

Disaster Response for Mobile Health Clinics Masterclass Series

11/12/2025

mobile healthcare association

Where are you joining from?

The Mobile Healthcare Masterclass Series is provided by:

Masterclass Series: Getting Started

Meeting Guidelines

- ✓ All participants are muted.
- ✓ Change your screen name to your name and organization.
- ✓ Reminder: CMEs are available to those who attend in person.
- ✓ Redemption instructions will be shared at the end and via email.
- ✓ Thank you for your patience and cooperation!

Meet Your Facilitators



Gianna Van Winkle

- Over 15 years of experience in emergency management for community health centers.
- Currently leads emergency management efforts at the Florida Association of Community Health Centers (FACHC).
- Specializes in planning, response coordination, and infrastructure resilience.

Meet Your Facilitators



Evelyn Wong, MD, FACEP

- Leads Medical Mission Adventures (MMA), a mobile nonprofit providing free care to underserved and disaster-affected communities.
- Led MMA's response to the 2025 LA Wildfires, deploying mobile clinics for five months.
- Experienced in all phases of disaster care: rescue, relief, and recovery, including responses to the 2023 Maui wildfires.





Phase 1: Activation & Deployment

Activation Protocols – Who Decides & When?

| Triggers | Authority | Action |
|--|---|--|
|  Disaster declaration Partner request Internal threshold |  Executives Medical Director Incident Commander |  Deploy mobile unit Alert staff Activate protocols |

Activation Protocols - Chat

What happens first, second, third, and fourth?

- (A) Brief the deployment team
- (B) Fueling & Loading
- (C) Confirm mission with Emergency Operations Center
- (D) Conduct a Tech Check for Communications



Deployment Logistics

- Site navigation confirmed
- Supplies loaded
- Staff assigned & briefed
- Setup protocols ready

Phase 2: Field Operations & Adaptation

Field Operations

- Triage Patients: Immediate, Delayed, Minor
- Deliver Urgent Care
- Coordinate Referrals
- Document Every Step

Breakout Activity: Adapting on the field

1 Scenario

Your mobile unit is at a shelter after a wildfire. You have a mental health counselor on board. You've offered "Free Mental Health Support" for 3 hours, and no one has come.



2 New Strategies

- Why is no one coming to your "Free Mental Health" service?
- Brainstorm 2-3 new strategies to engage this community and address their clear emotional needs.
- Document your ideas on the Miro board.

3 Return and Share

Be prepared to share 1-2 key strategies from your group when we return.

Creative Solutions in Action

Change the Intake Process



- Instead of asking, "Do you have mental health needs?"
- Use an indirect survey with questions like, "Have you had trouble sleeping?". This provides a non-judgmental opening for a conversation.

Re-brand the Service Offering



- Instead of a "Mental Health Clinic"...
- Offer free Zumba, Art Therapy, or Fitness Classes. Build trust and relationships first, then offer counseling.

Expect the Unexpected: Common Field Adaptations

Disaster response is dynamic. Your plan will need to change. Be ready to adapt:



Your Space: Shifting operations from your vehicle to tents or indoor locations when the site is inaccessible or overcrowded.



Your Services: Changing your clinical focus based on the actual needs you find (e.g., more mental health support than trauma care).



Your Workflow: Modifying patient intake, flow, and documentation processes to function in a chaotic, non-standard environment.



Your Supply Use: Adapting to unexpected shortages or finding creative ways to meet needs when standard supplies run out.



Phase 3: Communications & Staff Safety

Communication Under Crisis

Internal
Shift briefings, Safety update, Decision loops

External
Partner coordination, Media, Public messaging



Communication Survival Guide: 4 Rules

| | |
|--|--|
| <p>Follow the Chain of Command</p> <ul style="list-style-type: none"> Report status & needs only to your designated contact (EOC or supervisor). On-Site: Check in immediately with the Incident Command Post (ICP) or Shelter Manager. | <p>Keep Internal Comms BRIEF & CLEAR</p> <ul style="list-style-type: none"> Use plain language (no jargon). Conduct 5-minute shift briefings (Safety, Comms, Mission). Use radios for essential operational traffic only. |
| <p>Expect Tech Failure - Have Backups</p> <ul style="list-style-type: none"> Must-Haves: Satellite Phone/Satellite enabled internet (Leadership), GMRS/HAM Radios (team), Pre-Printed Maps. Practice: Know how to use your backup gear before the disaster. | <p>Amplify the Official Message ONLY</p> <ul style="list-style-type: none"> Get info directly from the State or local Emergency Operations Center. NEVER post operational details or unverified info to social media. Direct people to official sources. |

Staff Safety & Well-Being

Risks

-  Fatigue
-  Exposure
-  Stress & Burnout

Preventive Strategies

-  Shift rotations
-  Buddy system
-  Mental health check-ins

Staff Safety in Practice: 3 Actions

Maintain Situational Awareness & Practice De-escalation

- **Be Aware:** Constantly scan your surroundings for physical risks or potential security issues. Know your exit routes.
- **Be Calm:** Expect stress in survivors. Use a calm tone and simple language. Practice active listening.

Enforce Personal Health Maintenance

- **Hydrate & Fuel:** Mandate regular water intake and access to snacks throughout the shift.
- **Take Micro-Breaks:** Schedule short (5-10 min) breaks away from patient care every 2-3 hours to reset.

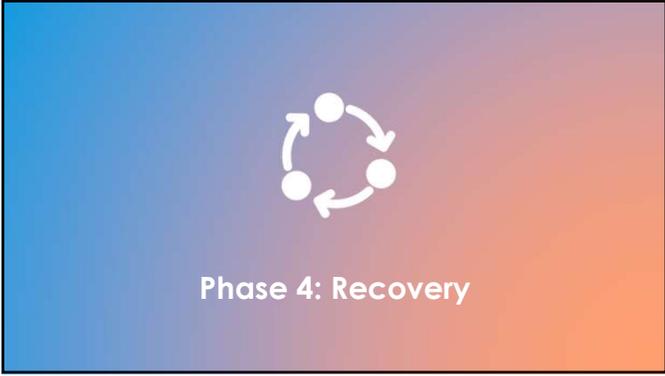
Practice In-Field Stress Management

- **Recognize Signs:** Acknowledge when you or a teammate feels overwhelmed (rapid breathing, irritability, difficulty concentrating).
- **Use Simple Techniques:** Practice deep breathing exercises or take a brief "reset" pause during high-stress moments.

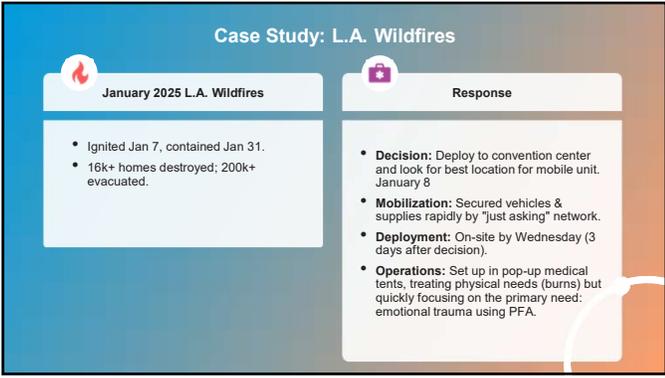
Most Forgotten- Poll

Let's take a poll. In your opinion, which of these items is the **most forgotten**?

- (A) Personal medications
- (B) A copy of your professional license
- (C) Cash in small bills
- (D) A spare battery or power bank
- (E) Food and water







Case Study: Lessons Learned

Key Lessons in Response & Adaptation

Adapt Field Operations to the Real Need

Shifted focus from expected physical injuries to the overwhelming emotional trauma.

Adapt Delivery Model to Reach the Hidden

Used disaster backpacks to bring aid directly to families in tents who couldn't cross the "yellow line"

Adapt Response into Long-Term Recovery

The mission continues with follow-up care and wellness events planned for the disaster's anniversary.

Case Study: Future Preparedness

- 1 **Program Development:** Created "Rapid Response 360" for holistic disaster care.
- 2 **Logistics Upgrade:** Secured warehouse space and hired a logistics coordinator.
- 3 **Team Resilience:** Added training on secondhand trauma and caregiver fatigue.
- 4 **Formalization:** Emphasized NVOAD (National Volunteer Organizations Active in a Disaster) registration for official access.
- 5 **Framework Adoption:** Using the "4 S's" (Space, Staff, Stuff, Systems) for ongoing planning.



Key Takeaways & Reflections

Miro

- What's one action you'll take to strengthen your clinic's response readiness?

Please use the link in the chat to add your thoughts to our Miro.

Key Takeaways

- A successful response is requested and coordinated, not self-deployed. Clear Activation authority is essential.
- The first step on-site is always checking in with command before beginning field operations.
- Be prepared to Adapt in the Field. The real need (like mental health) may not be the expected need.
- Communication is about integrating with the EOC/JIS to coordinate care and fight misinformation.
- Staff Well-being is a core logistical component that requires planning for rotations, self-sufficiency, and mental health.
- Recovery is a long-term commitment to community follow-up, not just a one-time internal debrief.

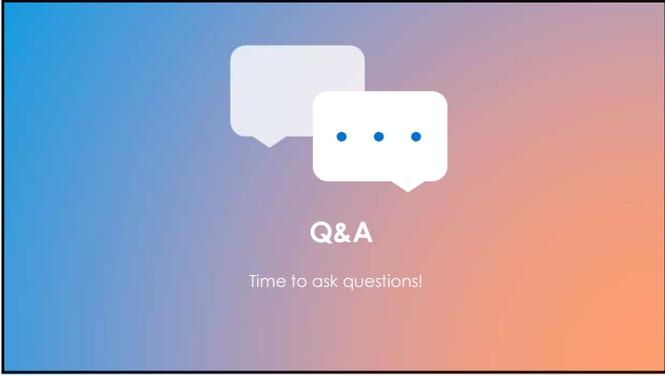
Microlearning

Assemble the correct deployment kit from a cluttered supply list. 01:00

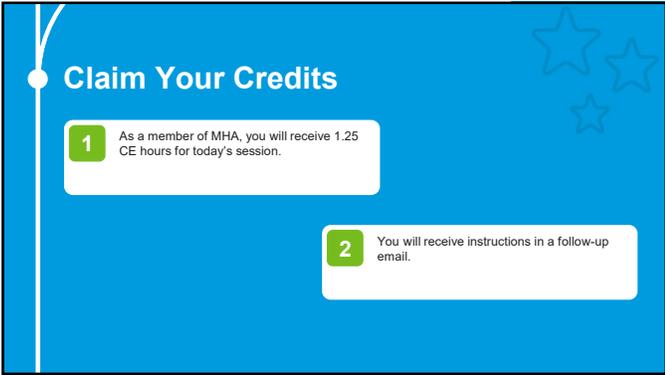
1. Select all appropriate items.
2. You have 1 minute. Timer starts when you select an item.

| | | | | | |
|-------------|-----------------------|---------------|----------------|--------------------|--------------|
| Fuel Supply | Informational Posters | PPE for staff | Hot Plates | Tray Supplies | Medications |
| Flare | Cold Chain Vaccines | Clean gear | Office Printer | Water & Essentials | Coffee Maker |

You will receive instructions about the accompanying microlearning in a follow-up email.

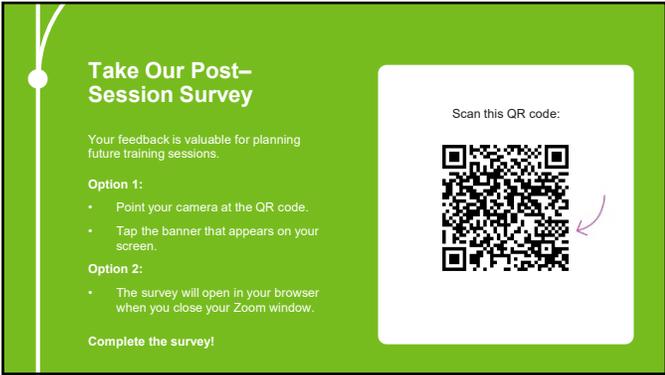


Q&A
Time to ask questions!



Claim Your Credits

- 1 As a member of MHA, you will receive 1.25 CE hours for today's session.
- 2 You will receive instructions in a follow-up email.



Take Our Post-Session Survey

Your feedback is valuable for planning future training sessions.

Option 1:

- Point your camera at the QR code.
- Tap the banner that appears on your screen.

Option 2:

- The survey will open in your browser when you close your Zoom window.

Complete the survey!

Scan this QR code:





LB1 From RYAN: This isn't on a slide, but rather I'm just thinking aloud
– Should the association take on a larger role in coordination of resources during a disaster? For example, according to my previous background statement, let's say we get a request from a local for a mobile asset. Let's say that multiple mobile agencies have agreements in place to deploy. Could the authority be given to the association to then coordinate the deployment of resources? That would give us a single point of contact when there is a need and might streamline the process. We do this with law enforcement agencies. When a jurisdiction needs assistance, I can reach out to the Chief's Association, let them know what I need, and they broker the request through a variety of departments across the state. Again, the ultimate authority comes down to the individual's executives, we can't compel them to respond, but if everything is in place and they have said they are available, then it's a quick trigger pull. – Being a part of the larger system also allows you to tap into other resources which will help you be successful. For example, if you set up an urgent care site, the command staff may want to send an ambulance to stand by, or a shuttle that can get people to a shelter.

Laura Bollan, 2025-10-15T14:19:26.141