**Background**

Guidance for resource allocation and crisis standards of care for disaster preparedness and response vary among states. As seen in Alaska, the far north, and other remote areas, there are significant challenges.

- Planning that incorporates supply chain, staffing, and patient movement is critical.
- Alaska towns/villages are dependent on 3 primary cities for medical supplies, consumer supplies, and staff.
- Transportation is highly dependent on variable climatic conditions. Rapid disaster response can be difficult.
- Responsibilities of urban areas to support disaster preparedness in rural areas are issues to be addressed.
- Stockpiling is expensive and needs planning

Disaster Preparedness and Response in remote areas needs strategic planning and continuous training.

**Survey Results**

**Primary Care Facilities Assessment**

**PURPOSE:** To assess current protocol(s) and training status for disaster preparedness and response in primary care health facilities, statewide.

**METHODS:**

- Created online survey on SurveyMonkey and distributed by e-mail to administrators in primary care health facilities throughout Alaska.
- Facilities included acute care hospitals, public health centers, long-term care facilities, clinics, and other.
- Seven questions were asked on plans, guidelines, decision-making, training/exercises, policies and procedures.
- Possible responses were Yes, No, and Partial/In Progress as well as a comment box for any additional information the responder wanted to submit.
- Data were analyzed through SurveyMonkey

These data, current state regulations, and reports based on comprehensive statewide disaster response exercises were primary sources for the assessment, provisions, and the direction for state disaster planning and response.

**Resource Allocation**

- Fair principles of distribution - Alaskan communities have unique vulnerabilities (remote, lack transportation, etc).
- Hospitals in medical surge – limited beds, limited services
- Supplies run low, generators on max output
- Patients continue to come for care – may lack medicines.
- Not all communities may have been heard from-no extra supplies
- Who receives in-patient care?

**Implications for disaster preparedness, impact, response and recovery, with a particular focus of limited resources, emphasize the need for imperative community-based planning and interventions.**

**Alaska Shield 2014 Statewide Exercise**

- National capstone, full-scale, multi-location exercise based on an earthquake scenario resulting in major disruption.
- A week-long exercise took place in Anchorage in March/April 2014. This exercise simulated the 1964 Great Alaskan Earthquake (9.2 magnitude).
- Over 550 agencies participated.

The purpose of this event was to:

1. Exercise communities’ abilities to respond to a large scale disaster and assume responsibility for initial life safety needs at the local level;
2. Assess coordination capacity of the State – resources and actions needed to quickly support and stabilize situation throughout the State, while planning ahead for more sustained response and long-term recovery; and
3. Exercise a joint state and federal response to a large natural disaster/catastrophic event.