The Association for Home and Hospice Care of North Carolina Emergency Preparedness Handbook

2007

Introduction

INTRODUCTION

The Association for Home and Hospice Care of North Carolina is pleased to be able to offer you this handbook to aid you in preparing your agency, staff and patients for disaster. This opportunity has been afforded us through a grant from the NC Division of Facility Services and by working directly with the State Office of Emergency Management.

The goals we have tried to accomplish within the pages of this handbook are as follows:

- An outline for preparing your own disaster plan.
- The necessary forms/examples for completing your disaster plan
- A learning module for Certified Nursing Assistants
- Local EMS contact information to aid you in communicating with your local EMS personnel

Some of the materials may be used for staff and patients. For example, the information on disasters may be used for staff as well as for your patients. You may also find the individual assessments for staff, patients and those with special needs helpful in preparing for disaster. It is important to remember that if your staff do not prepare themselves then they will be unable to help anybody else during disaster. This tool helps to get us thinking about many areas of our lives we might otherwise forget about until a disaster strikes.

In the Disaster Preparedness Plan narrative, the italicized wording is the title of a form/sample you may find useful in preparing your plan. If there is warning of a potential disaster, the information on specific disasters may be copied and distributed to patients and staff.

It is our hope that you will find the information contained in these pages helpful in getting your staff and patients ready for a disaster and, as you do, we hope we will never have to utilize the plan. But remember it is much better to be prepared and never have to use it, than to have no plan and be in the midst of a disaster.

Putting this handbook together has truly been a team effort that has included the Association for Home and Hospice Care staff and the staff of the State Office of Emergency Management. I would especially like to thank Sharon Bauchat, RN, MSN who worked diligently to gather information for the handbook and the learning module. Also a big thank you to Marie Epps for her work in putting all the pieces together.

Name of Agency

This plan has been reviewed and updated as necessary.

CEO	Date
Operations Manager	Date

Date Reviewed	Signature & Title

Table of Contents

Table of Contents

Disaster Plan Narrative

This narrative includes different parts of a disaster plan. The italicized words within the reading are forms/samples included in the book for your ease of reference. You may use these as you see fit to write your disaster plan specific to your agency.

Disaster Preparedness Plan

A Disaster Preparedness Plan is a blueprint of what your agency plans to do in the event of a disaster. The plan, whether for natural or manmade events, will have some common components that should be well established. Some specific planning will be necessary for specific disasters in order to be ready to remain in place or to evacuate. Included in this book are sample forms to help you complete a Disaster Preparedness Plan. The italicized words found throughout this narrative are the titles of the respective forms. The first part of the book has information on both N*atural Disasters and Man-made Disasters* that has been prepared by the Federal Emergency Management Agency. This information may be used to help prepare your staff as well as your patients for disasters specific to your area.

A Disaster Plan may be divided into four phases. They are: mitigation, preparedness, response and recovery. (Ross & Bing, 2007) Mitigation is defined as the measures you may take to lessen the impact of damage to property. For example, if flooding was the anticipated event, the agency may move all records to a second floor or remove them to an area not expected to flood to prevent damage to them. Next, preparedness may include such activities as making sure you have communication information—telephone tree or e-mail addresses, training, policy and procedure and testing the plan. Response is actually implementing and carrying out the plan that you put together during the preparedness phase. Recovery occurs after the disaster response. It is the phase focused on getting back to normal operations. This is sometimes called the "healing phase." Recovery may take a long time. It is determined by the amount of damage to your agency and your operations.

A H*azard Vulnerability Assessment* (HVA) is one of the first steps in setting up a disaster plan. Once the HVA is completed, then the steps of the process for your plan may begin. This assessment will guide you in deciding where your agency is most vulnerable and for which events you would most likely need to prepare. When giving thought to this assessment tool, it is important to address those events that would or could cause disruption to your operations. Mitigation can be addressed upon completion of the HVA as well as the remaining three steps in the process.

Setting up a disaster preparedness task force for your agency will help you move forward and have the opportunity for input from various disciplines within your agency. You may also want to have community involvement from areas such as EMS/Fire, Public Health and others in your area to aid you in knowing what your agency's role may be in disaster situations. They may also assist in setting up disaster drills allowing your staff to participate. You may check the *EMS Directory* in the back of this handbook to find your local EMS Coordinator's contact information.

You may find it helpful to have people from the community join your disaster preparedness task force. The *Disaster Preparedness Community Assessment/Resources* may be used to help you determine what your resources are and what level of assistance may be needed for residents such as those who live alone or those who may have special needs. This will also give you the opportunity to begin building relationships with those

establishments in your community that may be able to assist you and that you may be able to assist during disaster. The *Community Resource Data* sheet is a tool to be utilized for gathering contact information for your ease of reference when needed.

Within your organization, it is important for each person to know their role and responsibility in a disaster situation. This may be done after assessing personnel and determining each person's responsibilities. Once this is established, it should be practiced at least annually. If a person should leave your organization, the new person should be oriented to the responsibilities of the person they are replacing. This will prevent gaps in your plan.

Once the plan is in place, the *Home Care Agency Disaster Preparedness Checklist* should be reviewed periodically to ensure the plan is being kept up-to-date.

Pre-planning for disaster is a key component for your agency. It is also important that individual staff complete their own assessments and set their plans for their families. This important step will help ensure that the agency has more personnel to help during disaster because they will be able to expedite their plans, instead of having to make their plan in the midst of disaster. Also, it will be helpful for patients to complete the *Personal Individual Assessment* in order for them to be prepared for disaster. It has been suggested that new employees complete a personal disaster plan for themselves and their families during their orientation to your organization. This plan could then be updated at least annually during the staff member's performance evaluation.

Communication is another key component in preparing for disaster. First and foremost, be certain to have all necessary contact information for your staff, along with other important emergency telephone numbers you may need. Set up a telephone tree for ease of communication. It is also important to plan alternative ways for communicating, since telephones may not be working or cell phone circuits may be busy. Another component of communicating is designating someone from your agency as the spokesperson for the media. Once this is established, all staff should be briefed as to who that person is and media should be referred to them.

Also it is very important to have an up-to-date patient census with contact information available. Not only do you need this information, but each patient should be classified according to their acuity and level of care necessary to maintain their health. The classification system should be included in your policy and procedure and staff should be familiar with the classification system.

Your agency should already have in place an infection control plan to aid your staff in measures needed to prevent infection, the spread of infection, and the process for reporting infection to the agency or, if necessary, to the local Health Department. This becomes a part of your disaster preparedness plan, because of the risk of infection associated with various disaster situations.

Policy and Procedure should describe step by step activity for staff when disaster does occur. This policy should be reviewed with all new staff and then annually. There are *Policy and Procedure* samples in the handbook for your convenience. Procedures are included for specific disasters, because of the potential for office staff to be at work when disaster occurs.

Disaster drills should be done at your agency and then *Home Care Post Disaster Evaluation* should be completed. This activity will give you valuable information on ways to improve your process and also to aid your staff in being more confident about the appropriate action to take during this crisis situation.

Education of your staff and your patients is a major factor in the success of being prepared for disaster. You will find the *Nurse Aide Module* helpful in preparing the Nurse Aide for disaster. Once they are versed in the different types of disaster, how to prepare, what to do during the disaster, the components that make up a "Go Kit", then they will be able to help their patients in their readiness efforts for disaster. The patient will need an up-to-date *Medication List* of meds they regularly take, and a M*edical Information and Emergency Contact Information.* It is also important that this includes any special needs of the patient to aid the personnel at shelters to care for the patients. This information should be kept in a safe place, and easily accessible for sudden departure for shelter. The *Special Populations* assessment may help you in preparing special needs patients for disaster. *The Nurse/Aide Checklist* is another handy tool that may used in making certain that patients are prepared.

It is our goal to aid you in being prepared for disaster, and to help minimize the disruption and damage to your agency and operations, by giving you the outline for developing a disaster preparedness plan. It is important to realize that disasters are going to happen. We just do not know when. Our best defense to any situation is to be prepared. Preparation includes assessment, planning, educating both staff and patients, communicating and collaborating with community resources and practicing.

Our best wishes to you as you move forward to prepare your agency and patients for the future.

FEMA and Historical Information on Disasters in North Carolina

This is a brief and simple definition of FEMA and its mission and the Major events that have been declared disasters in North Carolina in the last 10 years.

What is FEMA?

Here is the explanation of the purpose of FEMA.

FEMA Mission

DISASTER: It strikes anytime, anywhere. It takes many forms -- a hurricane, an earthquake, a tornado, a flood, a fire or a hazardous spill, an act of nature or an act of terrorism. It builds over days or weeks, or hits suddenly, without warning. Every year, millions of Americans face disaster, and its terrifying consequences.

On March 1, 2003, the **Federal Emergency Management Agency** (FEMA) became part of the U.S. Department of Homeland Security (DHS). FEMA's continuing mission within the new department is **to lead the effort to prepare the nation for all hazards** and effectively manage federal response and recovery efforts following any national incident. FEMA also initiates proactive mitigation activities, trains first responders, and manages the National Flood Insurance Program.

The first part of this booklet, explaining different types of disasters we see in NC, is made up of information found on the FEMA website. For additional information, go to http://www.fema.gov/index.shtm .

MAJOR DISASTER DECLARATIONS OF NORTH CAROLINA

Year	Date	Disaster Types	Disaster Number
2005	10/07	Hurricane Ophelia	1608
2004	09/18	Hurricane Ivan	1553
2004	09/10	Tropical Storm Frances	1546
2003	09/18	Hurricane Isabel	1490
2003	03/27	Ice Storm	1457
2002	12/12	Severe Ice Storm	1448
2000	01/31	Winter Storm	1312
1999	09/16	Hurricanes Floyd & Irene	1292
1999	09/09	Hurricane Dennis	1291
1998	08/27	Hurricane Bonnie	1240
1998	03/22	Severe Storms, Tornadoes and Flooding	1211
1998	01/16	Flooding	1200

As you can see from this chart, hurricanes, severe storms, tornadoes, flooding and blizzards are all natural disaster concerns of the state of North Carolina. FEMA has defined these as disasters and makes suggestions as to how to keep yourself and your family safe in these situations as well as how to prepare for heat and man made disasters.

Disaster Information

The information in this section on disasters may be used in several different ways. Some of them are:

- Teaching material for staff
- Education information for patients

You may also find it helpful, if there is time to prepare for an event, to give this information to the patient as a reminder.

Natural Disasters

Hurricanes
Thunderstorms & Lightning
Tornadoes
Winter Storms and Extreme Cold
Extreme Heat
Floods

What is a Hurricane?

A hurricane is **a type of tropical cyclone**. A typical cyclone is accompanied by thunderstorms, and, in the Northern Hemisphere, a counterclockwise circulation of winds near the earth's surface. Hurricanes can cause catastrophic damage to coastlines and several hundred miles inland. Winds can exceed 155 miles per hour. Hurricanes and tropical storms can also spawn tornadoes, create storm surges along the coast, and cause extensive damage from heavy rainfall.

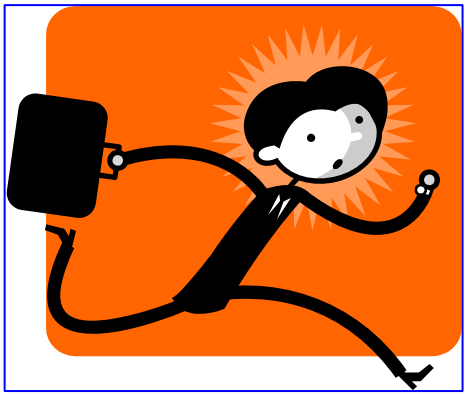
All **Atlantic and Gulf of Mexico coastal areas are subject to hurricanes**. The Atlantic hurricane season lasts from June to November, with the peak season from mid-August to late October.

Hurricanes are classified into five categories. **Category Three and higher hurricanes are considered major hurricanes,** though Categories One and Two are still extremely dangerous and warrant your full attention.

Do Before a Hurricane	Do During a Hurricane
Make plans to secure your property. Permanent storm shutters are the best protection for **windows**, or board up windows with 5/8" marine plywood, cut to fit and ready to install. ***Tape does not prevent windows from breaking.***	. Listen to the **radio or TV** for information.
Install **straps** or additional clips to securely fasten your **roof** to the frame structure. This will reduce roof damage.	**Secure your home**, close storm shutters, and secure outdoor objects or bring them indoors.
Be sure **trees** and shrubs around your home are well **trimmed**.	Turn off **utilities** if instructed to do so. Otherwise, turn the **refrigerator** thermostat to its **coldest** setting and keep its doors closed.
Clear loose and clogged rain **gutters** and downspouts.	Turn **off propane** tanks.· Avoid using the **phone**, except for serious emergencies.
Consider building a **safe room**.	Ensure a **supply of water** for sanitary purposes such as cleaning and flushing toilets. Fill the bathtub and other large containers with water.
Determine how and where to secure your **boat**.	Moor your boat if time permits.

Evacuation During a Hurricane

When you should evacuate	If you are unable to evacuate
1. If you are directed by local **authorities** to do so. Be sure to follow their instructions.	1. Stay **indoors** during the hurricane and **away from windows** and glass doors.
2. If you **live in a mobile home** or temporary structure—such shelters are particularly hazardous during hurricanes no matter how well fastened to the ground.	2. Close all interior doors—secure and brace external doors.
3. If you **live in a high-rise building—** hurricane winds are stronger at higher elevations.	3. Keep **curtains and blinds closed**. Do not be fooled if there is a lull; it could be the eye of the storm - winds will pick up again.
4. If you **live on the coast**, on a floodplain, near a river, or on an inland waterway.	4. Take refuge in a small **interior room**, closet, or hallway on the **lowest level.**
5. **If you feel you are in danger.**	5. **Lie on the floor under a table or another sturdy object.**



If you evacuate, don't forget your "to go" kits!!

Thunderstorms & Lightning

All thunderstorms are dangerous. Every thunderstorm **produces lightning**. In the United States, an average of 300 people are injured, and 80 people are killed each year by lightning. Although most lightning victims survive, people struck by lightning often report a variety of long-term, debilitating symptoms. Other associated dangers of thunderstorms include tornadoes, strong winds, hail, and flash flooding. Flash flooding is responsible for more fatalities—more than 140 annually—than any other thunderstorm-associated hazard.

Facts about Thunderstorms	Facts about Lightning
They may occur singly, in clusters, or in lines.	**Lightning often strikes outside of heavy rain and may occur as far as 10 miles away from any rainfall.**
Some of the most severe occur when a single thunderstorm affects one location for an extended time.	**Lightning's unpredictability increases the risk to individuals and property.**
Thunderstorms typically produce heavy rain for a brief period, anywhere from 30 minutes to an hour.	**"Heat lightning" is actually lightning from a thunderstorm too far away for thunder to be heard. The storm may be moving in your direction!**
Warm, humid conditions are highly favorable for thunderstorm development.	**Most lightning deaths and injuries occur when people are caught outdoors in the summer months during the afternoon and evening.**
About 10 percent of thunderstorms are classified as severe— with hail at least three-quarters of an inch in diameter, winds of 58 miles per hour or higher, or produces a tornado.	**Your chances of being struck by lightning are estimated to be 1 in 600,000, but could be reduced even further by following safety precautions.**

Lightning strike victims carry no electrical charge. Attend to them immediately!

Do's

Before a Thunderstorm

- **Remove** dead or rotting **trees and branches** that could fall and cause damage.
- **Postpone outdoor activities.**
- **Get inside** a home, building, or hard top automobile (not a convertible). Although you may be injured if lightning strikes your car, you are much safer inside a vehicle than outside. The steel frame of a hard-topped vehicle provides increased protection if you are not touching metal.
- **Secure outdoor objects** that could blow away or cause damage.
- **Shutter windows** and secure outside **doors.** If shutters are not available, close window blinds, shades, or curtains.
- **Unplug appliances** and electrical items such as computers and turn off air conditioners. Power surges from lightning can cause serious damage.
- **Cordless and cellular telephones are safe** to use.
- Use your **battery-operated NOAA Weather Radio** for updates from local officials.

Avoid

- Avoid showering or bathing. **Plumbing and bathroom fixtures can conduct electricity.**
- Natural lightning rods such as a **tall, isolated tree** in an open area.
- **Hilltops, open fields, the beach, or a boat** on the water.
- Isolated sheds or other ***small structures in open areas***.
- **Anything metal**—tractors, farm equipment, motorcycles, golf carts, golf clubs, and bicycles.

What to Do During a Thunderstorm

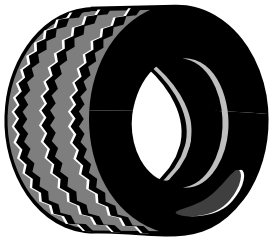
Remember the 30/30 lightning safety rule:

Go indoors if, after seeing lightning, you cannot count to 30 before hearing thunder.

Stay indoors for 30 minutes after hearing the last clap of thunder.

If you are:	Then:
In a **forest**	Seek shelter in a **low area** under a thick growth of small trees.
In an **open area**	**Go to a low place** such as a ravine or valley. **Be alert for flash floods.**
On **open water**	**Get to land** and find shelter immediately.
Anywhere **you feel your hair stand on end** (which indicates that lightning is about to strike)	**Squat low to the ground on the balls of your feet**. **Place your hands over your ears and your head between your knees**. Make yourself the smallest target possible and minimize your contact to the ground. DO NOT lie flat on the ground.

Remember: rubber-soled shoes



and rubber tires

provide NO protection from lightning!

After a Thunderstorm

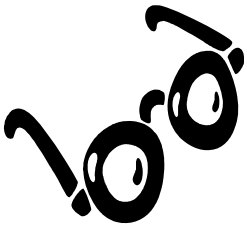
Call 9-1-1 for medical assistance as soon as possible.

Tornadoes

Tornadoes are **nature's most violent storms**. Spawned from powerful thunderstorms, tornadoes can cause fatalities and devastate a neighborhood in seconds. A tornado appears as a rotating, funnel-shaped cloud that extends from a thunderstorm to the ground with **whirling winds** that **can reach 300 miles per hour**. Damage paths can be in excess of one mile wide and 50 miles long. **Every state is at some risk from this hazard.**

Some tornadoes are clearly visible, while rain or nearby low-hanging clouds obscure others. Occasionally, tornadoes develop so rapidly that little, if any, advance warning is possible.

Before a tornado hits, the wind may die down and the air may become very still. A cloud of debris can mark the location of a tornado even if a funnel is not visible. Tornadoes generally occur near the trailing edge of a thunderstorm. It is not uncommon to see clear, sunlit skies behind a tornado.



Facts about tornadoes:

- They may **strike quickly**, with little or no warning.
- They may appear nearly transparent until dust and debris are picked up or a cloud forms in the funnel.
- The average tornado moves **Southwest to Northeast,** but tornadoes have been known to move in any direction.
- The average forward speed of a tornado is **30 MPH**, but may vary from stationary to 70 MPH.
- Tornadoes can **accompany tropical storms and hurricanes** as they move onto land.
- **Waterspouts are** tornadoes that form **over water**.
- Tornadoes are most frequently reported east of the Rocky Mountains during **spring and summer months**.
- Peak tornado season in the southern states is **March through May.**
- Tornadoes are most likely to occur **between 3 p.m. and 9 p.m**., but can occur at any time.

Do Before a Tornado
Be alert to changing weather conditions.
Listen to NOAA Weather Radio or to commercial radio or television newscasts for the latest information.
Look for approaching storms .
Look for danger signs: **Dark, often greenish sky; Large hail; A large, dark, low-lying cloud** (particularly if rotating); **Loud roar, similar to a freight train.**
If you see approaching storms or any of the danger signs, be prepared to take shelter immediately.

During a Tornado

If you are under a tornado WARNING, seek shelter immediately!

If you are in:	Then:
A **structure (e.g. residence**, small building, school, nursing home, hospital, factory, shopping center, high-rise building)	Go to a shelter area such as a **safe room**, basement, storm cellar, or the lowest building level. If there is no basement, go to the center of an interior room on the lowest level (closet, interior hallway) away from corners, windows, doors, and outside walls. **Put as many walls as possible between you and the outside.** Get under a sturdy table and use your arms to protect your head and neck. Do not open windows.
A **vehicle, trailer, or mobile home**	**Get out** immediately and go to the lowest floor of a sturdy, **nearby building or a storm shelter**. Mobile homes, even if tied down, offer little protection from tornadoes.
The **outside** with no shelter	**Lie flat in a nearby ditch or depression** and cover your head with your hands. Be aware of the potential for flooding. **Do not get under an overpass or bridge**. You are safer in a low, flat location. **Never try to outrun a tornado** in urban or congested areas in a car or truck. Instead, leave the vehicle immediately for safe shelter. **Watch out for flying debris**. Flying debris from tornadoes causes most fatalities and injuries.

Winter Storms and Extreme Cold

Heavy snowfall and extreme cold can immobilize an entire region. Even areas that normally experience mild winters can be hit with a major snowstorm or extreme cold. Winter storms can result in flooding, storm surge, closed highways, blocked roads, downed power lines and hypothermia.

Before Winter Storms and Extreme Cold

Prepare your home and family for cold weather	Done!
Prepare for possible isolation in your home by having sufficient heating fuel; regular fuel sources may be cut off. For example, store a good supply of dry, seasoned wood for your fireplace or wood-burning stove.	
Winterize your home to extend the life of your fuel supply by insulating walls and attics, caulking and weather-stripping doors and windows, and installing storm windows or covering windows with plastic.	
Winterize your house, barn, shed or any other structure that may provide shelter for your family, neighbors, livestock or equipment. Clear rain gutters; repair roof leaks and cut away tree branches that could fall on a house or other structure during a storm.	
Insulate pipes with insulation or newspapers and plastic and allow faucets to drip a little during cold weather to avoid freezing.	
Keep fire extinguishers on hand, and make sure everyone in your house knows how to use them. House fires pose an additional risk, as more people turn to alternate heating sources without taking the necessary safety precautions.	
Learn how to shut off water valves (in case a pipe bursts).	
Know ahead of time what you should do to help elderly or disabled friends, neighbors or employees.	
Hire a contractor to check the structural ability of the roof to sustain unusually heavy weight from the accumulation of snow - or water, if drains on flat roofs do not work.	

During a Winter Storm

Listen to your radio, television, or NOAA Weather Radio for weather reports and emergency information.

Eat regularly and drink ample fluids, but avoid caffeine and alcohol.

Conserve fuel, if necessary, by keeping your residence cooler than normal. Temporarily close off heat to some rooms.

Maintain ventilation when using kerosene heaters to avoid build-up of toxic fumes. Refuel kerosene heaters outside and keep them at least three feet from flammable objects.

If you are outdoors

Wear several layers of loose fitting, light weight, and warm clothing rather than one layer of heavy clothing. The outer garments should be water repellent.

Wear mittens, which are warmer than gloves. **Wear a hat.**

Avoid overexertion when shoveling snow. Stretch before you shovel.

Cover your mouth. Protect your lungs from extremely cold air by covering your mouth when outdoors. Try not to speak unless absolutely necessary.

Keep dry. Change wet clothing frequently to prevent a loss of body heat.

Watch for signs of frostbite: loss of feeling and white or pale appearance in extremities such as fingers, toes, ear lobes, and the tip of the nose. If symptoms are detected, get medical help immediately.

Watch for signs of hypothermia. These include uncontrollable shivering, memory loss, disorientation, incoherence, slurred speech, drowsiness, and apparent exhaustion.

If symptoms of hypothermia are detected, get medical help as soon as possible, meanwhile:

- get the victim to a warm location
- remove wet clothing
- put the person in dry clothing and wrap their entire body in a blanket; warm the center of the body first
- give warm, non-alcoholic or non-caffeinated beverages if the victim is conscious

Prepare your car for cold weather	Done!
Check or have a mechanic check the following items on your car:	
Antifreeze levels - ensure they are sufficient to avoid freezing.	
Battery and ignition system - should be in top condition and battery terminals should be clean.	
Brakes - check for wear and fluid levels.	
Exhaust system - check for leaks and crimped pipes and repair or replace as necessary. *Carbon monoxide is deadly and usually gives no warning.*	
Fuel and air filters - replace and keep water out of the system by using additives and maintaining a full tank of gas.	
Heater and defroster - ensure they work properly.	
Lights and flashing hazard lights - check for serviceability.	
Oil - check for level and weight. Heavier oils congeal more at low temperatures and do not lubricate as well.	
Thermostat - ensure it works properly.	
Windshield wiper equipment - repair any problems and maintain proper washer fluid level.	
Install good winter tires. Make sure the tires have adequate tread. All-weather radials are usually adequate for most winter conditions.	
Maintain at least a half tank of gas during the winter season.	
Place a winter emergency kit in each car.	

During a winter storm Drive only if it is absolutely necessary. If you must drive, consider the following:

- Travel in the day, don't travel alone, and keep others informed of your schedule.
- Stay on main roads; avoid back road shortcuts.

Winter Car Kit Checklist	Done!		Done!
A shovel		First aid kit with pocket knife	
Windshield scraper and small broom		Necessary medications	
Flashlight		Blankets	
Battery powered radio		Tow chain or rope	
Extra batteries		Road salt and sand	
Water		Booster cables	
Snack food		Emergency flares	
Matches		Fluorescent distress flag	
Extra hats, socks and mittens			

If a blizzard traps you in the car	
Pull off the highway. Turn on hazard lights and hang a distress flag from the radio antenna or window.	**Take turns sleeping**. One person should be awake at all times to look for rescue crews.
Remain in your vehicle where rescuers are most likely to find you.	**Drink fluids to avoid dehydration.**
Run the engine and heater about 10 minutes each hour to keep warm. When the engine is running, open a downwind window slightly for ventilation and periodically clear snow from the exhaust pipe. *This will protect you from possible carbon monoxide poisoning.*	**Be careful not to waste battery power.** Balance electrical energy needs - the use of lights, heat, and radio - with supply. **Turn on the inside light at night** so work crews or rescuers can see you.
Exercise to maintain body heat, but avoid overexertion. Use road maps, seat covers, and floor mats for insulation. Huddle with passengers and use your coat for a blanket.	**If stranded in a remote area,** stomp large block letters in an open area spelling out HELP or SOS and line with rocks or tree limbs to attract the attention of rescue personnel who may be surveying the area by airplane.

Extreme Heat

Heat kills by pushing the human body beyond its limits. In extreme heat and high humidity, evaporation is slowed and the body must work extra hard to maintain a normal temperature.

Most heat disorders occur because the victim has been overexposed to heat or has over-exercised for his or her age and physical condition. Older adults, young children, and those who are sick or overweight are more likely to succumb to extreme heat.

To prepare for extreme heat, you should:

1. Install window air conditioners snugly; insulate if necessary.
2. Check air-conditioning ducts for proper insulation.
3. Install temporary window reflectors (between windows and drapes), such as aluminum foil-covered cardboard, to reflect heat back outside.
4. Weather-strip doors and sills to keep cool air in. Keep storm windows up all year.
5. Cover windows that receive morning or afternoon sun with drapes, shades, awnings, or louvers. (Outdoor awnings or louvers can reduce the heat that enters a home by up to 80 percent.)

During a Heat Emergency

- **Stay indoors** as much as possible and limit exposure to the sun.
- Stay **on the lowest floor** out of the sunshine if air conditioning is not available.
- Consider **spending the warmest part of the day in public buildings** such as libraries, schools, movie theaters, shopping malls, and other community facilities. Circulating air can cool the body by increasing the perspiration rate of evaporation.
- Eat well-balanced, **light, and regular meals**. Avoid using salt tablets unless directed to do so by a physician.
- **Drink plenty of water**. Persons who have epilepsy or heart, kidney, or liver disease; are on fluid-restricted diets; or have a problem with fluid retention should consult a doctor before increasing liquid intake.
- **Limit intake of alcoholic beverages**.
- Dress in **loose-fitting, lightweight, and light-colored clothes** that cover as much skin as possible.
- Protect face and head by wearing a wide-brimmed **hat.**
- **Check on family, friends**, and neighbors who do not have air conditioning and who spend much of their time alone.
- **Never leave children or pets alone in closed vehicles.**
- **Avoid strenuous work** during the warmest part of the day. Use a buddy system when working in extreme heat, and take frequent breaks.

Do you know the difference between heat exhaustion and heat stroke?

Name	Symptoms	What to do
Heat Exhaustion	Heavy sweating but skin may be cool, pale, or flushed. Weak pulse. Normal body temperature is possible, but temperature will likely rise. Fainting or dizziness, nausea, vomiting, exhaustion, and headaches are possible.	1. Get victim to lie down in a cool place. 2. Loosen or remove clothing. Apply cool, wet cloths. 3. Fan or move victim to air-conditioned place. 4. Give sips of water if victim is conscious. Be sure water is consumed slowly. Give half glass of cool water every 15 minutes. Discontinue water if victim is nauseated. 5. Seek immediate medical attention if vomiting occurs.
Heat Stroke (a severe medical emergency)	High body temperature (105+); hot, red, dry skin; rapid, weak pulse; and rapid shallow breathing. Victim will probably not sweat unless victim was sweating from recent strenuous activity. Possible unconsciousness.	1. Call 9-1-1 or emergency medical services, or get the victim to a hospital immediately. Delay can be fatal. 2. Move victim to a cooler environment. Use fans and air conditioners. 3. Try a cool bath, sponging, or wet sheet to reduce body temperature. 4. Remove clothing. 5. Watch for breathing problems. 6. Use extreme caution.

Flood

Floods are one of the most common hazards in the United States. Flood effects can be local, impacting a neighborhood or community, or very large, affecting entire river basins and multiple states.

However, all floods are not alike. Some floods develop slowly, sometimes over a period of days. But flash floods can develop quickly, sometimes in just a few minutes and without any visible signs of rain. Flash floods often have a dangerous wall of roaring water that carries rocks, mud, and other debris and can sweep away most things in its path. Overland flooding occurs outside a defined river or stream, such as when a levee is breached, but still can be destructive. Flooding can also occur when a dam breaks, producing effects similar to flash floods.

Be aware of flood hazards no matter where you live, but especially if you live in a low-lying area, near water or downstream from a dam. Even very small streams, gullies, creeks, culverts, dry streambeds, or low-lying ground that appears harmless in dry weather can flood. **Every state is at risk from this hazard.**

Before a Flood, you should:

Avoid building in a floodplain unless you elevate and reinforce your home.

Elevate the furnace, water heater, and electric panel if susceptible to flooding.

Construct barriers (levees, beams, floodwalls) to stop floodwater from entering the building. **Seal walls** in basements with waterproofing compounds to avoid seepage.
Install "**check valves**" in sewer traps to prevent flood water from backing up into the drains of your home.

A smart thing you can do to prepare for floods is **purchase flood insurance**.

During a Flood

1. Listen to the radio or television for information.
2. Be aware that flash flooding can occur. If there is any possibility of a flash flood, move immediately to higher ground. Do not wait for instructions to move.
3. Be aware of streams, drainage channels, canyons, and other areas known to flood suddenly. Flash floods can occur in these areas with or without such typical warnings as rain clouds or heavy rain.

If you must prepare to evacuate, you should do the following:

1. **Secure your home**. If you have time, bring in outdoor furniture. Move essential items to an upper floor.
2. **Turn off utilities** at the main switches or valves if instructed to do so. Disconnect electrical appliances. Do not touch electrical equipment if you are wet or standing in water.
3. **Do not walk through moving water**. Six inches of moving water can make you fall. If you have to walk in water, walk where the water is not moving. *Use a stick to check the firmness of the ground in front of you.*
4. **Do not drive into flooded areas**. If floodwaters rise around your car, abandon the car and move to higher ground if you can do so safely.
5. Six inches of water will reach the bottom of most passenger cars causing loss of control and possible stalling. **A foot of water will float many vehicles.**

Two feet of rushing water can carry away most vehicles including sport utility vehicles!

After a Flood

Return home only when authorities indicate it is safe.

Stay out of any building if it is surrounded by floodwaters.

Use extreme caution when entering buildings; there may be hidden damage, particularly in foundations.

Avoid moving water. Avoid floodwaters; water may be contaminated by oil, gasoline, or raw sewage. Water may be electrically charged from underground or downed power lines.

Be aware of areas where floodwaters have receded. Roads may be weak and collapse.

Listen for news reports to learn whether the community's water supply is safe to drink.

Clean and disinfect everything that got wet. Mud left from floodwater can contain sewage and chemicals.

Stay away from downed power lines, and report them to the power company.

Service damaged septic tanks, cesspools, pits, and leaching systems as soon as possible. Damaged sewage systems are serious health hazards.

Clean and service vehicles (SUV's) and pick-ups that got wet.

Water Emergencies

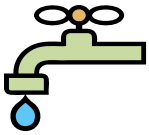
An **emergency water shortage** can be caused by prolonged **drought, poor water supply management, or contamination** of a surface water supply source or aquifer.

Drought can affect vast territorial regions and large population numbers. Drought also creates environmental conditions that increase the risk of other hazards such as fires, flash floods, and possible landslides and debris flow.

Conserving water means more water available for critical needs for everyone. Look at the following suggestions for conserving water both indoors and outdoors. Make these practices a part of your daily life and help preserve this essential resource.

Indoor Water Conservation Tips

- Never pour water down the drain. Use it to water your indoor plants or garden.
- Repair dripping faucets by replacing washers. **One drop per second wastes 2,700 gallons of water per year!**
- Check all plumbing for leaks. **Have leaks repaired**.
- **Install aerators** with flow restrictors in faucets.
- Install an **instant hot water** heater on your sink.
- **Insulate your water pipes** to reduce heat loss and prevent bursting.
- **Turn the softener off while on vacation**.
- Choose **appliances that are more energy and water efficient**.



Consider purchasing a **low-volume toilet.**

Install a **toilet displacement device** to cut down on the amount of water needed to flush. Place a one-gallon plastic jug of water into the tank to displace toilet flow (do not use a brick, it may dissolve and loose pieces may cause damage to the internal parts). Be sure installation does not interfere with the operating parts.

- Replace your **showerhead** with an ultra-low-flow version.
- Place a bucket in the shower to catch excess water for watering plants.
- **Avoid flushing the toilet unnecessarily**. Dispose of tissues, insects, and other similar waste in the trash rather than the toilet.
- Avoid taking baths - **take short showers** - turn on water only to get wet and lather and then again to rinse off.
- **Avoid letting the water run** while brushing your teeth, washing your face, or shaving.

- Operate automatic **dishwashers only when they are fully loaded**.
- Hand wash dishes by filling two containers - one with soapy water and the other with rinse water containing a small amount of chlorine bleach.
- Clean vegetables in a pan filled with water rather than under running water.
- Start a **compost pile** as an alternate method of disposing of food waste or simply **dispose of food in the garbage**. (Kitchen sink disposals require a lot of water to operate properly).

- **Store drinking water in the refrigerator** to keep it cool.
- Avoid wasting water waiting for it to get hot or cold. Capture it for other uses.
- **Avoid rinsing dishes before placing them in the dishwasher**; just remove large particles of food. (Most dishwashers can clean soiled dishes very well, so dishes do not have to be rinsed before washing)
- Avoid using running water to thaw meat or other frozen foods.
- Operate automatic clothes **washers only when they are fully loaded** or set the water level for the size of your load.

Outdoor Water Conservation Tips

- Check your **well pump** periodically. If the automatic pump turns on and off while water is not being used, you have a leak.
- Plant native and/or drought-tolerant grasses, ground covers, shrubs, and trees. Once established, they do not need water as frequently and usually will survive a dry period without watering. Small plants require less water to become established. Group **plants** together based on similar water needs.

  - Install irrigation devices that are the most water efficient for each use.
  - Use mulch to retain moisture in the soil.
- Avoid purchasing water toys that require a constant stream of water.
- Avoid installing ornamental water features (such as fountains) unless they use recycled water.
- Avoid over **watering your lawn**. Water in several short sessions rather than one long one, in order for your lawn to better absorb moisture **A heavy rain eliminates the need for watering for up to two weeks.** Most of the year, lawns only need one inch of water per week.
- Position sprinklers so water lands on the lawn and shrubs and not on paved areas. Avoid sprinklers that spray a fine mist. Mist can evaporate before it reaches the lawn. Check sprinkler systems and timing devices regularly to be sure they operate properly. Avoid leaving sprinklers or

hoses unattended. A garden hose can pour out 600 gallons or more in only a few hours.

- Raise the lawn mower blade to at least three inches or to its highest level. A higher cut encourages grass roots to grow deeper, shades the root system, and holds soil moisture.
- Plant drought-resistant lawn seed.
- Avoid over-fertilizing your lawn. Applying fertilizer increases the need for water. Apply fertilizers that contain slow-release, water-insoluble forms of nitrogen.
- Use a broom or blower instead of a hose to clean leaves and other debris from your driveway or sidewalk.

Use a commercial **car wash** that recycles water. If you wash your own car, park on the grass so that you will be watering it at the same time. Use a shut-off nozzle that can be adjusted down to a fine spray on your hose.

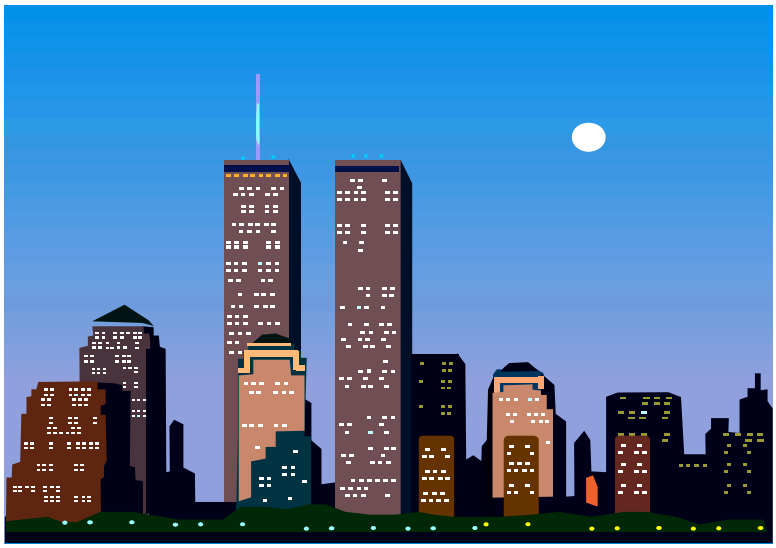
Pool

- Install a new water-saving pool filter. A single back flushing with a traditional filter uses 180 to 250 gallons of water.
- Cover pools and spas to reduce evaporation of water.

Man-Made Disasters

Explosions/Bomb Threat
Biological Threats
Chemical Threats
Nuclear Blast

Man Made Disasters



Remember When?

Terrorism

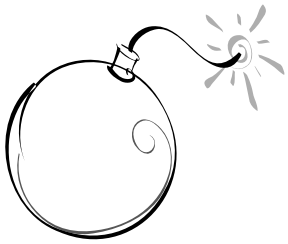
Throughout human history, there have been many **threats to the security of nations.** These threats have brought about large-scale losses of life, the destruction of property, widespread illness and injury, the displacement of large numbers of people, and devastating economic loss. Recent technological advances and ongoing international political unrest are components of the increased risk to national security.

Explosions

Terrorists have **frequently used explosive devices as one of their most common weapons**. Terrorists do not have to look far to find out how to make explosive devices; the information is readily available in books and other information sources. The materials needed for an explosive device can be found in many places including variety, hardware, and auto supply stores. Explosive devices are highly portable using vehicles and humans as a means of transport. They are easily detonated from remote locations or by suicide bombers.

Bomb Threat

Conventional bombs have been used to damage and destroy financial, political, social, and religious institutions. Attacks have occurred in public places and on city streets with thousands of people around the world injured and killed.



If you receive a telephoned bomb threat, you should do the following:

- **Get as much information from the caller as possible**. Try to ask the following questions:

    1. **When** is the bomb going to explode?
    2. **Where** is it right now?
    3. **What** does it look like?
    4. **What** kind of bomb is it?
    5. **What** will cause it to explode?
    6. **Did you place the bomb?**
    7. **Why?**
    8. **What is your address?**
    9. **What is your name?**
- **Keep the caller on the line and record everything that is said.**
- **Notify the police and building management**.

During an Explosion you should:

1. **Get under a sturdy table or desk** if things are falling around you. When they stop falling, **leave quickly**, watching for obviously weakened floors and stairways. As you exit from the building, **be especially watchful of falling debris.**
2. Leave the building as quickly as possible. **Do not stop to retrieve personal possessions or make phone calls.**
3. **Do not use elevators.**

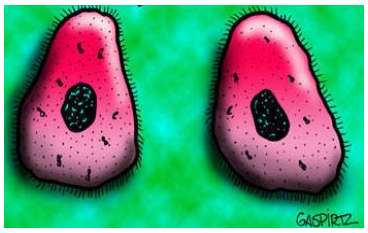
Once you are out:

1. **Do not stand in** front of windows, glass doors, or other potentially **hazardous areas.**
2. **Clear the way for emergency officials** or others still exiting the building.

If you are trapped in debris:

1. If possible, use a **flashlight to signal** your location to rescuers.
2. **Avoid unnecessary movement** so you don't kick up dust.
3. **Cover your nose and mouth** with anything you have on hand. (Dense-weave cotton material can act as a good filter. Try to breathe through the material.)
4. **Tap on a pipe or wall** so rescuers can hear where you are.
5. If possible, **use a whistle** to signal rescuers.
6. **Shout only as a last resort**. Shouting can cause a person to inhale dangerous amounts of dust.

Biological Threats



Biological agents **are organisms or toxins** that can kill or incapacitate people, livestock, and crops. The three basic groups of biological agents that would likely be used as weapons are **bacteria, viruses, and toxins.** Most biological agents are difficult to grow and maintain. Many break down quickly when exposed to sunlight and other environmental factors, while others, such as anthrax spores, are very long lived. Biological agents can be dispersed by spraying them into the air, by infecting animals that carry the disease to humans and by contaminating food and water. Delivery methods include:

- **Aerosols** - biological agents are dispersed into the air, forming a fine mist that may drift for miles. Inhaling the agent may cause disease in people or animals.
- **Animals -** some diseases are spread by insects and animals, such as fleas, mice, flies, mosquitoes, and livestock.
- **Food and water contamination** - some pathogenic organisms and toxins may persist in food and water supplies. Most microbes can be killed, and toxins deactivated, by cooking food and boiling water. Most microbes are killed by boiling water for one minute, but some require longer. Follow official instructions.
- **Person-to-person -** spread of a few infectious agents is also possible. Humans have been the source of infection for smallpox, plague, and the Lassa viruses.

Before a Biological Attack you should:

Check with your doctor to ensure all required or suggested **immunizations are up to date.** Children and older adults are particularly vulnerable to biological agents.

Consider installing a High Efficiency Particulate Air (**HEPA) filter in your furnace** return duct. These filters remove particles in the 0.3 to 10 micron range and will filter out most biological agents that may enter your house. If you do not have a central heating or cooling system, a stand-alone portable HEPA filter can be used. HEPA filters are useful in biological attacks. HEPA filters will not filter chemical agents.

During a Biological Attack

In the event of a biological attack, **public health officials may not immediately be able to provide information o**n what you should do. It will take time to determine what the illness is, how it should be treated, and who is in danger.

Watch television, listen to radio, or check the Internet for official news and information including signs and symptoms of the disease, areas in danger, if medications or vaccinations are being distributed, and where you should seek medical attention if you become ill.

The first evidence of an attack may be when you notice symptoms of the disease caused by exposure to an agent. **Be suspicious of any symptoms** you notice, but do not assume that any illness is a result of the attack. Use common sense and practice good hygiene.

If you become aware of an unusual and suspicious substance nearby:

- **Move away quickly.**
- **Wash with soap and water.**
- **Contact authorities.**
- **Listen to the media for official instructions.**
- **Seek medical attention if you become sick.**

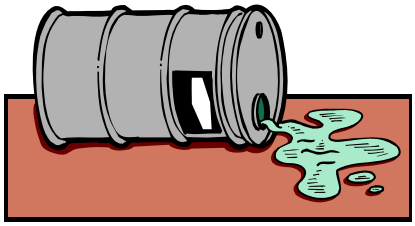
If you are exposed to a biological agent:

- **Remove** and bag your clothes and personal items. Follow official instructions for disposal of contaminated items.
- **Wash** yourself with soap and water and put on clean clothes.
- **Seek medical assistance**. You may be advised to stay away from others or even quarantined.

After a Biological Attack

In some situations, people may be alerted to potential exposure. If this is the case, **pay close attention to all official warnings and instructions on how to proceed.** The delivery of medical services for a biological event may be handled differently to respond to increased demand. The basic public health procedures and medical protocols for handling exposure to biological agents are the same as for any infectious disease. It is important for you to pay attention to official instructions **via radio, television, and emergency alert systems.**

Chemical Threats



Chemical agents are poisonous vapors, aerosols, liquids, and solids that have toxic effects on people, animals, or plants. They can be released by bombs or sprayed from aircraft, boats, and vehicles. They can be used as a liquid to create a hazard to people and the environment. Some chemical agents **may be odorless and tasteless**. They can have an immediate effect (a few seconds to a few minutes) or a delayed effect (2 to 48 hours). While potentially lethal, chemical agents are difficult to deliver in lethal concentrations. Outdoors, the agents often dissipate rapidly. Chemical agents also are difficult to produce.

A chemical attack could come without warning. **Signs of a chemical release** include **people having difficulty breathing; experiencing eye irritation; losing coordination; becoming nauseated**; or having a **burning sensation in the nose, throat, and lungs.** Also, the **presence of many dead insects or birds** may indicate a chemical agent release.

Before a Chemical Attack

- Check your **disaster supplies kit** to make sure it includes:
    - A **roll of duct tape** and **scissors.**
    - **Plastic** for doors, windows, and vents for the room in which you will shelter in place. To save critical time during an emergency, pre-measure and cut the plastic sheeting for each opening.
- Choose an **internal room** to shelter, preferably one without windows and on the highest level.

During a Chemical Attack

If you are instructed to remain in your home or office building, you should:

- **Close doors and windows** and **turn off all ventilation**, including furnaces, air conditioners, vents, and fans.
- Seek shelter in an **internal room** and take your disaster supplies kit.
- **Seal the room** with duct tape and plastic sheeting.
- Listen to your **radio** for instructions from authorities.

If you are caught in or near a contaminated area, you should:

- **Move away immediately in a direction upwind of the source.**
- **Find shelter as quickly as possible.**

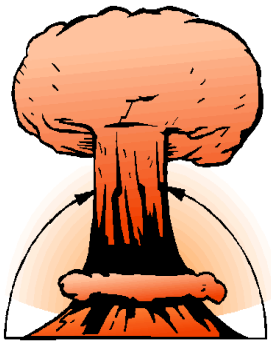
After a Chemical Attack

Decontamination is needed within minutes of exposure to minimize health consequences. Do not leave the safety of a shelter to go outdoors to help others until authorities announce it is safe to do so.

A person affected by a chemical agent requires immediate medical attention from a professional. If medical help is not immediately available, decontaminate yourself and assist in decontaminating others.

Decontamination guidelines are as follows:

- **Use extreme caution** when helping others who have been exposed to chemical agents.
- **Remove all clothing** and other items in contact with the body. Contaminated clothing normally removed over the head should be cut off to avoid contact with the eyes, nose, and mouth. Put contaminated clothing and items into a plastic bag and seal it. Decontaminate hands using soap and water. Remove eyeglasses or contact lenses. Put glasses in a pan of household bleach to decontaminate them, and then rinse and dry.
- **Flush eyes with water.**
- Gently **wash face and hair with soap** and water before thoroughly rinsing with water.
- **Decontaminate other body areas** likely to have been contaminated. Blot (do not swab or scrape) with a cloth soaked in soapy water and rinse with clean water.
- **Change into uncontaminated clothes**. Clothing stored in drawers or closets is likely to be uncontaminated.
- **Proceed to a medical facility** for screening and professional treatment.



Nuclear Blast

A nuclear blast is an explosion with intense light and heat, a damaging pressure wave, and widespread radioactive material that can contaminate the air, water, and ground surfaces for miles around. A nuclear device can range from a weapon carried by an intercontinental missile launched by a hostile nation or terrorist organization, to a small portable nuclear devise transported by an individual**. All nuclear devices cause deadly effects when exploded**, including blinding light, intense heat (thermal radiation), initial nuclear radiation, blast, fires started by the heat pulse, and secondary fires caused by the destruction.

Hazards of Nuclear Devices

The extent, nature, and arrival time of these hazards are difficult to predict. How far effects will travel and the hazard of the effects will be defined by the following:

- **Size** of the device. A more powerful bomb will produce more distant effects.
- **Height** above the ground the device was detonated. This will determine the extent of blast effects.
- **Nature of the surface** beneath the explosion. Some materials are more likely to become radioactive and airborne than others. Flat areas are more susceptible to blast effects.
- **Existing meteorological conditions**. Wind speed and direction will affect arrival time of fallout; precipitation may wash fallout from the atmosphere.

Radioactive Fallout

Even if individuals are not close enough to the nuclear blast to be affected by the direct impacts, they may be affected by radioactive fallout. Any nuclear blast results in some fallout. Blasts that occur near the earth's surface create much greater amounts of fallout than blasts that occur at higher altitudes. This is because the tremendous heat produced from a nuclear blast causes an up-draft of air that forms the familiar **mushroom cloud**. When a blast occurs near the earth's surface, millions of vaporized dirt particles also are drawn into the cloud. As the heat diminishes, radioactive materials that have vaporized condense on

the **particles and fall back to Earth**. **This is called radioactive fallout**. This fallout material decays over a long period of time, and is the main source of residual nuclear radiation. **Fallout from a nuclear explosion may be carried by wind currents for hundreds of miles** if the right conditions exist.

Nuclear **radiation cannot be seen, smelled, or otherwise detected by normal senses.** Radiation can only be detected by radiation monitoring devices. This makes radiological emergencies different from other types of emergencies, such as floods or hurricanes. Monitoring can project the fallout arrival times, which will be announced through official warning channels. However, **any increase in surface build-up of gritty dust and dirt should be a warning for taking protective measures.**

In addition to other effects, a nuclear weapon detonated in or above the earth's atmosphere can create **an electromagnetic pulse (EMP**), a high-density electrical field. An EMP acts like a stroke of lightning but is stronger, faster, and shorter. An **EMP can seriously damage electronic devices** connected to power sources or antennas. This includes communication systems, computers, electrical appliances, and automobile or aircraft ignition systems. The damage could range from a minor interruption to actual burnout of components. **Most electronic equipment within 1,000 miles of a high-altitude nuclear detonation could be affected.** Battery-powered radios with short antennas generally would not be affected. Although an EMP is unlikely to harm most people**, it could harm those with pacemakers or other implanted electronic devices.**

Protection from a Nuclear Blast

The danger of a massive strategic nuclear attack on the United States is predicted by experts to be less likely today. However, terrorism, by nature, is unpredictable. If there was the threat of an attack, people living near potential targets could be advised to evacuate. Protection from radioactive fallout would require taking shelter in an underground area or in the middle of a large building.

In general, potential targets include:

- Strategic missile sites and military bases.
- Centers of government such as Washington, DC, and state capitals.
- Important transportation and communication centers.
- Manufacturing, industrial, technology, and financial centers.
- Petroleum refineries, electrical power plants, and chemical plants.
- Major ports and airfields.

Before a Nuclear Blast

Find out from officials if any public buildings in your community have been designated as fallout shelters. If you live in an apartment building or high-rise, talk to the manager about the safest place in the building for sheltering and about providing for building occupants until it is safe to go out.

During periods of increased threat increase your disaster supplies to be adequate for up to two weeks.

The three factors for protecting oneself from radiation and fallout are distance, shielding, and time.

- **Distance** - the **more distance between you and the fallout particles, the better.** An underground area such as a home or office building basement offers more protection than the first floor of a building. A floor near the middle of a high-rise may be better, depending on what is nearby at that level on which significant fallout particles would collect. Flat roofs collect fallout particles so the top floor is not a good choice, nor is a floor adjacent to a neighboring flat roof.

- **Shielding** - the heavier and denser the materials - **thick walls, concrete, bricks, books and earth -** between you and the fallout particles, the better.

Time - fallout radiation loses its intensity fairly rapidly. In time, you will be able to leave the fallout shelter. Radioactive fallout poses **the greatest threat to people during the first two weeks,** by which time it has declined to about 1 percent of its initial radiation level.

Remember that any protection, however temporary, is better than none at all, and the more shielding, distance, and time you can take advantage of, the better.

During a Nuclear Blast

If an attack warning is issued**:**

- **Take cover as quickly as you can**, below ground if possible, and stay there until instructed to do otherwise.

- **Listen for official information and follow instructions**.

If you are caught outside and unable to get inside immediately:

- **Do not look at the flash or fireball** - it can blind you.
- **Take cover behind anything** that might offer protection.
- **Lie flat on the ground and cover your head**. If the explosion is some distance away, it could take 30 seconds or more for the blast wave to hit.
- **Take shelter as soon as you can**, even if you are many miles from ground zero where the attack occurred - radioactive fallout can be carried by the winds for hundreds of miles. **Remember** the three protective factors: Distance, shielding, and time.



After a Nuclear Blast

Remember the following when returning home:

- Keep listening to the **radio and television** for news about what to do, where to go, and places to avoid.
- Stay away from damaged areas. **Stay away from areas marked "radiation hazard"** or "HAZMAT." Remember that radiation cannot be seen, smelled, or otherwise detected by human senses.

Community Assessment and Resources

The Disaster Preparedness Community Assessment tool may be used by the community to get a quick look at what the strengths and weaknesses are of any community. The Community Resources is a list to get you thinking about what is in your area. Now is the time to begin building relationships with them. Knowing who your neighbors are can be helpful to both of you during a disaster. The Resource Contact Information Sheet is an easy way to have the contact information at your fingertips when you really need it.

Disaster Preparedness Community Assessment

It is a distressing thought to think about disaster striking anywhere. The best defense we have is to have made some preparations for such a time and hope we never have to use it.

We have put together a simple set of questions for you and your neighbors to discuss to help you begin to plan for disaster.

1. Has your community ever been struck by any sort of disaster? If so what?

2. What are the potential risk factors within your community:

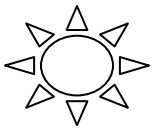
Flood plains		Hurricanes	
Rock slides		Tornadoes	
Fires		Snow Storms	
Fault-lines		Winter Ice Storms	
Chemical plants		Severe hot weather	

3. Assess your neighborhood for those who live alone, those who may have special medical needs, etc.

4. Assess resources in your community/county:

   - Red Cross shelters
   - EOC (Emergency Operations Center)
   - RACES (ham radio operators)
   - Medical services
   - Transportation availability

5. Other agencies that may be helpful during disaster:



   a. Churches
   b. Civic groups
   c. Salvation Army
   d. Food Banks
   e. Humane Society
   f. Designated shelters

6. Find out who is in charge in your community/county during disaster.

7. What radio/TV station will broadcast pertinent information for you?

Community Resources

There is no time like the present to prepare for disaster. One important step in the process is knowing who and what your community resources are. Not only is it important to know who they are, but also to build relationships with them so that in disaster you have some knowledge of how you may help each other. In order to do this, we have listed some entities, organizations, etc. that may be in your community. If they are, network with them to be better prepared for disaster.

- Schools
- Churches
- Hospitals
- Clinics
- County facilities
- Assisted living/ nursing homes
- Businesses
- Transportation services
- Grocery Stores
- Pharmacies
- DME
- Red Cross
- Salvation Army
- Colleges
- Daycare
- Resort areas
- Motels/Bed & Breakfast
- EMS/Rescue Station
- Fire Station
- Municipal facilities
- Public works facilities

You may use the following form to list your community resources' contact information.

Community Contact Data

Address:_____ Telephone:_____

Organization: _____Contact Person:_____

Address:_____ Telephone:_____

Organization: _____Contact Person:_____

Address:_____ Telephone:_____

Organization: _____Contact Person:_____

Address:_____ Telephone:_____

Organization: _____Contact Person:_____

Address:_____ Telephone:_____

Organization: _____Contact Person:_____

Address:_____ Telephone:_____

Organization: _____Contact Person:_____

Address:_____ Telephone:_____

Organization: _____Contact Person:_____

Address:_____ Telephone:_____

Policy and Procedure

These are sample policies that you may find helpful in developing your own policies and procedures. After the sample policies are some specific procedures for different disasters. Since disaster may strike during office hours, the procedures could be helpful to those who staff the office.

SAMPLE 1

Home Health and Hospice
Policy and Procedure Manual

Emergency Preparedness Policy

Emergencies/disasters may be defined as any unannounced event that results in large amounts of property damage, fatalities and/or injury that may be due to any of the following happenings:

Fire
Flood
Chemical spills/fire
Inclement Weather
Mud Slide
Tornadoes
Hurricane
Earthquake
Bioterrorism

Purpose: To have in place a plan for staff and patients that may be quickly implemented in the event of an emergency or disaster.

- Quickly identify patients affected.
- Provide assistance to EMS personnel
- Coordinate staff members to make necessary patient visits
- Coordinate staff members to assist patients with temporary placement to safety.

Pre-planning:

- All staff names, telephone numbers and addresses shall remain updated.
- Telephone tree for quick communication of emergency information.
- All pager and cell phone numbers shall remain updated.
- Patient classification shall be current related to severity of condition.
- Power company notification of patients who have need for priority power.
- Transportation resources identified for inclement weather.
- Knowledge of Emergency/Disaster Procedures for City/County.
- List of active patient census with telephone numbers.
- Emergency kits for office supplies, patient care supplies and staff supplies.
- Updated list of patients with case managers.

- Extra cell phones/batteries
- Radio access
- If potential bad weather expected, prepare patients, ie, extra supplies, call family members

Plan:

Once Emergency/Disaster is declared the following plan will be implemented:

- Calling tree/ calling chain will be implemented by Administrator/CEO or designee.
- Only necessary patient visits will be made. (Supervisors will prioritize) based on classification.
- All patients will be called to assess safety and immediate needs.
- Staff will see patients in close proximity to their residence, regardless of who the case manager is.
- The clinical staff does not have to report to office, phone contact with supervisor is sufficient.

Post Disaster:

After each disaster there will be an evaluation done to identify strengths and weaknesses. The weaknesses will be utilized as opportunities for improvement.

(See sample Evaluation Form)

SAMPLE 2

Home & Hospice Care
Policy and Procedure

Emergency Preparedness

Policy: To ensure that patient needs are met to the greatest possible extent, in the event of a disaster.

Purpose: To provide the home care staff with guidelines so that disruption of patient care is kept to a minimum and that coordination of care may be continued for patients served in our area.

Procedure:

A. The agency provides ongoing education for staff related to disasters and disaster preparedness. Each staff member receives initial training during orientation and at least annually thereafter.

B. The agency participates with other appropriate agencies in mock disaster drills as a part of the community preparedness.

C. During natural or manmade disasters, administrative staff review safety conditions based on reliable information from local law enforcement, talking with staff in different areas of service area, and listening to news/weather stations.

D. Staff are also made aware of radio station/TV stations to watch for information regarding status of closings for agency.

E. Staff will also be called, utilizing a pre-organized telephone chain/telephone tree or may use e-mail to communicate intent of the agency related to closing/late openings.

F. The administrative staff will then coordinate care of patients based on the need classification of patients.

G. All patients will be called. Visits will be limited to only necessary visits.

H. Arrangements will be made for clients whose condition warrants immediate care—i.e., ventilator, oxygen, no caregiver, etc. to be transported to a higher level of care.

I. On-call nursing will be provided by the nurse who lives closest to the patient in need of care during the disaster.

Post-Disaster Critique:

After each disaster the staff will critique their activity to find ways to improve their disaster preparedness plan.

Home Care
Post Disaster Evaluation

Answer Yes or No

1. Was the telephone tree utilized effectively?	Yes	No
2. Were telephone numbers of staff correct?	Yes	No
3. Were telephone numbers of patients correct?	Yes	No
4. Were patient classifications current?	Yes	No
5. Were all patients needing visits seen timely?	Yes	No
6. Did you have adequate supplies to make visits?	Yes	No
7. Did you have radio access for current news?	Yes	No
8. Were patients not visited called?	Yes	No
9. Were any prioritized patients canceled?	Yes	No
10. Were patients prepared by staff for event?	Yes	No
11. Was staff adequately prepared for the event?	Yes	No
12. Communication systems were effective.	Yes	No

EMERGENCY PROCEDURES
RELATED TO SPECIFIC EVENT

These procedures are taken from the information provided about specific events in the Disaster Section of this book. You may find them helpful in developing procedures for your office staff.

Natural Disasters

Hurricane

Evacuate if ordered to do so.
If unable to evacuate, stay indoors, away from windows or glass doors.
Close all interior doors.
Keep curtains and blinds closed.
Take refuge in a small interior room, closet, or hallway on the lowest level.
Lie on the floor under a table or another sturdy object.
Listen to the radio or TV for current news.

Tornadoes

If tornado warning seek shelter immediately!
Listen to radio or TV.
Look for approaching storms
Go to a safe room, center of an interior room on the lowest floor. **Put as many walls as possible between you and outside.**
Get under a sturdy object. Use arms to protect head and neck.
Do not open windows.

Winter Storms & Extreme Cold

Prepare for possible isolation-shelter in place kit.
Keep fire extinguishers current and everybody knows how to use.
Listen to the radio or TV
Conserve fuel
Eat regularly and drink fluids (not caffeine)
Drive only if necessary
Have winter care kit in car.

Flood

Prepare to shelter in place or evacuate if ordered.
Listen to radio or TV.
Be aware of flash flooding-move to higher ground.
Move records and equipment off floor or to area not expected to flood.

TERRORISM

Biological Attack

If a suspicious package or substance is found or received notify your Director immediately.

Do not tamper with the package or envelope.
Move away from it quickly.
Call 911.
Leave room/close door.
Wash hands.
Keep list of all people in room and give to public health officials.
Seek medical attention.
Listen to radio/TV for current information.

Chemical

Shelter in place.
Choose internal room, preferably without windows.
Close doors, windows and turn off all ventilation.
Seal the room with duct tape and plastic sheeting.
Listen to radio/TV for instruction from authorities.

If exposed:
1. Decontaminate immediately.
2. Remove clothing. Put clothes in plastic bag and seal it.
3. Flush eyes with water.
4. Decontaminate other body areas.
5. Change to uncontaminated clothes.
6. Proceed to medical facility.

Nuclear

Take cover immediately.
Listen for official information via radio/TV and follow instructions.
If caught outside: Do not look at flash-will blind you.
Take cover behind anything.
Lie flat on ground and cover head.
Take shelter as soon as you can.
Stay away from damaged areas.

Bomb Threats

If you receive a telephone bomb threat:

Get as much information as possible.
Keep the caller on the line and record everything that is said.
Notify police and building management.
See section on Bomb Threats for specific questions to ask.

During an Explosion:

Get under a sturdy table or desk if things are falling around you.
When they stop falling, leave the building quickly.
Do not use elevators.

If trapped in debris:
Use flashlight to signal location for rescuers if possible.
Avoid unnecessary movement.
Cover your nose and mouth with anything you have on hand.
Tap on a pipe or wall.
Use a whistle to signal rescuers.
Shout only as a last resort.

Hazard Vulnerability Assessment

This assessment is very important in writing your disaster preparedness plan. When contemplating your plan, the main question to ask yourself is: “What event(s) would have the highest potential for disrupting our agency’s operation?” Completing this assessment will help you determine the answer to this question.

The North Carolina Office of Emergency Management has already assessed each county’s risk for natural disaster. You can find your county by going to the website: www.ncem.org.

Instructions for Completing the Hazard Vulnerability

Each event listed should be rated in terms of probability, risk and preparedness.

Probability: The potential for the event to occur. Consider the following:

- Historical information
- Any known risk
- Proximity to major highways, chemical/nuclear plants

Risk: The impact the event will have on your operations should be analyzed when considering risk. Consider the following:

- Service interruption
- Life threatening
- Health hazard
- Financials
- Legal/ethical issues

Preparedness: How prepared is your agency for the event. Consider the following:

- Current plan
- Defined individual staff member's role
- Adequate back up
- Insurance coverage
- Emergency shelter in place/to go kits
- Adequate education for staff
- Up to date inventory of equipment

Consider these among other factors to help you determine how to rate your agency in these three areas. Total your score. Prioritize your plan based on the highest score getting the highest priority for emergency planning.

HAZARD VULNERABILITY ANALYSIS
Assess Your Agency Based on Events in the Last Calendar Year

	Probability			Risk			Preparedness		
Event	**3**	**2**	**1**	**3**	**2**	**1**	**3**	**2**	**1**
	Very Likely	**Likely**	**Unlikely**	**Total Disruption**	**Moderate Disruption**	**Low Disruption**	**Poor**	**Fair**	**Good**
Natural Disasters									
Earthquake									
Fire									
Flood									
Hurricane									
Ice/Snow									
Epidemic/Pandemic									
Tornado									
Man-Made Disasters									
Biological									
Chemical									
Nuclear									
Bomb threats									
Terrorism									
Chemical Spills									

Home Care Agency Disaster Checklist

This is a checklist that you may use to quickly see if you have the components needed to prepare your agency for disaster.

Home Care Agency Disaster Preparedness Checklist

These questions will help you determine your agency's preparedness for disaster. Remember that disasters often occur without warning. Our best defense is to be ready for such an incident.

1.	Do you have an up to date patient census?	Yes	No
2.	Do you have patients classified according to their medical condition?	Yes	No
3.	Do you have current contact information for all staff members?	Yes	No
4.	Do you know the EMS contact person in your community/county?	Yes	No
5.	Have you educated all staff on how to respond to different types of disaster?	Yes	No
6.	Do you have a planning team with a written plan?	Yes	No
7.	Do you have policies and procedures to guide staff in taking care of patients during disaster?	Yes	No
8.	Do you have a plan for securing supplies required to take care of patients during disaster?	Yes	No
9.	Are you involved in a community coordinated plan for partnership during disaster?	Yes	No
10.	Do you have printed information for staff to share with patients that helps prepare patients for disaster?	Yes	No
11.	Has your staff participated in any mock disaster drills?	Yes	No

This short questionnaire was prepared for your agency to help you determine your readiness for disaster. If you answered No to any of these questions, then you are encouraged to take this opportunity to take the measures needed to get ready. Our best strategy for dealing with any disaster is to have staff and patients prepared for such an event.

Personal Assessment Forms

This assessment is a thought provoking activity that will help your patients and your staff prepare themselves for a disaster.

Patients: page 66

Staff: page 72

Special Needs: page 76

HOW CAN YOU BE PREPARED?

The reality of a disaster situation is that you will likely not have access to everyday conveniences. To plan in advance, think through the details of your everyday life. If there are people who assist you on a daily basis, list who they are, and how you will contact them in an emergency. Create your own personal support network by identifying others who will help you in an emergency. Think about what modes of transportation you use and what alternative modes could serve as back-ups. If you require handicap accessible transportation be sure your alternatives are also accessible. For every aspect of your daily routine, plan an alternative procedure. Make a plan and write it down. Keep a copy of your plan in your emergency supply kits and a list of important information and contacts in your wallet. Share your plan with your family, friends, care providers and others in your personal support network.

You will want to do these things:

1. **Complete your personal individual assessment.**
2. **Prepare your individual disaster plan.**
3. **Make sure you have a support system in place.**
4. **Put together an emergency supply kit**
    - **Gather the supplies you will need before, during, and after a disaster. Make sure the supplies are specific to your needs.**
    - **Plan to make it on your own, at least for a period of time. It's possible that you will not have access to a medical facility or even a drugstore.**
    - **Identify what things you use on a daily basis and what you might do if they are limited or not available.**
5. **Think about shelter.**
    - **Make sure your residence is as safe as possible in the event of an emergency.**
    - **Plan in advance for shelter alternatives that will work for both you and your pets; consider loved ones or friends outside of your immediate area who would be willing to host you and your pets in an emergency.**
    - **If you must evacuate, take your pets with you, if possible. However, if you are going to a public shelter, it is important to understand that animals may not be allowed inside.**

COMPLETE YOUR PERSONAL INDIVIDUAL ASSESSMENT

Each person's needs and abilities are unique, but every individual can take important steps to prepare for all kinds of emergencies and put plans in place. By thinking about your own personal needs and making an emergency plan, you can be better prepared for any situation. A commitment to planning today will help you prepare for any emergency situation. Preparing makes sense. Get ready now.

Instructions

Evaluate your capabilities, limitations and needs, as well as your surroundings, to determine what type of help you will need in an emergency.

Abilities/Preparedness

Yes	No	Do you need assistance with activities of daily living such as bathing and grooming?
Yes	No	Do you use adaptive equipment to help you get dressed?
Yes	No	Do you know the location of all fire alarms and extinguishers?
Yes	No	• Are you able to activate the fire alarms?
Yes	No	Can you operate a fire extinguisher?
Yes	No	• Have you practiced?
Yes	No	Do you know the location of ALL exits?
Yes	No	• Have you evaluated your ability to use them?
Yes	No	Do you use a shower chair, tub-transfer bench or other similar equipment?
Yes	No	Do you use special utensils that help you prepare or eat food independently?
Yes	No	What will you do if there is no water for several days?
Yes	No	What will you do if you are unable to heat water?
Yes	No	What equipment do you have that runs on electricity and how will you operate it if electrical service is disrupted?
Yes	No	Who will get groceries, medication, and medical supplies? How will this be accomplished if the roads are blocked because of the disaster?
Yes	No	Do you need a specially equipped vehicle or accessible transportation?
Yes	No	Can you help others during an emergency? (i.e. guiding people to and through darkened spaces and exits if you have no or low vision, offering calming and

		emotional support, etc.)
Yes	No	How will you function if your service animal becomes confused, panicked, frightened or disoriented? A harness leash, pad protectors (for hot asphalt, hot metal stairs, broken glass) are important items for managing a nervous or upset animal. Be prepared to use alternative ways to negotiate your environment (i.e. sighted guides, members of your personal support network who can offer emotional support).
Yes	No	• Do you keep critical carry-with-you supplies?
Yes	No	• Essential medication?
Yes	No	• Small flashlight?
Yes	No	• Fully charged portable devices (and extra batteries) such as a cell phone. Many people used cell phones and two-way pagers on 9/11/01 to alert authorities or to call loved ones.
Yes	No	• Paper and pencil?
Yes	No	• Customized, pre-printed message?
Yes	No	• Emergency Health Information? It should communicate to rescuers what they need to know if they find you unconscious or incoherent or if they need to quickly help evacuate you (list of current medications, allergies, special equipment, names, addresses, and telephone numbers of doctors, pharmacies, family members, friends, and any other important information).

Sight

Yes	No	Will you be able to evacuate independently without relying on the usual auditory cues? (Such as the hum of the refrigerator. These cues will be absent, if the electricity goes off or alarms are blaring).
Yes	No	Can you read the emergency signage in print or Braille?
Yes	No	Are there raised and Braille characters on signs that designate exits, direction to exits, information on exit routes, and floors designated by numbers or letters, including floor level designations provided in stairwells?
Yes	No	Is there emergency lighting along the escape route that will automatically light, if electrical service is interrupted?
Yes	No	If you wear contact lenses, what will you do if and when smoke, dust or fumes become painful or dangerous? Do you keep glasses with you?
Yes	No	Can you use the two-way communication devices installed in the elevators and

		areas of refuge/ rescue assistance?
Yes	No	Have you instructed your personal support network how to act as a "sighted guide" if needed?

Hearing

Yes	No	Have you practiced having people communicate emergency information to you?
Yes	No	Does the building have two-way communication devices installed in the elevators and areas of refuge/rescue assistance?
Yes	No	• Have you practiced using them in a non-emergency to make sure the system works?
Yes	No	Do you know the locations of text telephones or phones that have amplification?
Yes	No	Do emergency alarm systems have audible and visible features (visual strobes)?
Yes	No	If you are hard of hearing, will you be able to hear over the sound of very loud emergency alarms? How will you understand emergency information and directions that are typically given verbally? (Hearing aids amplify background noise, so the sound of the alarms may interfere or drown out voice announcements). Instruct your support network to speak looking at you and to repeat critical announcements.
Yes	No	Will your hearing aids work if they get wet, for example from sprinklers?
Yes	No	Are the newer displays (television monitors or scrolling text signs) available throughout your site? Will they work if the power goes out?
Yes	No	• Do you know all their locations?
Yes	No	Are portable devices (tactile/vibrating pagers) available for you to use?
Yes	No	Do you keep with you a small flashlight handy to aid in seeing visual cues during an emergency?
Yes	No	Have you determined how you will communicate with colleagues and emergency personnel if there is no interpreter or if your hearing aid(s) is not working?
Yes	No	• Do you carry paper and pens with you?
Yes	No	• Do you carry a pre-printed copy of key phrase messages with you such as "I use American Sign Language (ASL)" "I do not write or read English well." "If you make announcements, I will need to have them written simply or signed."

Deaf-Blind

Yes	No	Do you have a personal support network? Since the usual alarms or flashing lights

		won't work, it is critical that you have a large personal support network.

Speech

Yes	No	Have you determined how you will communicate with colleagues and emergency personnel, if you do not have your usual communication devices (augmentative communication device, word board, artificial larynx)?
Yes	No	Do you store copies of a word or letter board, paper and writing materials, pre-printed messages and key phrases specific to an anticipated emergency, in your wallet, backpack or purse?
Yes	No	Does your Emergency Health Information Card explain the best method to communicate with you (written notes, pointing to letters/words/pictures)?

Memory, Judgment, Learning and Related Information Processing

Yes	No	Have you practiced how to communicate your needs?
Yes	No	Have you anticipated the types of reactions you may have in an emergency and planned strategies for coping with these reactions? (There are a number of reactions that may occur or become more intense during an emergency. Such reactions include: confusion, thought processing and memory difficulties, agitation, paranoia, crying, fear, panic, anxiety, and shaking. Think through the types of reactions you may anticipate and plan strategies for coping with these reactions. Prepare your personal support network to assist you with these planned strategies).
Yes	No	Does your Emergency Health Information explain the best method to assist you?

Assistive Device Users

Yes	No	What will it take to get your wheelchair or other important assistive devices out of the building?
Yes	No	Have you informed your personal support network how to operate and safely move your equipment if necessary?
Yes	No	Have you labeled equipment, added simple instruction cards (laminate instruction cards for added durability) and attached them to equipment regarding how to operate and safely move?
Yes	No	Do you keep a copy of these instructions with you and have you shared copies with your personal support network?
Yes	No	If you are a manual wheelchair user, do you carry heavy gloves with you to protect hands from debris while pushing?
Yes	No	Have you thought through all your options if you are not able to be evacuated in your chair or other assistive device?

Physical/Mobility

Yes	No	Who will you call if you need help exiting your residence?

Yes	No	What available alternate exits are in your residence?
Yes	No	Can you operate a fire extinguisher?
Yes	No	Have you practiced?
Yes	No	Will extended handles make them usable for you?
Yes	No	Do you know the location of all exits and your ability to navigate them?
Yes	No	Do you know where all evacuation chairs are stored?
Yes	No	Have you practiced using them?
Yes	No	Do you know where all, if any, rescue areas are located?
Yes	No	Can you reach and activate an alarm?
Yes	No	Will you be able to independently evacuate from your home? (What will it take?)
Yes	No	• How long will it take?
Yes	No	Will you need someone to help with your balance and help you to walk down steps more quickly?
Yes	No	Would it be faster if you used an evacuation chair or were carried?
Yes	No	If you absolutely had to, could you bump down the stairs on your butt, crawl, etc? Will you need something to strap on to protect your butt? Gloves to protect your hands? Etc.
Yes	No	Have you tested this method?
Yes	No	Can you transfer in and out of evacuation devices independently, or with assistance?
Yes	No	Can you give quick instructions regarding how to safely transport you if you need to be carried?
Yes	No	• Have you included any areas of vulnerability regarding how to safely remove you from your chair?
Yes	No	• If you want to be lifted in your chair, make sure this is realistic (How much does your chair weigh with you in it?)
Yes	No	Do you know where all the areas of refuge/rescue assistance are located? (See Areas of Refuge/Rescue Assistance)
Yes	No	Do you know if your site has "evacuation elevators" and where they are located? (see Use of Elevators)

Allergies, Multiple Chemical Sensitivities (MCS)

Yes	No	Do you carry supplies with you based on your worse days: • Industrial respirator with gas-mist filters? • Gloves?

		• Inhaler? Nicotine gum for use in bargaining with rescuers or distraught people who will want to smoke cigarettes?
Yes	No	Does your emergency health information clearly explain your sensitivities and reactions, most helpful treatments, and treatments which are harmful? Be specific, as other conditions (disorientation, aphasia, panic) may be diagnosed and treated as something other than chemical sensitivity and you may not be able to describe your needs verbally.

You did it!

PREPARE YOUR INDIVIDUAL DISASTER PLAN

Disaster in my Community and Other Plans

Ask local officials the following questions about your community's disaster/emergency plans.

Does my community have a plan? Yes No

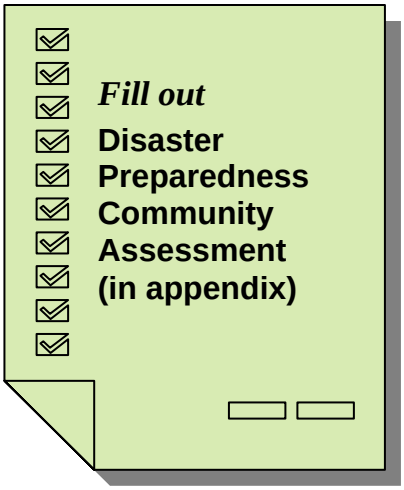
Can I obtain a copy? Yes No

What does the plan contain?

How often is it updated?

What should I know about the plan?

What hazards does it cover?



Warning Systems and Signals

The Emergency Alert System (EAS) can address the entire nation on very short notice in case of a grave threat or national emergency. Ask if your local radio and TV stations participate in the EAS.

National Oceanic & Atmospheric Administration (NOAA) Weather Radio (NWR) is a nationwide network of radio stations broadcasting continuous weather information directly from a nearby National Weather Service office to specially configured NOAA weather radio receivers. Determine if NOAA Weather Radio is available where you live. If so, consider purchasing a NOAA weather radio receiver.

Ask local authorities about methods used to warn your community.

Warning System	What should we do?
EAS	
NOAA Weather Radio	

Escape Routes

Draw a floor plan of your home. Use a blank sheet of paper for each floor. Mark two escape routes from each room. Make sure children understand the drawings. Post a copy of the drawings at eye level in each child's room.

Where to Meet

Establish a place to meet in the event of an emergency such as a fire. Record the locations below:

	Where to meet...
Near the home	For example, the next door neighbor's telephone pole
Outside the immediate area	For example, the neighborhood grocery store parking lot

Utility Shut-off and Safety

In the event of a disaster, you may be instructed to shut off the utility service at your home.

Below are some general guidelines for shutting off utility service:

Modify the information provided to reflect your shut off requirements as directed by your utility company(ies).

Natural Gas

Natural gas leaks and explosions are responsible for a significant number of fires following disasters. It is vital that all household members know how to shut off natural gas.

Because there are different gas shut-off procedures for different gas meter configurations, it is important to contact your local gas company for guidance on preparation and response regarding gas appliances and gas service to your home.

When you learn the proper shut-off procedure for your meter, share the information with everyone in your household. Be sure not to actually turn off the gas when practicing the proper gas shut-off procedure.

If you smell gas or hear a blowing or hissing noise, open a window and get everyone out quickly. Turn off the gas using the outside main valve if you can, and call the gas company from a neighbor's home.

CAUTION - If you turn off the gas for any reason, a qualified professional must turn it back on. NEVER attempt to turn the gas back on yourself.

Water
Water quickly becomes a precious resource following many disasters. It is vital that all household members learn how to shut off the water at the main house valve.

- Cracked lines may pollute the water supply to your house. It is wise to shut off your water until you hear from authorities that it is safe for drinking.
- The effects of gravity may drain the water in your hot water heater and toilet tanks unless you trap it in your house by shutting off the main house valve (not the street valve in the cement box at the curb—this valve is extremely difficult to turn and requires a special tool).

Preparing to Shut Off Water

- Locate the shut-off valve for the water line that enters your house. It may look like the sample pictured here.
- Make sure this valve can be completely shut off. Your valve may be rusted open, or it may only partially close. Replace it if necessary.
- Label this valve with a tag for easy identification, and make sure all household members know where it is located.

Electricity
Electrical sparks have the potential of igniting natural gas if it is leaking. It is wise to teach all responsible household members where and how to shut off the electricity.

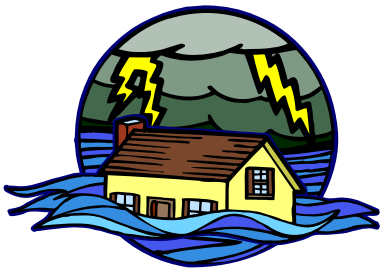
Preparing to Shut Off Electricity

- Locate your electricity circuit box.
- Teach all responsible household members how to shut off the electricity to the entire house.

FOR YOUR SAFETY: Always shut off all the individual circuits before shutting off the main circuit breaker.

Insurance and Vital Records

Obtain property, health, and life insurance if you do not have them. Review existing policies for the amount and extent of coverage to ensure that what you have in place is what is required for you and your family for all possible hazards.



Flood Insurance
If you live in a flood-prone area, consider purchasing flood insurance to reduce your risk of flood loss. Buying flood insurance to cover the value of a building and its contents will not only provide greater peace of mind, but will speed the recovery if a flood occurs. You can call 1 (888) FLOOD29 to learn more about flood insurance.

Inventory Home Possessions
Make a record of your personal property for insurance purposes. **Take photos or a video** of the interior and exterior of your home. Include personal belongings in your inventory.

You may also want to download the free Household and Personal Property Inventory Book from the University of Illinois at www.ag.uiuc.edu/~vista/abstracts/ahouseinv.html to help you record your possessions.

Important Documents
Store important documents such as insurance policies, deeds, property records, and other important papers in a safe place, such as a safety deposit box away from your home. Make copies of important documents for your disaster supplies kit. (Information about the disaster supplies kit is covered later.)

Money
Consider saving money in an emergency savings account that could be used in any crisis. It is advisable to keep a small amount of cash or traveler's checks at home in a safe place where you can quickly access them in case of evacuation.

Special Needs Assessment

Special Needs

If you or someone close to you has a disability or a special need, you may have to take additional steps to protect yourself and your family in an emergency.

Disability/Special Need	**Additional Steps**
Hearing impaired	May need to make special arrangements to receive warnings.
Mobility impaired	May need special assistance to get to a shelter.
Single working parent	May need help to plan for disasters and emergencies.
Non-English speaking persons	May need assistance planning for and responding to emergencies. Community and cultural groups may be able to help keep people informed.
People without vehicles	May need to make arrangements for transportation.
People with special dietary needs	Should take special precautions to have an adequate emergency food supply.

Planning for Special Needs

If you have special needs; find out about special assistance that may be available in your community. Register with the office of emergency services or the local fire department for assistance so needed help can be provided.

- Create a network of neighbors, relatives, friends, and coworkers to aid you in an emergency. Discuss your needs and make sure everyone knows how to operate necessary equipment.
- Discuss your needs with your employer.
- If you are mobility impaired and live or work in a high-rise building, have an escape chair.
- If you live in an apartment building, ask the management to mark accessible exits clearly and to make arrangements to help you leave the building.
- Keep specialized items ready, including extra wheelchair batteries, oxygen, catheters, medication, food for service animals, and any other items you might need.
- Be sure to make provisions for medications that require refrigeration.
- Keep a list of the type and model numbers of the medical devices you require.

SPECIAL POPULATIONS

No matter what laws and public policies say, it's up to us as people with disabilities to individually and collectively prepare for disasters. If we just rely on employers, building managers, or fire inspectors to make sure things are in place, it may or may not happen. It is not safe to assume that people with disabilities have been included in evacuation plans. People with disabilities must be assertive to ensure that our safety needs are included in all emergency planning.

For people with disabilities, the message is clear. We need to be keenly aware of the risks we face and our need to take responsibility for our safety.

We need to be proactive, and rely as much as possible on ourselves (and not to count on others), to find the exits and to make decisions about our safety. Hopefully this can be done in conjunction with, but possibly without the cooperation of the management of the places where we spend a great deal of our time (school, work, volunteer work, home). (Kailes, 1996)

Will you need assistance in an emergency evacuation?		
Do you experience any of the following conditions that could interfere with your ability to quickly evacuate a building?		
Yes	**No**	Limitations that interfere with walking or using stairs (joint pain, mobility device user - wheelchair, canes, crutches, walker).
Yes	**No**	Reduced stamina, fatigue or tire easily (due to a variety of temporary or permanent conditions not limited to those on this list).
Yes	**No**	Respiratory (cardiac [heart] conditions, asthma, emphysema, or other symptoms triggered by stress, exertion, or exposure to small amounts of dust or smoke etc.).
Yes	**No**	Emotional, cognitive, thinking, or learning difficulties (may become confused when dealing with unfamiliar and unusual activity during an emergency, lose sense of direction, or may need emergency directions explained in simple steps or basic concepts).
Yes	**No**	Vision loss (may require assistance in learning the emergency evacuation routes or assistance in moving down stairs).
Yes	**No**	Hearing loss (may require modification to the standard way emergency announcements, notifications and instructions are provided).
Yes	**No**	Temporary limitations resulting from, but not limited to:
		▪ Surgery,
		▪ Accidents and injuries (sprains, broken bones),
		▪ Pregnancy.
Yes	**No**	Do you rely on technology or medication which may not work in an emergency (hearing aids, wheelchair, gas mask, elevator, lighting, sounds)?

Master the Skill of Giving Quick Information on How Best to Assist You

Be prepared to quickly give emergency responders critical information on how they can assist you without causing injury. Take charge and practice how to quickly explain to people how best to assist you. Be prepared to give clear, specific and concise instructions and directions to rescue personnel. Determine how much detail is needed. Be prepared with additional instructions if more details are needed. You know your abilities and limitations and the best way that someone can assist you or ways in which you can assist them. Practice giving these instructions clearly and quickly, not in four paragraphs but a few quick phrases, using the least amount of words possible, for example:

INSTRUCTIONS	
Clear, concise:	Take my oxygen tank.
Additional information (if needed):	Right side of green bookcase I can breath without it for 15 minutes

- Take medication from top drawer of desk by window.
- Take my communication device from that table. I am hard of hearing.
- Take my manual wheelchair.
- The traditional "fire fighter's carry" is hazardous for me because of my respiratory condition. Carry me by …..
- I can manage steps independently, carry my other crutch and walk in front of me.
- I'm blind, let me take your left arm above the elbow and I'll follow you out.
- I need to hang on to you, I have poor balance, but I can walk steps.
- You have to carry me out, wheelchair user evacuation chairs are hung at the top of "stairway two, north end" and "stairway three, south end."

Consider using a carry-with-you preprinted message. Customize a message for yourself, for example:

- I'm deaf, do not speak, I use American Sign Language (ASL). Use gestures or write instructions using simple words.

- I cannot speak, but I do hear and understand. I communicate using an augmentative communication device. I can point to simple pictures or key words, you will find a communication sheet in my wallet.

- I may have difficulty understanding what you are telling me, so speak slowly and use simple words.

- I have a psychiatric disability. In an emergency I may become confused. Help me find a quiet corner and I should be fine in about 10 minutes.

- I have a panic condition. If I panic and appear very anxious, speak to me calmly and slowly. Be patient. Ask me if I need my medication and I will direct you. You may need to ask me more than once. Please stay with me until I calm down.

- Diesel exhaust can kill me. Do not put me in or near idling emergency vehicles.

Contact Your Local Emergency Information Management Office:

Some local emergency management offices maintain registers of older people so they can be located and assisted quickly in a disaster. Contact your local emergency management agency to see if these services exist where you live or visit www.ready.gov to find links to government offices in your area.

Safety Skills

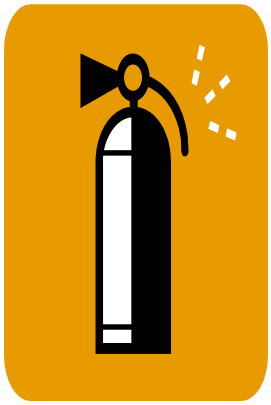
It is important that family members know how to administer first aid and CPR and how to use a fire extinguisher.

Learn First Aid and CPR
Take a first aid and CPR class. Local American Red Cross chapters can provide information about this type of training. Official certification by the American Red Cross provides, under the "good Samaritan" law, protection for those giving first aid.

In Case of Fire Remember:

R – rescue your patient; get them to a safe place
A – alert fire department
C – contain the fire
E – extinguish the fire

Learn How to Use a Fire Extinguisher

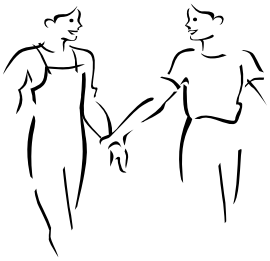


Be sure everyone knows how to use your fire extinguisher(s) and where it is kept. You should have, at a minimum, an ABC type.

Remember:

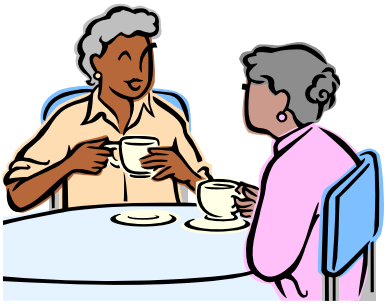
P – pull the pin
A – aim the nozzle
S – squeeze
S - spray

HAVE A SUPPORT SYSTEM IN PLACE



Create your own personal support network by identifying others who will help you in an emergency. Think about what modes of transportation you use and what alternative modes could serve as back-ups. If you require handicap accessible transportation, be sure your alternatives are also accessible. Share your plan with your family, friends, care providers and others in your personal support network.

A support system, sometimes called the "buddy system," can help you prepare for a disaster as well as during and after a disaster. Members of your support system, or "buddies," can be roommates, relatives, neighbors, friends and co-workers. They should be people you trust to determine if you need assistance. Your support system members should know your capabilities and needs and be able to help in a matter of minutes.



1. Have your "buddies" assist you in preparing a written personal assessment.

2. Give your support system copies of your emergency information list, medical information list, disability related supplies and special equipment list, evacuation plans, any emergency documents and your personal disaster plan.

3. Arrange for your support system to check on you immediately if local officials announce a recommendation to evacuate or if a disaster occurs.

4. Agree on the methods of communication to be used during a disaster.

5. Give your "buddies" any keys they need for your place of residence or vehicle.

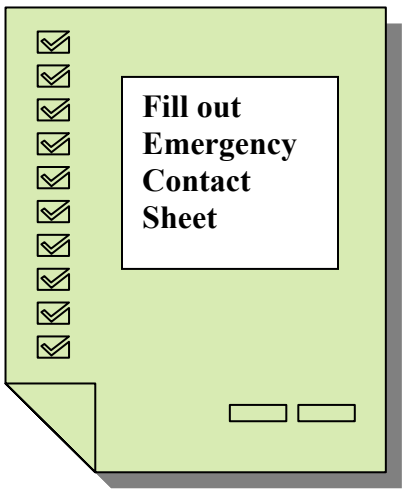
6. Make sure your support system knows how to operate and transport any equipment specific to your disability. Make sure it is labeled and laminated instruction cards are attached.

7. If you have a service animal, ensure that the animal is familiar with your support system members and have written instructions on any care the animal may require.

8. Review and update your personal assessment and disaster plan with your support system on a regular basis.

Develop a Family Communications Plan:

Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations. Consider a plan where each family member calls, or e-mails, the same friend or relative in the event of an emergency. It may be easier to make a long-distance phone call than to call across town, so an out-of-town contact, not in the impacted area, may be in a better position to communicate among separated family members. You may have trouble getting through, or the phone system may be down altogether, but be patient.



MY SHELTER PLAN

Deciding to Stay or Go:
Depending on your circumstances and the nature of the emergency, the first important decision is whether you stay or go. You should understand and plan for both possibilities. Use commonsense and available information to determine if there is immediate danger. In any emergency, local authorities may or may not immediately be able to provide information on what is happening and what you should do. However, you should monitor television or radio news reports for information or official instructions as they become available. If you're specifically told to evacuate or seek medical treatment, do so immediately. If you require additional travel time or need transportation assistance, make these arrangements in advance.

Staying Put:
Whether you are at home or elsewhere, there may be situations when it's simply best to stay where you are and avoid any uncertainty outside. As the plan is developed, remember no one should work alone in a disaster. A good household plan should also include an evacuation plan. For example, keeping gas tanks as full as possible overcomes the problem of gas stations needing electricity to operate. Pay-phones sometimes work when other phones are not operating. Store important documents and cash (ATM's need electricity, too!) for easy accessibility. Have a property plot plan showing house floor plan with locations of exits, fire extinguishers, supplies, utilities - natural gas, valve/propane tank, electrical panel, water meter and outside meeting place. Although utilities shouldn't be turned off without good reason, it is important to know how to if necessary. Consider what you can do to safely shelter-in-place alone or with friends, family or neighbors. Also consider how a shelter designated or the public would meet your needs. There could be times when you need to stay put and create a barrier between yourself and potentially contaminated air outside. This process is known as “sealing the room." Use available information to assess the situation. If you see large amounts of debris in the air, or if local authorities say the air is badly contaminated, you may want to take this kind of action. For more information about "sealing the room," visit www.ready.gov.

Evacuation:
There may be conditions in which you will decide to get away, or there may be situations when you may be ordered to leave. Plan how you will get away and anticipate where you will go. Choose several destinations in different directions so you have options in an emergency. Ask about evacuation plans at the places where you spend time including work, community organizations and other places you frequent. If you typically rely on elevators, have a back-up plan in case they are not working.

Immediate risk:
If you smell gas, smoke or see fire or otherwise fear for your safety, evacuate household occupants immediately. From a safe location, call 9-1-1 and report the incident.

General evacuation orders:
If local officials issue evacuation orders, use the evacuation routes and methods specified; carpool whenever possible. If time allows:

- Wear sturdy shoes, long-sleeve shirts and pants.
- Bring car keys, credit cards, road maps, cell phone, charger and important phone numbers.
- Bring your Go-bag.
- If you have a pet, make sure it is wearing a collar, bring it in a pet carrier labeled with your name and the pet's name. Bring your pet's Go-bag.
- Lock your home and shut off the water and electricity, but leave gas on unless instructed otherwise.
- Leave a note or tell a neighbor where you are going.
- Once you arrive at a safe location, call your out-of-area emergency contact.

Disaster Shelters
Immediately following a large disaster, suitable shelter sites will be selected from a list based on areas of need and estimated numbers of displaced persons. Each site must be inspected for safety prior to being opened to the public. Therefore, it is not possible to say with advance certainty which sites will actually operate as disaster shelters. As soon as disaster sites have been formally designated, this list will be announced to the public through local media. If it is unsafe to shelter-in-place, and you do not have an alternative, evacuate to a designated emergency shelter.

- Tell your out-of area-contact where you are going.
- Take your Go-bag with you to the shelter.
- Initially, emergency shelters may not be able to provide basic supplies and materials. Consider bringing extra items (e.g. blanket, pillow, air mattress, towel, washcloth, diapers, food and supplies for infants.)
- Provide for your pet: only service animals are allowed in "human" shelters. If you cannot make other plans for your pets, Animal Care and Control staff will be available at "human" shelters to help with pet sheltering needs.

Consider Your Pets:

Whether you decide to stay put in an emergency or evacuate to a safer location, you will need to make plans in advance for your pets and service animals. Keep in mind that what's best for you is typically what's best for your animals. If you

must evacuate, take your pets with you, if possible. However, if you are going to a public shelter, it is important to understand that only service animals may be allowed inside. Plan in advance for shelter alternatives that will work for both you and your pets; consider loved ones or friends outside of your immediate area, pet-friendly shelters and veterinarians who would be willing to take in you and your pets in an emergency. For more information about pet preparedness, visit www.ready.gov.

Caring for Animals

Animals also are affected by disasters. Use the guidelines below to prepare a plan for caring for pets and large animals.

Guidelines for Pets
Plan for pet disaster needs by:

- Identifying shelter.
- Gathering pet supplies.
- Ensuring your pet has proper ID and up-to-date veterinarian records.
- Providing a pet carrier and leash.

Take the following steps to prepare to shelter your pet:

- Call your local emergency management office, animal shelter, or animal control office to get advice and information.
- Keep veterinary records to prove vaccinations are current.
- Find out which local hotels and motels allow pets and where pet boarding facilities are located. Be sure to research some outside your local area in case local facilities close.

Know that, with the exception of service animals, pets are not typically permitted in emergency shelters as they may affect the health and safety of other occupants.

Guidelines for Large Animals
If you have large animals such as horses, cattle, sheep, goats, or pigs on your property, be sure to prepare before a disaster.

Use the following guidelines:

1. Ensure all animals have some form of identification.
2. Evacuate animals whenever possible. Map out primary and secondary routes in advance.

3. Make available vehicles and trailers needed for transporting and supporting each type of animal. Also make available experienced handlers and drivers. (Note: It is best to allow animals a chance to become accustomed to vehicular travel so they are less frightened and easier to move.)
4. Ensure destinations have food, water, veterinary care, and handling equipment.

If evacuation is not possible, animal owners must decide whether to move large animals to shelter or turn them outside.

Nurse/Aide Checklist for Disaster Preparedness

This is a “to do” checklist to assist the Nurse/Aide as they assist the patient in preparing for disaster.

REMEMBER: “Our best strategy for any disaster is to be prepared!”

Nurse/Aide Checklist
To Help Determine Patient's Disaster Preparedness

This is a "to do" checklist to assist the Certified Nursing Assistant or the Nurse as they assist their patients in preparing for a disaster. Remember our best strategy for any disaster is to be prepared.

____ Make a medication list of all medicines including over the counter medicines.

____ Have a list of telephone numbers for emergency. Be sure at least one of them is in another area. This should include; family, doctor, neighbors, etc.

____ Have a list of medical conditions, along with any medical treatments required by the patient.

____ Assist in putting together a "go kit" for situations where one has to leave home for safety. A "go kit" should include a change of clothes, medicines, medical equipment and supplies, food, water, toilet paper, flashlight, cash and coins, house keys.

____ Label medical equipment with name on it.

____ Have extra batteries for flashlight.

____ Have supplies necessary if forced to stay home due to disaster. (Food, water, flashlight, batteries, first aid kit, medications, extra medical supplies if needed, manual can opener,)

____ Notify your utility company of priority need for utilities if special medical equipment being utilized by patients such as ventilator, oxygen, dialysis, etc.

____ All lists and "go kit" should be easily accessible for leaving in a hurry.

____ Locate nearest emergency shelter for patient.

____ Have important identification and insurance information easily accessible. (May have copies made and keep with other lists in plastic bag).

____ Make sign that reads, "Evacuated" to leave on door in case of evacuation.

Emergency Supply Kit List

This section gives a list of supplies you will need for a 72 hour period. You may use this list with your staff and patients. It also has the all important “Go Bag” items that will be needed for survival.

MAKE A KIT - OF EMERGENCY SUPPLIES

The first step is to consider how an emergency might affect your individual needs. Plan to make it on your own for at least three days. It's possible that you will not have access to a medical facility or even a drugstore. It is crucial that you and your family think about what kinds of resources you use on a daily basis and what you might do if those resources are limited or not available.

Basic Supplies:
Think first about the basics for survival - food, water, clean air and any life sustaining items you require.

Water (1)

In a disaster, water supplies may be cut off or contaminated. Store enough water for everyone in your family to last for **at least 3 days** – 72 hours.

- Store one gallon of water, per person, per day. This amount will be adequate for general drinking purposes.
- Three gallons per person per day will give you enough to cook and for limited personal hygiene. Do not forget to plan for your pets.
- Children, nursing mothers, and sick people may need more water.
- If you live in a warm weather climate more water may be necessary.

If you store tap water:

- Store water in food grade plastic containers, such as clean 2-liter soft drink bottles. Heavy duty, reusable plastic water containers are also available at sporting goods stores.
- *Replace water at least once every six months*.

If you buy commercially bottled “spring” or “drinking” water:

- Keep water in its original container, and don’t re-store a bottle once it’s been opened.
- Label bottles with their replacement date, and store in a cool, dark place.
- *Replace water at least once each year.*

Treating water after the disaster:
If you run out of stored drinking water, strain and treat water from your water heater or the toilet reservoir tank (except if you use toilet tank cleaners.) You cannot drink swimming pool or spa water, but you can use it for flushing toilets or washing.
Begin by straining any large particles of dirt by pouring the water through a

couple of layers of paper towels or clean cloth.
Next, purify the water one of two ways:

- **Boil** – bring to a rolling boil and maintain for 3-5 minutes. To improve the taste, pour it back and forth between two clean containers to add oxygen back.
- **Disinfect** – If the water is clear, add 8 drops of bleach per gallon. If it is cloudy, add 16. Shake or stir, then let stand 30 minutes. A slight chlorine taste and smell is normal.

Food (2)

When a disaster occurs, you might not have access to food, water and electricity for days, or even weeks. Store enough emergency food to provide for your family for at least 3 days (72 hours).

- Store food items that are familiar, rather than buying special emergency food. Consider any dietary restrictions and preferences you may have.
- Ideal foods are: Shelf-stable (no refrigeration required), low in salt, and do not require cooking (e.g. canned fruit, vegetables, peanut butter, jam, low-salt crackers, cookies, cereals, nuts, dried fruit, canned soup or meats, juices and non-fat dry milk).
- Don't forget Ensure if you use it.
- Mark a rotation date on any food container that does not already have an expiration date on the package.
- Include baby food and formula or other diet items for infants or seniors.
- Store the food in airtight, pest-resistant containers in a cool, dark place.
- Most canned foods can safely be stored for at least 18 months.
- Pack a manual can opener and eating utensils.
- Low acid foods like meat products, fruits or vegetables will normally last at least 2 years.
- Use dry products, like boxed cereal, crackers, cookies, dried milk or dried fruit within six months.
- After a power outage, refrigerated food will stay cold longer if you keep the door closed.
    - Food should generally be consumed within 4 hours.
    - Food in the freezer will normally remain safe for 2 days.

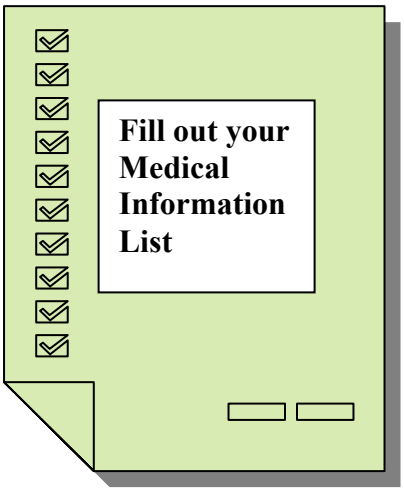
Consider two kits. In one kit put everything you will need to stay where you are and make it on your own for a period of time. The other kit should be a lightweight, smaller version you can take with you if you have to leave your home.

Recommended basic emergency supplies include:

DONE	SUPPLY
	Water, one gallon of water per person per day. Plan for at least three days, for drinking and sanitation.
	Food, at least a three-day supply of non-perishable food and a can opener if your kit contains canned food.
	Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert. Extra batteries for both
	Flashlight and extra batteries
	First aid kit
	Whistle to signal for help
	Dust mask to help filter contaminated air.
	Plastic sheeting and duct tape to shelter-in-place
	Moist towelettes, toilet paper, garbage bags and plastic ties for personal sanitation
	Wrench or pliers to turn off utilities
	Local maps
	Pet food, extra water and supplies for your pet or service animal

Storing supplies:
Purchasing a small amount of supplies each week is easy on the budget. Choose an appropriate and accessible place to store supplies - many people use either a large plastic garbage can or a number of small ones. Rotate food and water every six months.

Include Medications and Medical Supplies:
If you take medicine or use a medical treatment on a daily basis, be sure you have what you need on hand to make it on your own for at least a week. You should also keep a copy of your prescriptions as well as dosage or treatment information. If it is not possible to have a week-long supply of medicines and supplies, keep as much as possible on hand and talk to your pharmacist or doctor about what else you should do to prepare.



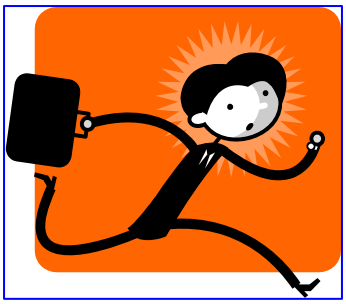
If you undergo routine treatments administered by a clinic or hospital or if you receive regular services such as home health care, treatment or transportation, talk to your service provider about their emergency plans. Work with them to identify back-up service providers within your area and the areas you might evacuate to. If you use medical equipment in your home that requires electricity to operate, talk to your health care provider about what you can do to prepare for its use during a power outage.

Additional Items:
In addition, there may be other things specific to your personal needs that you should also have on hand. If you use eyeglasses, hearing aids and hearing aid batteries, wheelchair batteries, and oxygen, be sure you always have extras in your home. Also have copies of your medical insurance, Medicare and Medicaid cards readily available.

Include Emergency Documents:
Include copies of important documents in your emergency supply kits such as family records, medical records, wills, deeds, social security number, charge and bank accounts information, and tax records. It is best to keep these documents in a waterproof container. If there is any information related to operating equipment or life-saving devices that you rely on, include those in your emergency kit as well, and also make sure that a trusted friend or family member has copies of these documents. Include the names and numbers of everyone in your personal support network, as well as your medical providers. If you have a communication disability, make sure your emergency information list notes the best way to communicate with you. Also be sure you have cash or travelers checks in your kits in case you need to purchase supplies.

Go-bag

A component of your disaster kit is your Go-bag. Put the following items together in a backpack or another easy to carry container in case you must evacuate quickly. Prepare one Go-bag for each family member and make sure each has an I.D. tag. You may not be at home when an emergency strikes so keep some additional supplies in your car and at work, considering what you would need for your immediate safety.



DONE	SUPPLY
	Flashlight
	Radio – battery operated
	Batteries
	Whistle
	Dust mask
	Pocket knife
	Emergency cash in small denominations and quarters for phone calls
	Sturdy shoes, a change of clothes, and a warm hat
	Local map
	Some water and food
	Permanent marker, paper and tape
	Photos of family members and pets for re-identification purposes
	List of emergency point-of -contact phone numbers
	List of allergies to any drug (especially antibiotics) or food
	Copy of health insurance and identification cards
	Extra prescription eye glasses, hearing aid or other vital personal items
	Prescription medications and first aid supplies
	Toothbrush and toothpaste
	Extra keys to your house and vehicle
	Any special-needs items for children, seniors or people with disabilities.
	Don't forget to make a Go-bag for your pet.

First Aid Kit

In any emergency a family member or you yourself may be cut, burned or suffer other injuries. If you have these basic supplies, you are better prepared to help your loved ones when they are hurt. Remember, many injuries are not life threatening and do not require immediate medical attention. Knowing how to treat minor injuries can make a difference in an emergency. Consider taking a first aid class, but simply having the following things can help you stop bleeding, prevent infection and assist in decontamination.

DONE	**Things you should have:**
	Two pairs of Latex, or other **sterile gloves** (if you are allergic to Latex).
	Sterile dressings to stop bleeding.
	Cleansing agent/soap and antibiotic towelettes to disinfect.
	Antibiotic ointment to prevent infection.
	Burn ointment to prevent infection.
	Adhesive bandages in a variety of sizes.
	Eye wash solution to flush the eyes or as general decontaminant.
	Thermometer (Read more: Biological Threat)
	Prescription medications you take every day such as insulin, heart medicine and asthma inhalers. You should periodically rotate medicines to account for expiration dates.
	Prescribed medical supplies such as glucose and blood pressure monitoring equipment and supplies.
	Things it may be good to have:
	Cell Phone
	Scissors
	Tweezers
	Tube of petroleum jelly or other lubricant
	Non-prescription drugs:
	Aspirin or non-aspirin pain reliever
	Anti-diarrhea medication
	Antacid (for upset stomach)
	Laxative

Nurse Aide Module/ Test

This Nurse Aide Module may be used as a group learning activity or an independent study for Nurse Aides. There is a test in the appendix for this module that may be used as a pre and post test. The answer key is also there.

Are You Prepared For a Disaster?

-------What You Will Learn-------

After studying this material, you should:

- Be able to describe ways to prepare for hurricanes.
- Be able to describe dangers of thunderstorms and lightning, name numerous facts about them.
- Name safety precautions to take before and during a flood, describe how to prepare for evacuation and describe the danger of rushing and rising water.
- Name items that should be in a "go kit," and items to have on hand for sheltering in place.

If You Are With a Patient When Disaster Strikes

- Stay calm and do not panic.
- Get the patient to a safe place—an interior room of the house is safest.
- Stay away from windows and doors.
- Listen to the radio or TV for information.
- Do not leave the patient until it is safe to do so.

Sheltering In Place: What You Need to Know

Whether you are at home or elsewhere, there may be situations when it's simply best to stay where you are and avoid any uncertainty outside. Make sure to have a good household plan for what to do during a disaster.

For example, keep gas tanks full, store important documents and cash for easy accessibility, and have a property plot plan showing house floor plan with locations of exits, fire extinguishers, supplies and an outside meeting place. Consider what you can do to safely shelter-in-place alone or with friends, family or neighbors.

First Decide If....

You will be able to shelter at home or
if you will have to leave home (evacuate)

What to Have in Your Go-Bag

Put the following items together in a backpack or another easy to carry container in case you must evacuate quickly. Prepare one Go-bag for each family member and make sure each has an I.D. tag.

Medicine; Flashlight; Radio: battery operated; Batteries; Whistle; Dust Mask; Pocket knife; Emergency cash in small denominations and quarters for phone calls; Sturdy shoes, a change of clothes, and a warm hat; Local map; Some water and food; Permanent marker, paper and tape; Photos of family members and pets for re-identification ; List of emergency point-of-contact phone numbers; List of allergies to any drug (especially antibiotics) or food; Copy of health insurance and I.D. cards; Extra prescription eye glasses, hearing aid or other vital personal items; Toothbrush and toothpaste; Extra keys to your house and vehicle; Any special-needs items for children, seniors and/or people with disabilities; Don't forget to make a Go-bag for your pet.

Five Ways to Prepare for a Hurricane

1. Make plans to secure your property. Permanent storm shutters are the best protection for windows, or board up windows with 5/8" marine plywood, cut to fit and ready to install. Tape does not prevent windows from breaking.
2. Install straps or clips to secure your roof to the structure.
3. Be sure trees and shrubs around your home are well trimmed.
4. Clear loose and clogged rain gutters and downspouts.
5. Consider building a safe room.

Evacuation During a Hurricane

When You Should Evacuate

1. If you are directed by local authorities to do so. Be sure to follow their instructions. **2.** If you live in a mobile home or temporary structure—such shelters are particularly hazardous during hurricanes no matter how well fastened to the ground. **3.** If you live in a high-rise building—hurricane winds are stronger at higher elevations. **4.** If you live on the coast, on a floodplain, near a river, or on an island waterway. **5.** If you feel you are in danger.

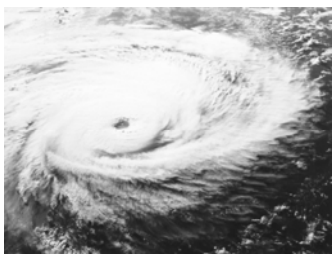
If you are unable to evacuate

1. Stay indoors during the hurricane and away from windows and glass doors. **2.** Close all interior doors—secure and brace external doors. **3.** Keep curtains and blinds closed. Do not be fooled if there is a lull; it could be the eye of the storm—winds will pick up again. **4.** Take refuge in a small interior room, closet, or hallways on the lowest level. **5.** Lie on the floor under a table or another sturdy object.

Items to Include in Your First Aid Kit

In any emergency a family member or you may be injured. If you have these basic supplies you are better prepared to help yourself and your loved ones—not all injuries are life threatening, so knowing how to treat minor injuries can make a difference in an emergency.

- Two pairs Latex gloves, or other sterile gloves
- Sterile dressings to stop bleeding
- Cleansing agent/soap and antibiotic towelettes to disinfect
- Antibiotic ointment to prevent infection
- Burn ointment to prevent infection
- Adhesive bandages in a variety of sizes
- Eye wash solution to flush the eyes or as general decontamination
- Thermometer
- Prescription medications
- Prescribed medical supplies
- Cell phone
- Scissors
- Tweezers
- Tube of petroleum jelly or other lubricant
- Aspirin or non-aspirin pain reliever
- Anti-diarrhea medication
- Anti-acid
- Laxative



The "Nuts and Bolts" of Lightning Jolts: Things You Should Know About Lightning and Thunderstorms

Most of us have been taught to count "one- 1,000, two- 1,000, three- 1,000…" when we hear thunder, and depending on how many seconds we count determines how many miles the storm is away from us. Well, although that allows us to guess how far away the rain is, it doesn't specify how far away the lightning is—which may often strike outside of heavy rain and can actually occur as far as 10 miles away from any rainfall.

Due to lightning's unpredictable nature, the risk of lightning strikes to individuals and property increases, but don't lose sleep over it. Your chances of being struck by lightning are estimated to be one in 600,000, and could be reduced even further by following safety precautions—Make sure you are aware of your surroundings and the weather forecast, and plan accordingly. Most lightning deaths and injuries occur when people are caught outdoors in the summer months during the afternoon and evening, so if you enjoy the outdoors, keep that in mind.

Also remember that warm, humid conditions are highly favorable for thunderstorms, which typically produce heavy rain for a brief period of time—anywhere from 30 minutes to an hour or so. Just keep in mind these simple facts and don't get caught "wet-handed!"

Remember: Lightning strike victims carry no electrical charge. Attend to them *immediately*!

Do's & Don'ts for Thunderstorms

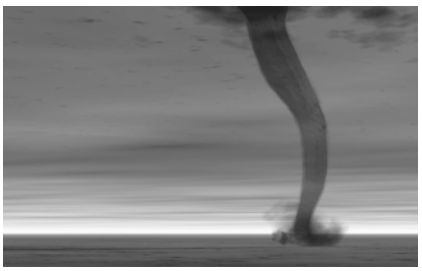
DO'S

- Get inside a home, building, or hard top automobile (not a convertible). Although you may be injured if lightning strikes your car, you are much safer inside a vehicle than outside. The steel frame of a hard-topped vehicle provides increased protection if you are not touching metal.
- Shutter windows and secure outside doors. If shutters are not available, close window blinds, shades, or curtains.
- Unplug appliances and electrical items such as computers and turn off air conditioners. Power surges from lightning can cause serious damage

DON'T

Shower or bathe during a storm. Plumbing and bathroom fixtures can conduct electricity.

Topsy Turvy Tornadoes: Why These Twirling Towers of Terror Are Treacherous



Tornadoes may strike quickly, with little or no warning and are nature's most violent storms, which can cause fatalities and devastate a neighborhood in seconds.

A tornado, which appears as a rotating, funnel-shaped cloud, extends from a thunderstorm to the ground with whirling winds that can reach 300 miles per hour, but the average forward speed of a tornado is 30 miles per hour, and could vary from stationary (staying in one place) to 70 miles per hour.

Damage paths of tornadoes can be in excess of one mile wide and 50 miles long. Every state is at some risk from this hazard.

Before a tornado hits, the wind may die down and the air may become very still. A cloud of debris can mark the location of a tornado even if a funnel is not visible. Tornadoes generally occur near the trailing edge of a thunderstorm. It is not uncommon to see clear, sunlit skies behind a tornado.

Thing to do before a tornado...

- Be alert to changing weather conditions
- Look for danger signs: Dark, often greenish sky; Large hail; A large, dark, low-lying cloud (particularly if rotating); Loud roar, similar to a freight train
- If you see approaching storms or any of the danger signs, be prepared to take shelter immediately.

If you are inside a building...

- Go to a shelter such as a safe room, basement, storm cellar, or the lowest building level. If there is no basement, go to the center of an interior room on the lowest level (closet, interior hallway) away from corners, windows, doors, and outside walls.

If you are outside with no shelter...

- Lie flat in a nearby ditch or depression and cover your head with your hands. Be aware of the potential for flooding.
- Do not get under an overpass or bridge. You are safer in a low, flat location.
- Never try to outrun a tornado in urban or congested areas in a car or truck. Instead, leave the vehicle immediately for safe shelter.
- Watch out for flying debris. Flying debris from tornadoes causes most fatalities and injuries.

Peak tornado season in the southern states is March through May.

Tornadoes are most likely to occur between 3 p.m. and 9 p.m., but can occur at any time

Floods

Floods are one of the most common hazards in the United States and can impact a neighborhood or community, or affect entire river basins and multiple states.

However, all floods are not alike. Some floods develop slowly, sometimes over a period of days. But flash floods can develop quickly, sometimes in just a few minutes and without any visible signs of rain. Flash floods often have a dangerous wall of roaring water that carries rocks, mud, and other debris and can sweep away most things in its path.

Be aware of flood hazards no matter where you live, but especially if you live in a low-lying area, near water or downstream from a dam. Even very small streams, gullies, creeks, culverts, dry streambeds, or low-lying ground that appears harmless in dry weather can flood. Every state is at risk from this hazard.

Two feet of rushing water can carry away most vehicles including sport utility vehicles!

During a Flood

Listen to the radio or television for information.

Be aware that flash flooding can occur. If there is any possibility of a flash flood, move immediately to higher ground. Do not wait for instructions to move.

Be aware of streams, drainage channels, canyons, and other areas known to flood suddenly. Flash floods can occur in these areas with or without such typical warnings as rain clouds or heavy rain.

After a Flood

- Return home only when authorities indicate it is safe.
- Listen for news reports to learn whether the community's water supply is safe to drink.
- Stay out of any building if it is surrounded by floodwaters.
- Clean and disinfect everything that got wet. Mud left from floodwater can contain sewage and chemicals.
- Use extreme caution when entering buildings; there may be hidden damage, particularly in foundations.
- Stay away from downed power lines, and report them to the power company.
- Avoid moving water. Avoid floodwaters; water may be contaminated by oil, gasoline, or raw sewage. Water may be electrically charged from underground or downed power lines.
- Service damaged septic tanks, cesspools, pits and leaching systems as possible. Damaged sewage systems are serious health hazards.
- Be aware of areas where floodwaters have receded. Roads may be weak and collapse.
- Clean and service vehicles (SUV's) and pick-ups that got wet.

If you must prepare to evacuate, you should do the following:

Secure your home. If you have time, bring in outdoor furniture. Move essential items to an upper floor.

Turn off utilities at the main switches or valves if instructed to do so. Disconnect electrical appliances. Do not touch electrical equipment if you are wet or standing in water.

Do not walk through moving water. Six inches of moving water can make you fall. If you have to walk in water, walk where the water is not moving. Use a stick to check the firmness of the ground in front of you.

Do not drive into flooded areas. If floodwaters rise around your car, abandon the car and move to higher ground if you can do so safely.

Six inches of water will reach the bottom of most passenger cars causing loss of control and possible stalling. A foot of water will float many vehicles.

Name: _____

Date: _____

1. Tornadoes may strike quickly, with little or no warning.

   A. True

   B. False

2. The following are items that could be useful in a First Aid Kit:
   (Circle all that are correct)

   A. Antibiotic ointment

   B. Adhesive bandages

   C. Toothbrush

   D. Tweezers

   E. Eye wash solution

3. During a hurricane you don't need to worry about having a supply of water because hurricanes come with rain.

   A. True

   B. False

4. The best place to shelter during lightning is under a tall tree.

   A. True

   B. False

5. If a person is struck by lightning and you touch them, you will be electrocuted.

A. True

B. False

6. Tornadoes are nature's most violent storms.

A. True

B. False

7. Every state is at some risk for tornadoes.

A. True

B. False

8. A Go-Bag is very important to have for each member of the family.

A. True

B. False

9. If you are with a patient when disaster strikes stay calm and don't panic.

A. True

B. False

10. A Go-Bag should be easy to grab in case of evacuation.

A. True

B. False

.

11. Most lightning deaths and injuries occur when people are caught outdoors in the summer months during the afternoon and evening.

A. True

B. False

12. Two feet of rushing water can carry away most vehicles including sport utility vehicle.

A. True

B. False

13. You should have a disaster plan that is as specific as possible for your individual needs.

A. True

B. False

14. You should have an emergency supply kit in your home with supplies that would last you for 72 hrs.

A. True

B. False

15. All emergency shelters are the same and take the place of a hotel.

A. True

B. False

ANSWER KEY
For
AIDE MODULE

1. A
2. All
3. B
4. B
5. B
6. A
7. A
8. A
9. A
10. A
11. A
12. A
13. A
14. A
15. B

Personal Medical Information Forms

These are forms that may be used to help your staff prepare your patients for disaster and quick evacuation. Once they are completed, they should be put in a secure place, but a place that is easily accessible.

MY MEDICATIONS

Fill in this chart or staple a copy of your medication list from your home health agency. Don't forget to include over the counter medications you use.

Medication	Dose	Frequency	Doctor	Doctor's Phone

MY MEDICAL
INFORMATION

Name: _____ Social Security # :_____

Address:

_____

Phone #: _____ Age: ___ Birth date: _____

Health Plan: _____ Blood Type: _____

I have a DNR (circle one) YES NO

Medical Conditions:

_____

_____

_____

Allergies_____

_____

Special Equipment I need:

_____

_____

My DME Supplier is: Phone #:

Communication/Cognitive Difficulties:

_____

My Doctor: _____ Phone #: _____
Address:

_____

My Doctor: _____ Phone #: _____
Address:

_____

Pharmacy: _____ Phone #: _____
Location:

_____

Emergency Contact Information

Emergency Contact Information	**Date:**		**Updated:**	
Name				
Address		**City**	**State**	**Zip**
CONTACT METHOD	**HOME**		**WORK**	
Phone:				
Cell:				
Fax:				
E-mail:				
Emergency Contact:				
Address		**City**	**State**	**Zip**
CONTACT METHOD	**HOME**		**WORK**	
Phone:				
Cell:				
Fax:				
E-mail:				
Emergency Contact				
Address				
City	**State**		**Zip**	
Phone:	**Fax:**		**E-mail**	
E-mail:				
Emergency Contact				
Address				

City	**| State:**	**| Zip**
Phone:	**| Fax:**	**| E-mail:**
Emergency Contact out of town		
Address		
City	**State**	**Zip**
Phone:	**Fax:**	**E-mail**
E-mail:		

Appendix

Commonly used Acronyms/ Abbreviations

The following list of commonly used acronyms and abbreviations will be helpful when talking or working with personnel from the Emergency Management Services. They use these acronyms frequently in conversation.

Commonly used

Acronyms and; or Abbreviations

@	**At**
↑	**Increase**
↓	**Decrease**
♀	**Female**
♂	**Male**
<	**Less than**
>	**Greater than**
=	**Equal**
≠	**Not equal to**
≡	**Identical to**
+	**Positive**
-	**Negative**
↑	**Upper; Increased**
↓	**Lower; Decreased**
?	**Questionable**
≈	**Approximately**
ā	**Before**
£	**Pound sign**
©	**Copyright sign**
®	**Registered sign**
™	**Trademark**
⌂	**House**
☺	**Smiling Face**
1°	**1 degree**
ACAP	**"As clean as possible"**
ACF	**Alternate Care Facility**
ACIP	**Advisory Committee on Infection Practices**
ACLS	**Advanced Cardiac Life Support**
Act	**Active**
AED	**Automatic External Defibrillator**

AG	**Agriculture**
AHEC	**Area Health Education Center**
AIDS	**Acquired Immune Deficiency Syndrome**
aka	**Also known as**
AL	**Area Liaison**
ALE	**Alcohol Law Enforcement**
ALS	**Advanced Life Support**
Amt.	**Amount**
AOC	**Army Operations Center; Administrative Office of Courts**
APIC	**Association of Professional Infection Control**
Approx.	**Approximately**
Appt.	**Appointment**
ARC	**American Red Cross**
ARES	**American Radio Emergency Services**
ARRL	**American Radio Relay League**
ASAP	**"As soon as possible"**
Assoc.	**Associated**
Asst	**Assisted/assist**
AST	**Above Ground Storage Tanks**
ATC	**Alcohol treatment center**
BCLS	**Basic Cardiac Life Support**
BLS	**Basic Life Support**
BOO	**Base of Operations**
BORCC	**Branch Office Regional Coordination Center**
BSL	**Bio Safety Level (laboratories)**
BT	**Bioterrorism**
C	**Centigrade**
Ca++	**Calcium**
CAP	**Civil Air Patrol**
CAR	**Congressional Affairs Representative**
CART	**County Animal Rescue Team**
CAT	**Crisis Action Team**
CBM	**Critical Bench Marks**
Cc	**Carbon copy; cubic centimeter**
CCP	**FEMA's Crisis Counseling Program**
CCPS	**Crime Control and Public Safety**

CDC	**Center for Disease Control and Prevention**
CDL	**FEMA's Community Disaster Loan Program**
CDRG	**Catastrophic Disaster Response Group**
CEMP	**Committee on Environmental Monitoring Program**
CEPPO	**Chemical Emergency Preparedness and Prevention Office**
CERP	**Chemical Emergency Response Program**
CFDA	**Catalog of Federal Domestic Assistance**
CFR	**Code of Federal Regulations**
CGRCC	**Coast Guard Rescue Coordination Center**
CHEMTREC	**Chemical Transportation Emergency Center**
CINC	**Commander in Chief**
CIP	**Critical Infrastructure Protection**
CIPHER	**Collaboration and Integrated Public Health, Hospital and Emergency Response**
Cir	**circumference**
CIS	**Credentialing Information System**
CISD	**Critical Incident Stress Debriefing**
cl	**Clear; chloride**
CMC	**Central Continuing Care**
CMT	**Crisis Management Team**
cm	**Centimeter**
CNA	**Certified Nursing Assistant**
CNS	**Central Nervous System**
CO	**Custodial Officer; Carbon Monoxide**
CO2	**Carbon Dioxide**
Coag	**Coagulation**
Conf.	**Conference**
Comp	**compound**
Consult	**consultation**
Cont.	**Continue; Continued**
COSA	**Child of substance abuser**
COTA	**Certified occupational therapist assistant**
CPR	**Cardiopulmonary Resuscitation**
CRAC	**Central Regional Advisory Committee (Trauma)**
CRO	**Central Region Office**
CRC	**Crisis Resource Call**
CRM	**Crisis Resource Manager**

CST	**NC National Guard Civil Support Team**
DA	**Damage Assessment**
DAC	**Disaster Application Center**
DAE	**Disaster Assistance Employee**
Dc/DC	**Discontinue; discharge**
DCC	**Donations Coordination Center**
DCT	**Donations Coordination Team**
Decal	**deceleration**
DECON	**Decontamination**
Demo	**demonstration**
DENR	**Department of Environmental and Natural Resources**
Dep	**dependant**
DFO	**Disaster Field Office**
DFS	**Division of Facility Services**
DFSG	**Disaster Financial Services Group**
DHHS	**Department of Health and Human Services**
Diff.	**Difficulty; Differential**
Dir	**director**
DISC	**Disaster Information Systems Clearinghouse**
Dist. H2O	**Distilled Water**
DMAT	**Disaster Medical Assistance Teams**
DMORT	**Disaster Mortuary Operational Response Teams**
DMV	**Division of Motor Vehicles**
DNR	**Do Not Resuscitate**
DOA	**Dead on Arrival; Department of Administration**
DOB	**Date of Birth**
DOC	**Department of Corrections**
DOD	**Department of Defense**
DOE	**Department of Energy**
DOed	**Department of Education**
DOI	**Department of Insurance(state); Department of Interior(federal)**
DOJ	**Department of Justice**
DOL	**Department of Labor**
DOMS	**Department of Military Support, Department of Defense**
DOS	**Department of State**
DOT	**Department of Transportation**
DPAO	**Deputy Public Affairs Officer**

DPC	**Disaster Preparedness Committee**
DPI	**Department of Public Instruction**
Dr	**dram**
DRAP	**USDA's Disaster Reserve Assistance Program**
DRF	**Disaster Relief Fund**
DROC	**Disaster Recovery Operations Center**
DSR	**Damage Survey Report**
DSS	**Department of Social Services**
DTMF	**Dual Tone, Multi-Frequency**
DUA	**DOL's Disaster Unemployment Assistance**
DUI	**Driving Under the Influence**
DVA	**Department of Veteran's Affairs**
DWI	**Disaster Welfare Inquiry; Driving While Intoxicated**
Dx	**Diagnosis**
Ea	**each**
EAS	**Emergency Alerting System**
EBS	**Emergency Broadcast System**
EC	**Emergency Coordinator**
ECG	**Electrocardiogram**
ECS	**Emergency Communications Staff**
ED	**Emergency Department**
EEG	**Electroencephalogram**
EENT	**Eyes, Ears, Nose and Throat**
eg	**example**
EICC	**Emergency Information and Coordination Center**
EKG	**Electrocardiogram**
EM	**Emergency Management**
EMA	**Emergency Management Agency**
EMAC	**Emergency Management Assistance Center**
EMS	**Emergency Medical Services; Emergency Medical Support**
EMS–NP	**Emergency Medical Services – Nurse Practitioner**
EMS-PA	**Emergency Medical Services – Physician's Assistant**
EMSPIC	**EMS Performance Improvement Center**
EMT	**Emergency Medical Technician**
EMT-D	**Emergency Medical Technician – Defibrillator**
EMT-I	**Emergency Medical Technician – Intermediate**
EMT-P	**Emergency Medical Technician – Paramedic**
EO	**Executive Order**

EOC	**Emergency Operations Center**
EOP	**Emergency Operations Plan**
EPA	**Environmental Protection Agency**
EPI	**Emergency Public Information**
ER	**Emergency Room**
ERAC	**Eastern Regional Advisory Committee**
ERC	**Emergency Response Coordinator**
ERCG	**Emergency Response Coordinator Group**
ERO	**Eastern Region Office**
ERT	**Emergency Response Team**
ERV	**Emergency Response Vehicle**
ES	**Emergency Services**
ESAR-VHP	**Emergency Services advanced registry for volunteer healthcare personnel**
ESF8	**Emergency Support Function, DHHS responsibilities in emergencies**
EST	**Emergency Support Team**
ETA	**Estimated Time of Arrival**
ETD	**Estimated Time of Departure**
Ext	**Extension; External**
F	**Fahrenheit; female**
FA	**Folic Acid**
FAA	**Federal Aviation Administration**
fam	**Family**
FaSt	**Field Assessment Team**
FAX	**Facsimile**
FBI	**Federal Bureau of Investigation**
FCC	**Federal Communications Commission**
FCH	**Family home care**
FCO	**Federal Coordinating Officer**
FD	**Fire Department**
FDA	**Federal drug administration**
FECC	**Federal Emergency Communications Coordinator**
FEMA	**Federal Emergency Management Agency**
FERC	**FEMA Emergency Response Capability**
FESC	**Federal Emergency Support Coordinator**
Fh	**Family history**
FHA	**HUD's Federal Housing Authority**
FHBA	**Flood Hazard Boundary Map**

FHWA	**DOT's Federal Highway Administration**
Fl	**fluid**
Fl dr	**Fluid dram**
Fl oz	**Fluid ounce**
FNF	**Fixed Nuclear Facility**
FOG	**Field Operations Guide**
FRERP	**Federal Radiological Emergency Response Plan**
Ft	**Feet/foot**
FTS	**Federal Telecommunications Systems**
Fx	**Fracture**
f/u	**Follow up**
GAR	**Governor's Authorized Representative**
GAYEST	**FEMA's Geographic Information System**
gen.	**General**
Ghz	**Gigahertz**
GI	**Gastrointestinal**
GIS	**Geographic Information System**
gm/g	**Gram**
GPS	**Global Positioning Satellite**
GS	**General Statute**
GSA	**General Services Administration**
GSW	**Gun Shot Wound**
GYN	**Gynecology**
H^2O	**Water**
HAN	**Health Alert Network**
HAZMAT	**Hazardous Materials**
HAZMIT	**Hazard Mitigation**
HEICS	**Hospital Emergency Incident Command System**
HERC	**Healthcare Emergency Response Center**
HES	**Hurricane Evacuation Study**
HET-ESF	**Headquarters Emergency Transportation – Emergency Support Function**
HF	**High Frequency**
HHS	**US Dept of Health and Human Services**
HICPAC	**Hospital Infection Control Practitioners Advisory Committee**
HIPAA	**Health Insurance Portability and Accountability Act**
HOH	**Hard of Hearing**

Hosp	**Hospital**
HP	**Hospital Preparedness**
HQ	**Headquarters**
HQDA	**Headquarters, Department of the Army**
HQUSACE	**Headquarters, US Army Corps of Engineers**
h/hr	**Hour**
HP	**Hospital Preparedness**
HRSA	**Hospital Response System;** **Health Resources and Services Administration**
HS	**Homeland Security**
ht	**height**
HUD	**Department of Housing and Urban Development**
Ht	**height**
Hx	**History; Hertz**
I&P	**Information and Planning**
IA	**Individual Assistance**
IAP	**Incident Action Plan**
IC	**Incident Commander**
ICP	**Incident Command Post**
ICS	**Incident Command System**
ICU	**Intensive Care Unit**
IRMS	**Information Resources Management Services**
Irreg	**irregular**
IS	**Information Systems**
IST	**Incident Support Team**
IT	**Information Technology**
IV	**Intravenous**
JCAHO	**Joint Committee on Accreditation of Healthcare Organizations**
JCS	**Joint Chief of Staff**
JIC	**Joint Information Center**
JIS	**Joint Information System**
JMMO	**Joint Medical Mobilization Office**
JOC	**Joint Operations Center**
JTF	**Joint Task Force**
K+	**Potassium**
KCL	**Potassium Chloride**

kg	**Kilogram**
kHz	**Kilohertz**
km	**Kilometer**
KO	**Knocked out; keep out**
LAT	**Lateral**
lb	**pound**
LEMC	**Local Emergency Management Coordinator**
LEPC	**Local Emergency Planning Committee**
LIDO	**Lidocaine**
LOA	**Leave of Absence**
LOL	**Laugh out loud, lots of laughs**
LOC	**Logistics Operation Center; Letter of Credit**
LOS	**Length of stay**
LOSA	**Logistical Operational Support Area**
lt	**left**
MAA	**Mutual Aid Agreement**
MASF	**Mobile Aeromedical Staging Facility**
MAST	**Military anti-shock trousers**
MATRAC	**Mountain Area Trauma Advisory Committee**
MATTS	**Mobil Air Transportable System**
Max	**Maximum**
MB	**Meal Break**
MC	**Mobilization Center**
MCC	**Medical Care Commission**
mcg	**microgram**
MD	**Medical Director**
MED/meds	**Medicine/medication**
MERS	**Mobile Emergency Response System;** **Mobile Emergency Response Support**
METTA	**Medical Evacuation Triage and treatment Assessment**
Mg	**Magnesium**
mg	**Milligram**
mHz	**Megahertz**
min	**Minute/minimum**
ml	**Milliliter**
mm	**Millimeter**
misc.	**Miscellaneous**

MMR	**Mumps, measles and Rubella**
MMRS	**Metropolitan Medical Response System**
MMST	**Metrolina Medical Response System**
Mo	**month**
MOA	**Memorandum of Agreement**
Mod	**moderate**
Mos	**months**
MOU	**Memorandum of Understanding**
MPH	**Miles per hour**
MR	**Medical record; mental retardation**
MRE	**Meals Ready to Eat**
MS	**Mental status; multiple sclerosis; medical student**
MSO_4	**Morphine**
MVA	**Motor vehicle accident**
MTAC	**Metrolina Trauma Advisory Committee**
MVC	**Motor Vehicle Collision**
NaCL+	**Sodium Chloride**
NA	**Not Applicable**
$NaHCO_3$	**Sodium bicarbonate**
NASA	**National Aeronautics and Space Administration**
NASAR	**National Association for Search and Rescue**
NASCAR	**National Association for Stock Car Auto Racing**
NAWAS	**National Warning System**
NCAR&EMS	**North Carolina Association of Rescue and EMS**
NCCEP	**North Carolina College of Emergency Physicians**
NCEM	**North Carolina Division of Emergency Management**
NCFS	**North Carolina Forestry Service**
NCHSS	**North Carolina Hospital Status System**
NCHESS	**North Carolina Hospital Emergency Surveillance System**
NCMCN	**North Carolina Medical Communication Network**
NCOEMS	**North Carolina Office of Emergency Medical Services**
NCPH	**North Carolina Division of Public Health**
NCPHP&R	**North Carolina office of Public Health Preparedness & Response**
NCS	**National Communications System**
NCSA	**National Center for Statistics and Analysis**
NCSHP	**North Carolina State Highway Patrol**
NDMOC	**National Disaster Medical Operations Center**
NDMS	**National Disaster Medical System**

NECC	**National Emergency Coordination Center**
NEDSS	**National Electronic Disease Surveillance System**
neg	**Negative**
NEMSIS	**National EMS Information System**
NGB	**National Guard Bureau**
NH	**Nursing Home**
NHC	**National Hurricane Center**
NIH	**National Institute of Health**
NIIMS	**National Interagency Incident Management System**
NIMS	**National Incident Management System**
NKDA	**No known drug allergies**
NMRT	**National Medical Response Teams**
NP	**National Preparedness**
NRT	**National Response Team**
NSF	**National Strike Force**
NTG	**Nitroglycerin**
NWS	**National Weather Service**
O_2	***Oxygen***
OAH	***Office of Administrative Hearings***
OB	**Obstetrics**
OD	**Overdose**
ODI	**Office of defects investigation**
ODP	**Office of Domestic Preparedness**
OEMS	**Office of Emergency Medical Services**
OEP	**Office of Emergency Preparedness**
OET	**Office of Emergency Transportation**
OFA	**Other Federal Agency**
OFDA	**Office of US Foreign Disaster Assistance**
OIG	**Office of Inspector General (FEMA)**
OJ	**Orange Juice**
OJCS	**Office of the Joint Chief of Staffs, Department of Defense**
OPS	**Operations Center**
OR	**Operation Room**
OSC	**On-scene Coordinator**
OSHA	**Occupational Safety and Health Administration**
OTC	**Over the Counter**

oz	**ounce**
PA	**FEMA's Public Assistance Program**
PALS	**Pediatric Advanced Life Support**
PAO	**Public Affairs Officer**
PAE	**Public Assistant Engineer**
PD	**Police Department**
PDA	**Preliminary Damage Assessment**
PE	**Physical Exam**
Peds	**Pediatrics**
Perm.	**Permanent**
PHA	**HUD's Public Housing Authority**
PHRST	**Public Health Regional Surveillance Teams**
PHS	**US Public Health Service**
PL	**Public Law**
PMCS	**Preventative Maintenance Checks and Services**
PMO	**Property Management Officer**
POA	**Point of Arrival**
POD	**Point of Departure**
Pos	**Positive**
PPE	**Personal Protective Equipment**
PRA	**Patient Reporting Activity**
Prep	**Preparation; prepare for**
PSR	**Personal Service Radio**
Psych	**Psychiatry**
PREMIS	**Prehospital Medical Information System**
Pt	**Patient; physical therapy**
PTA	**Prior to arrival**
PT&E	**FEMA's Preparedness, Training and Directorate**
Qd	**Everyday**
RAC	**Regional Advisory Committee**
RCC	**Regional Coordination Center**
RD	**Regional Director**
REACT	**Radio Emergency Associated Citizens Team**
REC	**Regional Emergency Coordinator**
RECC	**Regional Emergency Communications Coordinator**
RECP	**Regional Emergency Communications Plan**

reg.	**Regular**
Rehab.	**Rehabilitation**
REP	**Regional Evacuation Point**
REV	**Revenue**
Req.	**Request; Requisition**
RERRC	**Regional Emergency Response and Recovery Coordinator**
RET	**Regional Emergency Transportation**
RETCO	**Regional Emergency Transportation Coordinator**
RFP	**Request for Proposal**
RHA	**Regional Health Administrator**
RISC	**Regional Inter-Agency Steering Committee**
r/o	**Rule Out**
rm	**room**
RM	**Risk management**
RN	**Registered Nurse**
ROC	**Regional Operations Center**
ROST	**Regional Operations Support Team**
RPET	**Radiation Protection Emergency Team**
RR	**Regional and Recovery Directorate (FEMA)**
RR-OP-SA	**Situation Assessment Branch, Operations Division, Response & Recovery Directorate, FEMA HQ**
RRT	**Regional Response Teams**
Rt	**Right**
Rx	**Medicine**
Rxn	**Reaction**
s/o	**Significant other**
s/w	**somewhat**
SA	**Staging Area**
SAR	**Search and Rescue**
SART	**State Animal Rescue Team**
SCTP	**Specialty Care Transport**
SBI	**State Bureau of Investigation**
SEO	**State Executive Officer**
SCO	**State Coordinating Officer**
SERC	**State Emergency Response Commission**
SERT	**State Emergency Response Team**
SERVNC	**State Registry of volunteers North Carolina**
SF	**Standard Form; Square Foot**

SHP	**State Highway Patrol**
SIDS	**Sudden Infant Death Syndrome**
SITREP	**Situation Report**
SLOSH	**Sea, Lake, and Overland Surges for Hurricanes**
SMARTT	**State Medical Asset and Recovery Tracker Tool**
SMAT I	**State Medical Assistance Team (State Level)**
SMAT II	**State Medical Assistance Team (Hospital Level)**
SMAT III	**State Medical Assistance Team (County Level)**
SMOT	**State mortuary operations team**
SMC	**Search Mission Coordinator**
SMRS	**State Medical Response Team**
SNS	**Strategic National Stockpile**
SOP	**Standard Operating Procedures**
SORT	**Special Operations Response Team**
SPCA	**Society for the Prevention of Cruelty to Animals**
SPEED	**State Prepared Emergency Evacuation Deployment**
Stat	**At once**
STD	**Sexually transmitted disease**
STG	**Short term goal**
STM	**Short term memory**
Surg	**surgery**
SW	**Social worker**
SWP	**State Warning Point**
Sx	**Symptom**
Sz	**Seizure**
T	**temperature**
Tac	**Technical assistance center**
TARN	**Technical Advisory Response Unit**
TBA	**To be announced**
Tbsp	**Tablespoon**
TCL	**Target capabilities list**
TD	**Tropical Depression**
TED	**Training and Education Dispersed**
Temp	**Temperature**
TKO	**To keep open**
TMI	**Too much information**
TO	**Telephone Order**
TTFN	**Ta ta for now!**

TRAC	**Triad Regional Advisory Committee**
TS	**Tropical Storm**
Tsp	**Teaspoon**
Tx	**Treatment**
U	**Unit**
Uhf	**Ultra High Frequency**
UNC CH DEM	**University of North Carolina, Chapel Hill, Department of Emergency Medicine**
UOA	**Upon our arrival**
UPC	**Unified planning coalition**
UPS	**Un-interrupted Power Source**
USACE	**United States Army Corps of Engineers**
USAF	**United States Air Force**
USAR	**Urban Search and Rescue**
USCG	**United States Coast Guard**
USDA	**United States Department of Agriculture**
USFA	**United States Fire Administration**
USN	**United States Navy**
USPHS	**United States Public Health Service**
USPS	**United States Postal Service**
US&R	**Urban Search and Rescue**
VA	**Department of Veteran Affairs**
VACINNA	**Smallpox Vaccine**
VFD	**Volunteer Fire Department**
VHA	**Veterans Health Administration, Department of Veterans Affairs**
Vhf	**Very High Frequency**
Via	**By way of**
VMAT	**Veterinarian Medical Assistance Team**
VOAD	**Voluntary Organizations Active in Disaster**
VOLAG	**Volunteer Agency**
VS	**Vital Signs**
WMD	**Weapons of Mass Destruction**
WFO	**Weather Forecast Office**
WRO	**Western Region Office**
wt	**Weight**

X	**except**
Yr	**year**

North Carolina EMS Directory

This directory was furnished for your convenience to aid you in locating your local EMS director within your own community.

County	EMS Coordinator	Organization	Address	City, State	Zip	Phone #	Email
Alamance	Jack Murray	Alamance EM	124 West Elm Street	Graham, NC	27253	336-227-1365	Jack.murray@alamance-nc.com
Alexander	Russell Greene	Alexander EM	621 Liledoun Road	Taylorsville, NC	28681	828-632-9336	rgreene@alexandercountync.gov
Alleghany	Gerald Leftwich	Alleghany EM	PO Box 1233	Sparta, NC	28675	336-372-6220	alleghanyem@skybest.com
Anson	Rodney Diggs	Anson EM	605 McLaurin Avenue	Wadesboro, NC	28170	704-694-9332	rdiggs@co.anson.nc.us
Ashe	Patty McMeans	Ashe EM	150 Gov. Circle, Suite 2400	Jefferson, NC	28640	336-219-2521	emc@ashecountygov.com
Avery	David Vance	Avery EM	PO Box 581	Newland, NC	28657	828-733-8210	Emergency.management@ncmail.net
Beaufort	Vacant	Beaufort EM	PO Box 124	Washington, NC	27889	252-946-2046	George.sullivan@co.beaufort.nc.us
Bertie	Rickey Freeman	Bertie EM	PO Box 530	Windsor, NC	27983	252-794-5302	Rickey.freeman@ncmail.net
Bladen	Mitchell Byrd	Bladen EM	PO Box 1646	Elizabethtown, NC	28337	910-862-6760	oem@bladenco.org
Brunswick	Randy Thompson	Brunswick EM	PO Box 9	Bolivia, NC	28422	800-522-2366	rthompson@brunsco.net
Buncombe	M. Jerry VeHaun	Buncombe EM	60 Court Plaza`	Asheville, NC	28801	828-255-5638	Jerry.vehaun@buncomecounty.org
Burke	Randy McKinney	Burke EM	PO Box 219	Morganton, NC	28680	828-430-4218	cpatton@bceoc.org
Cabarrus	Bobby Smith	Cabarrus EM	PO Box 707	Concord, NC	28026	704-920-2143	rssmith@cabbarruscounty.us
Caldwell	Tommy Courtner	Caldwell EM	PO Box 2200	Lenoir, NC	28645	828-757-1424	tcourtner@co.caldwell.nc.us
Camden	Christy Saunders	Pasquotank/Camden EM	PO Box 130	Elizabeth City, NC	27907	252-335-4444	saundersc@co.pasquotank.nc.us

County	EMS Coordinator	Organization	Address	City, State	Zip	Phone #	Email
Carteret	George A. Smith	Carteret EM	303 Courthouse Square	Beaufort, NC	28516	252-728-8470	allens@carteretcountygov.org
Caswell	Jim Gusler	Caswell EM	PO Box 99	Yanceyville, NC	27329	336-694-5177	jgusler@caswellcountync.gov
Catawba	David Weldon	Catawba EM	PO Box 389	Newton, NC	28658	828-465-8232	davidw@catawbacountync.gov
Chatham	Tony Tucker	Chatham EM	PO Box 613	Pittsboro, NC	27312	919-542-2811	Tony.tucker@ncmail.net
Cherokee	Robin Caldwell	Cherokee EM	59 Hiwassee St., Suite 105	Murphy, NC	28906	828-837-7352	Robin.caldwell@cherokeecounty-nc.gov
Chowan	Patricia Madry	Chowan EM	PO Box 1030	Edenton, NC	27932	252-482-7265	Patty.madry@ncmail.net
Clay	Lowell Martin	Clay EM	PO Box 118	Hayesville, NC	28904	828-389-9640	Claycoems95@hotmail.com
Cleveland	Dewey Cook	Cleveland EM	PO Box 2232	Shelby, NC	28151	704-484-4841	Dewey.cook@clevelandcounty.com
Columbus	Ronnie Hayes	Columbus EM	608 N. Thompson St.	Whiteville, NC	28472	910-640-6610	rbhayes@columbusco.org
Craven	Stanley Kite	Craven EM	406 Craven Street	New Bern, NC	28560	252-636-6608	skite@co.craven.nc.us
Cumberland	Ronald "Doc" Nunnery	Cumberland EM	131 Dick St., Rm. 114	Fayetteville, NC	28301	910-321-6736	dnunnery@co.cumberland.nc.us
Currituck	Stanley Griggs	Currituck EM	PO Box 240	Currituck, NC	27929	252-232-2115	sgriggs@co.currituck.nc.us
Dare	Sandy Sanderson	Dare EM	PO Box 1000	Manteo, NC	27954	252-475-5655	darecoem@co.dare.nc.us
Davidson	Doug Lowe	Davidson EM	935 N. Main Street	Lexington, NC	27292	336-242-2270	dlowe@co.davidson.nc.us
Davie	Dwayne Smith	Davie EM	PO Box 935	Mocksville, NC	27028	336-751-0879	Dewayne.smith@co.davie.nc.us
Duplin	Craig Forlines	Duplin EM	PO Box 909	Kenansville, NC	28349	910-296-2160	craigf@duplincounty.org
Durham	Jeffrey Batten	Durham EM	2422 Broad Street	Durham, NC	27704	919-560-0660	jbatten@co.durham.nc.us
East. Band of Cherokee Nation	Mollie Grant	Eastern Band of Cherokee EM	PO Box 455	Cherokee, NC	28719	828-554-6156	mollgran@nc-cherokee.com
Edgecombe	Butch Beach	Edgecombe EM	PO Box 10	Tarboro, NC	27886	252-641-7843	bbeach@co.edgecombe.nc.us

County	EMS Coordinator	Organization	Address	City, State	Zip	Phone #	Email
Forsyth	Melton Sadler, III	Forsyth EM	Smith Reynolds Airport, Rm. 104	Winston Salem, NC	27105	336-767-6161	meltons@cityofwsfire.org
Franklin	Randall Likens	Franklin EM	8146 NC Hwy. 56	Louisburg, NC	27549	919-496-5005	rlikens@franklincountync.us
Gaston	Tommy Almond	Gaston EM	PO Box 1578	Gastonia, NC	28053	704-866-3350	talmond@gcps.org
Gates	Wendy Noble	Gates EM	PO Box 536	Gatesville, NC	27938	252-357-0247	wnoble@earthlink.net
Graham	Terrell Slaughter	Graham EM	PO Box 575	Robbinsville, NC	28771	828-479-7967	Terry.slaughter@ncmail.net
Granville	Douglas Logan	Granville EM	PO Box 598	Oxford, NC	27565	919-603-1310	emergencymgmt@granvillecounty.org
Greene	Randall Skinner	Greene EM	201 Martin L. King, Jr. Parkway	Snow Hill, NC	28580	252-747-2544	greeneem@earthlink.net
Guilford	Ronald Campbell	Guilford EM	1002 Meadowood Street	Greensboro, NC	27409	336-641-2278	Ron.campbell@guilford-es.com
Halifax	Tina Hinton	Halifax EM	PO Box 677	Halifax, NC	27839	252-583-2031	hintont@halifaxnc.com
Harnett	Gary Pope	Harnett EM	PO Box 370	Lillington, NC	27546	910-893-7580	gpope@harnett.org
Haywood	Greg Shuping	Haywood EM	215 N. Main Street	Waynesville, NC	28786	828-456-2391	gshuping@hces.org
Henderson	Rocky Hyder	Henderson EM	101 East Allen Street	Hendersonville, NC	28792	828-697-4527	rhyder@hendersoncountync.org
Hertford	Charles Jones	Hertford EM	PO Box 479	Winton, NC	27986	252-358-7861	Charles.jones@ncmail.net
Hoke	Freddy Johnson, Sr.	Hoke EM	423 East Central Ave.	Raeford, NC	28376	910-875-1767	fjohnson@hokecounty.org
Hyde	Tony Spencer	Hyde EM	PO Box 95	Swan Quarter, NC	27885	252-926-4372	hydeem@earthlink.net
Iredell	David Martin	Iredell EM	PO Box 788	Statesville, NC	28687	704-878-5353	dmartin@co.iredell.nc.us

County	EMS Coordinator	Organization	Address	City, State	Zip	Phone #	Email
Jackson	Todd Dillard	Jackson EM	401 Grindstaff Cove Rd., Suite 256	Sylva, NC	28779	828-586-7592	toddillard@jacksonnc.org
Johnston	Dewayne West	Johnston EM	PO Box 530	Smithfield, NC	27577	919-989-5050	Dewayne.west@johnstonnc.com
Jones	Carol Tyndall	Jones EM	PO Box 276	Trenton, NC	28585	252-448-1697	ctyndall@co.jones.nc.us
Lee	Eric Griffin	Lee EM	PO Box 1154	Sanford, NC	27331	919-775-8279	Eric.griffin@leecountync.gov
Lenoir	Elmer Dail, Jr.	Lenoir EM	PO Box 3289	Kinston, NC	28502	252-526-6666	rdail@co.lenoir.nc.us
Lincoln	Susan Spake	Lincoln EM	115 W. Main Street	Lincolnton, NC	28092	704-736-8660	sspake@lincolncounty.org
Macon	Warren Cabe	Macon EM	104 East Main Street	Franklin, NC	28374	828-349-2067	wcabe@maconnc.org
Madison	Stewart Coates	Madison EM	5707 Hwy. 25-70, Suite E, Room 16	Marshall, NC	28753	828-649-9608	scmadisonem@charter.net
Martin	Thomas Wall	Martin EM	PO Box 668	Williamston, NC	27892	252-789-4530	twall@martincountyncgov.com
McDowell	Carroll Hemphill	McDowell EM	60 E. Court Street	Marion, NC	28752	828-652-3982	Mcdems1@everizon.net
Mecklenburg	Wayne Broome	Charlotte-Mecklenburg EM	228 East 9th Street	Charlotte, NC	28202	704-336-2412	lbroome@ci.charlotte.nc.ucs
Mitchell	Eric Wiseman	Mitchell EM	47 Crimson Laurel Circle, Suite 6	Bakersville, NC	28705	828-688-2139	mitem@main.nc.us
Montgomery	Charles Trull	Montgomery EM	102 East Main Street	Troy, NC	27371	910-576-4221	ctrull@montgomerycountync.com
Moore	Scot Brooks	Moore EM	PO Box 905	Carthage, NC	28327	910-947-6317	sbrooks@moorecountync.gov
Nash	Brian Brantley	Nash EM	120 W. Washington Street, Suite 1102	Nashville, NC	27856	252-459-9805	Brian.brantley@nashcountync.gov

County	EMS Coordinator	Organization	Address	City, State	Zip	Phone #	Email
New Hanover	Warren Lee	New Hanover EM	230 Marketplace Drive, Suite 115	Wilmington, NC	28403	910-798-6900	wlee@nhcgov.com
Northampton	Ronald Storey	Northampton EM	PO Box 701	Jackson, NC	27845	252-534-6811	Ronald.storey@ncmail.net
Onslow	Mark Goodman	Onslow EM	1180 Commons Drive, North	Jacksonville, NC	28546	910-347-4270	Mark_goodman@co.onslow.nc.us
Orange	Jack Ball	Orange EM	PO Box 8181	Hillsborough, NC	27278	919-968-2050	jball@co.orange.nc.us
Pamlico	Ben Barnett	Pamlico EM	PO Box 776	Bayboro, NC	28515	252-745-4131	emc@cconnect.net
Pasquotank	Christy Saunders	Pasquotank EM	PO Box 130	Elizabeth City, NC	27907	252-335-4444	saundersc@co.pasquotank.nc.us
Pender	Eddie King	Pender EM	PO Box 28	Burgaw, NC	28425	910-259-1210	Kinge2@pender-county.com
Perquimans	Jarvis Winslow	Perquimans EM	PO Box 45	Hertford, NC	27944	252-426-7029	ncem@inteliP.O.rt.com
Person	Michael Day	Person EM	216 W. Barden Street	Roxboro, NC	27573	336-597-4262	miday@personcounty.net
Pitt	Noel Lee	Pitt EM	1717 West 5th Street	Greenville, NC	27834	252-902-3950	nlee@co.pitt.nc.us
Polk	Sandra Halford	Polk EM	PO Box 308	Columbus, NC	28722	828-894-3067	sghalford@alltel.net
Randolph	Neil Allen	Randolph EM	152 N. Fayetteville Street	Asheboro, NC	27203	336-318-6911	nfallen@co.randolph.nc.us
Richmond	Frank McKay	Richmond EM	PO Box 504	Rockingham, NC	28379	910-997-8238	Richmd_em@ETinternet.net
Robeson	Charles Britt	Robeson EM	108 West 8th Street	Lumberton, NC	28358	910-671-3150	Charles.britt@co.robeson.nc.us
Rockingham	Debbie Hatfield	Rockingham EM	PO Box 335	Wentworth, NC	27375	336-634-3017	dhatfield@co.rockingham.nc.us

County	EMS Coordinator	Organization	Address	City, State	Zip	Phone #	Email
Rowan	Frank Thomason	Rowan EM	2727-E Old Concord Rd.	Salisbury, NC	28146	704-216-8900	Thomasonf@co.rowan.nc.us
Rutherford	Roger Hollifield	Rutherford EM	339 Callahan Koone Rd.	Spindale, NC	28160	828-287-6075	rholl@blueridge.net
Sampson	Ray Honrine	Sampson EM	PO Box 8	Clinton, NC	28329	910-592-8996	rhonrine@intrstar.net
Scotland	Roylin Hammond	Scotland EM	PO Box 1407	Laurinburg, NC	28353	910-276-1313	rhammond@scotlandcounty.org
Stanly	David Montague, Jr.	Stanly EM	201 S. 2nd St.	Albemarle, NC	28001	704-986-3650	dmontague@co.stanly.nc.us
Stokes	Monty Stevens	Stokes EM	Government Ctr. Hwy. 89	Danbury, NC	27016	336-593-2427	mstevens@co.stokes.nc.us
Surry	John Shelton	Surry EM	1218 State St., Suite 500	Mount Airy, NC	27030	336-783-9000	sheltonjo@co.surry.nc.us
Swain	David Breedlove	Swain EM	PO Box 2321	Bryson City, NC	28713	828-488-6021	swainem@earthlink.net
Transylvania	Kevin Shook	Transylvania EM	28 E. Main Street	Brevard, NC	28712	828-884-3188	Tcem3@citcom.net
Tyrrell	Wesley Hopkins	Tyrrell EM	310 Main St.	Columbia, NC	27925	252-796-2286	weshopkins@tyrrellcounty.net
Union	Pat Beekman	Union Homeland Security	500 N. Main St., Rm. 419	Monroe, NC	28112	704-283-3536	beekman@co.union.nc.us
Vance	Brian Short	Vance EM	156 Church St., Suite 002	Henderson, NC	27536	252-438-8264	eod@vancecounty.org
Wake	Martin Chriscoe	Wake EM	Wake Co. Office Bldg., Rm. 1403	Raleigh, NC	27602	919-856-6480	mchriscoe@co.wake.nc.us
Warren	Christopher Wright	Warren EM	540 W. Ridgeway St.	Warrenton, NC	27589	252-257-2666	warrencoemgs@vance.net
Washington	Ann Keyes	Washington EM	205 East Main Street	Plymouth, NC	27962	252-793-4114	akeyes@washconc.org

County	EMS Coordinator	Organization	Address	City, State	Zip	Phone #	Email
Watauga	Steve Sudderth	Watauga EM	184 Hodges Gap Road	Boone, NC	28607	828-264-4235	Steve.sudderth@ncmail.net
Wayne	Joe Gurley, III	Wayne EM	134 N. John Street	Goldsboro, NC	27533	919-731-1416	Joe.gurley@waynegov.com
Wilkes	Suzanne Hamby	Wilkes EM	110 North St.	Wilkesboro, NC	28697	336-651-7305	emmgt@wilkes.net
Wilson	Gordon Deno	Wilson EM	1817 Glendale Dr.	Wilson, NC	27893	252-399-2830	gdeno@wilson-co.com
Yadkin	Dale Trivette	Yadkin EM	PO Box 998	Yadkinville, NC	27055	336-679-4232	dtrivette@yadkincounty.gov
Yancey	Junior McIntyre	Yancey EM	155 Oak Avenue	Spruce Pine, NC	28777	828-678-9463	ycem@trccomputing.com

Disaster Preparedness Scenarios

These are scenarios that may be used as a learning exercise for staff to determine their level of comprehension about disaster. They may be used in a variety of ways such as:

- Group activity
- Individual activity
- Independent activity for Aide to review and tell you what they would do.

Disaster Preparedness
Scenarios

These scenarios may be used to help participants use the knowledge they have learned about disaster preparedness.

Suggestions for effectiveness: Allow participants to divide up equally in groups and give them a scenario. After giving approximately 5 minutes to discuss, bring class back together and discuss each scenario, allowing group to report there intervention.

1. You have arrived at the home to assist with ADL's. The patient, Ms. Smith is 85 with dementia and a large wound on buttocks. She ambulates with assistance. Her husband is present, but lends little help to the care of his wife. Her daughter works but is there evening and night. You have started AM care when you hear on the news a weather warning, tornado spotted ½ mile from where you are. What is the safest action for you to take at this time?

2. On your way to Ms. Floyd's house you see some billowing smoke and the air is also cloudy with smoke. You arrive at the home to start your work with Ms. Floyd, when there is breaking news that a chemical fire is out of control. People are warned not to leave their homes. What action should you take?

3. You awaken this AM to the ground covered with snow and the trees glistening with ice. You have no electricity, but your telephone land line works. What should you do about work today?

4. After 2 days of heavy rains there are warnings for flash floods. You notice the river you just crossed going to care for Mr. Johnson as being very close to the road and the waters just rolling with great force. When arriving at the home of Mr. Johnson and hearing the weather alert on the radio that says, the waters are continuing to rise and flash floods are expected. Before you leave you see the waters rising in Mr. Johnson's yard. What action should you take?

5. It is now severely cold outside and the forecast is for snow and ice—6 inches of snow and 12 ½ inches of ice. You are seeing as many patients today as you can, just in case the forecast is accurate. What type of questions do you need to ask the patient to make sure they are going to be safe if the storm does come?

6. You are working for a Home Care agency that provides CAP services. Your shift is for 8 hours. You know there are severe thunderstorm

warnings for the area you are in. What type precautions should be taken when thunderstorms are underway to keep you and your patient safe?

7. After several days of rain, you are traveling to your patient's house. You come to a place in the road where you can see nothing but water as you approach the area. What should you do?

8. Your HH patient Mr. Jimbo is 87 years old and lives in the Senior Citizens Apartments. He walks with a walker, but because of his breathing problems can only walk short distances. The building next to his building is on fire when you arrive for your morning visit. When you enter the hallway, you find him lying in the floor with an open compound fracture of the right leg. What will you do?

9. Your hospice patient, Ms. Julie is 95 years old. She lives with her son and his wife. They have a hired sitter all the time. Ms. Julie is bed bound. She has a Foley catheter and gets confused easily. There had been a storm earlier that morning and when she arrived she realized there were some broken windows and a tree had fallen on the porch just missing the main part of the house. Ms. Julie panicked during the tornado. She tried to get out of bed and she pulled her catheter out, while the sitter was in another part of the house. She is still crying and very emotional when you arrive. What do you do in this situation?

EVACUATED

This sign may be used by patients who have evacuated their homes for safety. This message could be very helpful to Emergency Management people when accounting for individuals after a disaster.

EVACUATED

Credits

The resources utilized to compile the information in this book.

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