Medical Center prioritized staff well-being by providing mental health resources and setting up a recovery fund to support staff directly affected by the fire.

“Take your drills seriously and build those relationships before the crisis, so during the crisis you can rely on each other.”

Marcia Nelson, M.D.
Chief Medical Officer, Enloe Medical Center



ESTABLISH CROSS-ORGANIZATIONAL PARTNERSHIPS AND MUTUAL AID AGREEMENTS

STRATEGY Forge partnerships with nearby health care organizations, emergency services agencies and community organizations. Formalize mutual aid agreements with neighboring response agencies to use in times of crisis, which allows for sharing staff, equipment and medical supplies.

EXAMPLE Jackson Purchase Medical Center established mutual aid agreements with neighboring counties to expedite allocating additional medical staff, EMS units, and supplies like water during an emergency. Doing so saved lives and streamlined the recovery process following a tornado in Graves County, Ky.



ROUTINELY REVIEW EMERGENCY MANAGEMENT PLANS AND DRILLS

STRATEGY To ensure robust emergency preparedness, rural health care organizations should regularly conduct exercises and simulations to evaluate and improve their management plans.

EXAMPLE Enloe Medical Center uses its incident command system (ICS) for routine events such as upgrading its EHR system. Activating its ICS during nonemergency scenarios helps staff better understand their roles and protocols during a real emergency.

“If you’re in a smaller [rural] community, get to know those people [in the community] and make sure that you’re all connected.”

Dave Anderson
CEO
Jackson Purchase Medical Center

“You have to get really creative. Think about all of the possibilities of what you might need to prepare for to meet the needs of those who come through your doors.”

DeAnn Brown
Hospital Administrator
Intermountain Garfield Memorial Hospital

Watch the moderated discussion on responding to public health emergencies in rural communities, part of the CLEAR Crisis Leadership Video Series:

youtube.com/watch?v=1KsYy0WPRrU

For additional resources, tools and guidance related to emergency preparedness and response, visit www.aha.org/aha-clear.

Presented as part of Cooperative Agreement 5 HITEP210047-03-00, funded by the Department of Health and Human Services' Administration for Strategic Preparedness and Response (ASPR). The Health Research & Educational Trust, an American Hospital Association 501(c)(3) nonprofit subsidiary, is a proud partner of this Cooperative Agreement. This publication is solely the responsibility of the Health Research & Educational Trust and its partners and does not necessarily represent the official policies or views of the Department of Health and Human Services or of the Administration for Strategic Preparedness and Response. Further, any mention of trade names, commercial practices, or organizations does not imply endorsement by the U.S. Government.