

Personal & Neighborhood Emergency Preparedness Handbook

(Before professional help arrives)



In the time of a disaster, whether man made or natural in origin, technological or an act of terrorism, many of us are not prepared to meet our most basic needs. In this guide are suggestions you may want to use to help prepare yourself and your neighborhood or community in the event of an emergency or disaster. These guidelines are not intended to be, and should not be considered as, legal, medical, technical or other professional advice, nor a substitute for any such advice.

ACKNOWLEDGEMENTS

Through diligent research, training, exercises, and contributions from Utah State Office of the Medical Examiner, Mary Ann Cook, R.N., Dawn Black, and others, the following information has been included in this document. This document may be copied for your personal and community use.

Signed

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Introduction

Most preparedness programs can be difficult to maintain. The individuals involved in the planning and development of their emergency preparedness program may relocate, resign due to health issues, burn-out, or simply lose interest. For this reason these guidelines have been developed to **simplify** the planning, exercise and response process. A person may volunteer to assist in any area of their community relief effort as their skills and ability permit.

Local government prepares for everyday emergencies. However, during a disaster, the number and scope of incidents can overwhelm conventional emergency services. One of the concepts developed to help communities deal with this potential problem is the concept of Emergency Preparedness. Emergency Preparedness involves teaching local communities self-reliance, especially for the first 72 hours or more, what to do (and what not to do) following a disaster, appropriate pre-disaster issues that should be addressed, and several other issues that would help a localized community become better prepared to deal with an emergency that isolates them for any length of time

The individuals in a community are responsible for maintaining its well-being. External assistance may be expected but it should not be relied on. Community members, resources, organizations, and administrative structures should be the cornerstone of an emergency preparedness program.

The purpose for these guidelines is to instruct the first people that arrive at the pre-designated disaster relief area, how to prepare for volunteers, victims, childcare, etc. Training is not required to follow these guidelines, but is always recommended. ***You may add to this document as you see fit.***

This handbook is divided into 4 levels of preparedness. Most individuals or families may only have the resources too partially accomplish level I preparedness goals. Organizations may not have the resources to complete all levels. The goal should be to achieve all the levels your organization can reasonably accomplish.

Please copy forms prior to any emergency or disaster.

Level I Preparedness

Personal & Family Preparedness

Copy and distribute

Create a Plan:

- At least once a year, have a meeting with family members or housemates to design and/or update a plan for how each person will respond during an emergency.
- Draw a floor plan of your home, showing the location of exits (windows and doors), utility cutoffs, first aid kits, emergency supplies, tools, clothing, etc. Make sure that each person is familiar with the plan.
- Discuss alternate reunion locations and strategies if a disaster strikes when you are not home
- Become familiar with the disaster policies and plans at your children's schools and your spouse's or housemate(s) workplace.
- Make/update a list of key addresses and phone numbers and ensure that each family member has a copy. Remember to caution everyone that the phone should only be used during an emergency if there is a pressing need to contact the police, the fire department, emergency medical personnel, utility companies, children's schools, etc.
- Discuss each person's fears and ways of minimizing these fears through plans and strategies.



Train:

- Make sure that each person knows and practices ways of protecting her/himself from falling objects, smoke, fire, caustic fumes, etc.
- Make sure that each person knows and practices how to shut off utilities.
- Make sure that each person knows and practices how to leave the home during an emergency.
- Make sure that each person knows how to use a home fire extinguisher.

In The Home:

- Secure items that could fall and cause damage or injury during a disaster, such as the water heater, refrigerator, book shelves, and other tall and heavy furniture.
- If necessary, change the placement of furniture and household items to make the home environment safer. For example, don't place beds under windows or heavy objects over beds; keep exit routes clear; move heavy items to lower shelves or drawers; and remove or isolate flammable materials.
- Install clips, latches, or other locking devices on cabinet doors.
- Provide strong support and flexible connections on gas appliances.
- Make sure that everyone has a flashlight and sturdy shoes near the bed.



CPR/First Aid Training

Prepare for Emergencies with American Red Cross First Aid, CPR and Automated External Defibrillator (AED) Courses

National Safety Council
First Aid & CPR Programs

The National Safety Council's First Aid and CPR programs offer the latest skills, techniques and experiences in life-saving procedures.

Personal Emergency First Aid Kit

First Aid:

1 First aid handbook.
Assorted cloth bandaids.
4" X 4" sterile gauze dressing.
2" X 2" sterile dressing.
4" X 5 yards kling bandage.
2" X 5 yards kling bandage.
5" X 9" sterile dressing.
8" X 10" sterile dressing.
Rolls of Kerlex bandage.
Triangular bandages.
Elastic bandages.
Betadine Preps.
Iodine.
First Aid Spray.
Ipecac.
Activated Charcoal.
Bandage Scissors.
Para-Medic Scissors.
Tweezers.
Safety pins.
Needles (sewing).
Thermometer.
Adhesive, Transpore or paper tape.
Ice & heat Packs.
Neosporin.
Tylenol & baby Tylenol or aspirin.
Diarrhea medication, laxatives & antacids.
Eye wash.
Sunscreen.
Protective Mask

Latex gloves.
Personal & any other necessary medical items or prescriptions.

Emergency Car Kit:

First aid kit and manual.
Class ABC fire extinguisher.
Radio & batteries.
Flashlight & batteries.
Bottled water.
Non - perishable food stored in water resistant container.
Sundry kit (paper & pencil, maps, tissues, premoistened towelleths, plastic bas, essential medications).
Blankets or sleeping bags.
Reflectors & flares.
Bag of sand.
Shovel and tools for minor auto repairs.
Jumper cables.
Short rubber hose for siphoning.
Always try to maintain at least ½ tank of gas in your vehicle.
(Individual and family needs, along with the time of the year, will dictate what is really required. Other items can be carried as “just in case” items.)

Other emergency needs:

Keep all immunizations current.

Personal Emergency Preparedness Kit

Your emergency kit should meet the basic survival needs of your family for 72 hours or more. It is a generic tool that can be tailored to fit your particular needs. Most families prefer to store their emergency supplies in on location which would be relatively safe from a disaster, yet easily accessible if evacuation is required. Items may be stored in backpacks, suitcases, or any other portable devices.

Emergency Needs:

Extra clothing for each person.
Water purification device or tablets.
Transistor radio with extra batteries.
Flashlight with batteries.
Waterproof matches - lighter or both.
Disposable emergency blanket for each person.
Utility Knife.
Plastic utensils.
Paper cups.
Emergency Candles.
Sleeping bag & blankets.
Infant care needs (if necessary).
Water.

Non-perishable food items:
Ready-to-eat food in unbreakable containers such as - canned meats, juice, fruits, vegetables, powdered milk, infant care foods, crackers, peanut butter, freeze-dried and dehydrated foods.

Sanitation Kit:

Plastic bucket with tightly fitted lid.
Plastic bags & ties.
Disinfectant (i.e. Betadine, bleach or lysol).
Improvised toilet seat.
Personal toiletries.
Toilet paper.
Tin foil.
Feminine hygienic needs.
Disposable diapers if necessary.
Soap.

Pet Emergency Kit:

Pet food & non-spill dish.
Water & non-spill dish.
Towel or blanket for bedding.
Any daily medication needed.
Leash and pet carrier.
Toy's & Treats
Copy of pets medical records
Save your animals life: make sure your animal wears a collar with identification tag at all times so you can find him/her if lost.

Gas & Electricity Guide

Disasters have prompted people to ask how to turn off the gas and electric service to their houses.

The first rule is to “*STIFLE THE IMPULSE*”. Don’t shut off gas and electric services unless there is evidence of damage to your house piping and wiring. Use the “Sniff Test” for natural gas.

If you shut off your electricity unnecessarily, you lose the vital services of refrigeration, lighting, and in many cases, cooking and heating. You might also miss important news and official announcements carried on radio and television. (It is a good idea to have at least one battery operated radio and fresh batteries available for emergencies.)

If you shut off gas service at the meter, it should not be turned on again except by an expert, such as a gas company serviceperson. If the service is restored by an untrained person, dangerous accumulations of gas could be released into your home.

However, when a dangerous situation arises in your home, it is advisable to shut off gas and/or electricity.

When and how to shut off gas service to your house:

Shut off gas service at the meter if house piping has been broken, or if a strong odor of gas is present.

The main shut-off valve is located on the inlet pipe next to your gas meter. Using a wrench or other suitable tool, give the valve a quarter turn in either direction, so that it is crosswise to the pipe.

Don’t light matches or operate electric light switches or motors in areas where gas is leaking or is suspected of being present.

Get the assistance of a plumber or some other qualified mechanic to repair the damaged house piping and to turn gas back on. Call the gas company if further help or advice is necessary.

When and how to shut off electric service to your home:

Fuses or circuit breakers should automatically shut off house service or service to one or more branch circuits in the event of electrical trouble. **Do not** attempt to restore this service if there is evidence of heat damage to wiring or to the fuse/circuit breaker box.

If there is no evidence of damage, restore service by replacing the fuse or closing the circuit breaker. Call the power company or an electrician if you cannot restore service or if it seems to dangerous.

Water Purification & Storage Guide

The following information obtained through the U.S. Environmental Protection Agency.

When the home water supply is interrupted by a disaster, you can obtain limited amounts of water by draining your hot water tank or melting ice cubes. In most cases, well water is the preferred source of drinking water. If it is not available and river or lake water must be used, avoid sources containing floating material and water with a dark color or an odor.

When emergency disinfection is necessary, examine the physical condition of the water. Disinfectants are less effective in cloudy water. Filter murky or colored water through clean cloths or allow it to settle, and draw off the clean water for disinfection. Water prepared for disinfection should be stored only in clean, tightly covered, containers, not subject to corrosion.

There are two general methods by which small quantities of water can be effectively disinfected. One method is boiling. It is the most positive method by which water can be made bacterially safe to drink. Another method is chemical treatment. If applied with care, certain chemicals will make most water free from harmful pathogenic organisms.

Methods of emergency disinfection:

Boiling: Vigorous boiling for one minute will kill any disease-causing microorganisms present in water. The flat taste of boiled water can be improved by pouring it back and forth from one container to another (called aeration), by allowing it to stand for a few hours, or by adding a small pinch of salt for each quart of water boiled.

Chemical treatment: When boiling is not practical, chemical disinfection should be used. The two chemicals commonly used are chlorine and iodine. Chlorine and iodine are somewhat effective in protecting against exposure to Giardia, but may not be effective in controlling Cryptosporidium. Therefore, use iodine or chlorine only to disinfect well water (opposed to surface water sources such as rivers, lakes, and springs), because well water is unlikely to contain these disease-causing organisms. Chlorine is generally more effective than iodine in controlling Giardia, and both disinfectants work much better in warmer water.

Chlorine Method:

Chlorine bleach: Common household bleach contains a chlorine compound that will disinfect water. The procedure to be followed is usually written on the label. When the necessary procedure is not given, find the percentage of available chlorine on the label and use the information in the following tabulation as a guide.

Day of Disaster Checklist

1. Check your home (only if it seems safe to do so)

Supplies Needed

- | |
|---|
| <ul style="list-style-type: none">• First Aid Kit |
|---|

- Is anyone seriously injured? If YES, provide first aid.
- Any fire? If YES,
 1. Small, campfire size? If YES, extinguish it.
 2. Large fire (door size or larger)? If YES, implement your evacuation plan; a large hot fire demands evacuation; if it's realistic, fight the fire after evacuation.
- Smell gas? Is the gas meter spinning rapidly? If YES, use no matches, candles, electrical switches or plugs, flashlights, or other spark producers; go outside to turn off the gas at the meter; turn off the electricity from outside if possible (only if there's a gas smell).
If NO, do not turn off the gas at meter. This will keep your pilot lights on and your service intact.
- Water (plumbing) leaks? If YES, shut off the water at the main (Caution! Sewer damage in the hills above you threatens your water purity. You can fill your tubs, etc. then shut down the system).
- Everything is OK and you will be staying at home
 1. Hang a green (everything okay) notification sign.
 2. Check neighbors to see if they need assistance.
- Everything is OK and you will be leaving your home
 1. Hang a green notification sign out in front. This means you have left. Turn off the electricity at the meter before you leave (When a neighborhood's power is restored, forgotten electrical appliances that have fallen or were left on, start the majority of fires in evacuated homes).
 2. Post a note on your front door telling rescue workers how to contact you.
- Need help?
 1. Hang red (help needed) notification sign in window or front door.

Preparedness Level II

Neighborhood Preparedness

Preparedness at this level will require 5 to 6 people with CERT and/or Neighborhood Watch training. *Contact your local fire department for CERT training and your local police department for neighborhood watch training.*

Level II preparedness includes organizing your neighborhood watch and encouraging CERT training for each family.

What is CERT?

CERT Training (Community Emergency Response Team)

The Community Emergency Response Team (CERT) program is a way to learn valuable basic skills used during disaster response. Some of the skills include fire safety, light search and rescue, team organization, and disaster medical operations. When emergencies happen, CERT members can give critical support to first responders, provide immediate assistance to victims, and organize spontaneous volunteers at a disaster site. CERT members can also help with non-emergency projects that help improve the safety of the community.



Security

Responsibilities

1. Develop a neighborhood/community security plan, i.e. Neighborhood or Mobile Watch.
2. Always act under the direction of law enforcement when present.
3. Become familiar with community law enforcement and security policies and procedures.
4. Assist in security of evacuated areas if no law enforcement is available or when law enforcement requests your assistance.
5. Assist law enforcement in surveillance and protection, if requested.

Insert local information

Emergency-----9-1-1

City Police Department ----

Crime Prevention phone number--

Starting a Neighborhood Watch Program Checklist

Starting a neighborhood watch is one of the most effective and least costly ways to reduce crime in a community setting. Not only are watch groups vital to crime prevention, but they also bring the community together. When planning a neighborhood crime watch, there are several things you should keep in mind.

You will need:

- Contact local police department for information concerning neighborhood or mobile watch.
- A crime prevention officer to discuss the crime issues in the neighborhood and to help train members.
- A person or group of people committed to starting a neighborhood watch.
- A planning committee to initiate the program.
- A list of what issues initially need to be addressed in your community.
- A means of communicating with the residents such as e-mail, fliers and telephone trees.
- Publicity for the initial neighborhood watch meeting.
- A meeting agenda to keep things moving and on track.
- A place to meet—a resident's house or apartment, community center, school or a library.
- A map of the community with spaces for names, addresses and phone numbers of all households.
- Brochures or other materials on topics of interest to the residents.
- Neighborhood watch signs to be posted around the community. Some jurisdictions require a minimum number of participants before neighborhood watch signs can be posted.
- Facts about crime in your neighborhood. (These can be found in police reports, police neighborhood watch newsletters, newspapers and residents' perception about crime. Often residents' opinions are not supported by facts and accurate information can reduce fear of crime.)

Neighborhood Information

Name: Address:	Adults: Children: Pets:	Emergency Contacts:	Phone Numbers:
Name: Address:	Adults: Children: Pets:	Emergency Contacts:	Phone Numbers:
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Name: Address:	Adults: Children: Pets:	Emergency Contacts:	Phone Numbers:

Preparedness Level III

Neighborhood Preparedness

Emergency Preparedness Committee

Preparedness at this level will require 5 to 10 people.

The Emergency Preparedness Committee will be responsible to:

1. Encourage and train families and individual members on how to prepare for emergencies.
2. Help motivate individual and family preparedness.
3. Organize, train and maintain an emergency preparedness network to account for all people within the neighborhood, including the disabled, the elderly and people with special needs.
4. It should be emphasized that *the primary responsibility* to prepare for and respond to emergencies rests with the individual and the family.
5. Civil authorities have priority in directing all efforts in responding to any emergencies/disasters. The Emergency Preparedness Committee must follow the civil authority's directions when ever instructions or orders are issued.

It is suggested, once your preparedness committee is organized and trained, you test the emergency preparedness plan. This is done by conducting tabletop exercises and mock disasters.

Duties and Responsibilities

1. Coordinate Emergency Preparedness for your community.
2. Insure its effectiveness (by conducting exercises)
3. See that Emergency Preparedness is an agenda item for each Community Council meeting.
4. Maintain and update on a regular basis a neighborhood resource list..

It may contain the following:

- All medical specialists living within the neighborhood. (Doctors, Nurses, Paramedics, Emergency Medical Technicians, Certified Nursing Assistants & other medical personnel)
- Any C.E.R.T. (Community Emergency Response Team) trained members in the neighborhood.
- Any communications specialist (A.R.E.S-Amateur Radio Emergency Service & other amateur radio specialists)
- The location of any fresh water source within the area.
*** Insert local information here**
- Any emergency power and generating equipment in the neighborhood
- Any transportation or heavy equipment/or Operators (trucks, backhoes, large SUV's)

Emergency Preparedness Checklist

- Have you appointed a volunteer neighborhood coordinator who will keep a record of residents, skills and equipment?
- Have you identified those persons in your neighborhood that may require assistance in an emergency?
- Have you developed a listing of tools, equipment and materials available in the neighborhood, including private sector resources?
- Are you promoting public education about emergency preparedness through local neighborhood papers and service clubs?
- Do you have a pre-established location where the injured can be treated, and volunteers and emergency care resources can be collected and distributed?
- Do you know your neighborhood's amateur radio and CB radio operators?
- Have you established procedures for communicating with police, sheriff, fire and emergency services?
- Have you inventoried the number and types of mobile (RV & ATV) vehicles?
- Have you familiarized local emergency services offices and volunteer organizations with your neighborhood plan?
- Have you informed everyone which radio station to listen to (KSL 1160 FM) and where emergency equipment and supplies are kept?

Emergency Resource List

Name	Phone	Skill/ Equipment	Address	Neighborhood
Communications				

Emergency Resource List II

Name	Phone	Skill/Equipment	Address	Neighborhood
Water and Power Supplies				
Transportation and Heavy Equipment				

Medical

Responsibilities

1. Identify trained medical personnel within the neighborhood (Doctors, Nurses, Paramedics, Emergency Medical Technicians, Certified Nursing Assistant's etc.) and submit the list to the Emergency Preparedness Committee Identify C.E.R.T. (Community Emergency Response Team) trained individuals in the neighborhood.
2. Be able to set up first aid station and administer first aid as needed, until local medical authorities arrive.
3. Prioritize and treat medical emergencies on a priority basis.
4. Be aware of location of medical facilities in community.
5. Provide information on training opportunities in First Aid and CPR and/or Community Emergency Response Team (CERT).
6. Encourage families to have a sufficient First Aid Kit on hand for emergencies.
7. In an emergency function under local medical authorities.
8. Provide counseling to individuals and families as may be needed.

Insert local information

Emergency ----- 9-1-1

Non-emergency fire department phone number-----

Contact Local Fire Department for CERT Classes Utah Red Cross

http://www.utahredcross.org/site.jsp?sk=MdJwcYG31b1CDtGP&resource=pag_ex_classes

Phone number:

In the greater Salt Lake area call
Toll free call
1.800.328.9272

Mailing Address:

Greater Salt Lake Area Chapter
American Red Cross
P.O. Box 3836
Salt Lake City, UT 84110-3836

Street Address:

465 South 400 East
Salt Lake City, UT 84111
Office Hours: M-F 8:00 - 5:00



Family Preparedness

Responsibilities

1. Encourage families and individuals to become active in preparedness.
2. Teach families and individuals how to store life sustaining foods and water.
3. Teach sanitation concepts and how to purify available drinking water.
4. Teach proper disposal of human waste in event the sewer system is down.
5. Be aware of any existing wells in the area.
6. Work under the direction of the Community Council and local civil authorities.

Insert local information:

Water Conservancy District

Address:

Fax phone number: General phone number:

City Public Utilities

Address:

Phone number:

Drinking Water phone number:

Sewer

Address:

Phone number:

Additional Resources:

Maralin Hoff

“Earthquake Lady”

Department of Public Safety

Division of Homeland Security

1110 State Office Building

Salt Lake City, Utah 84114

Office: (801)538-3166

Fax: (801)538-3770

Email: mhoff@utah.gov

Check local Red Cross

Emergency Preparedness Evacuation Plans for the Schools

Parents Information on School Evacuation Plans

Insert local information

Elementary – phone:

Parents need to pick up their children unless another relative or friend is on their pick up list. Please let your children know your wishes on this.

Insert local information

Middle School – phone:

** If a decision to close the school is made while school is in session, secondary students may be released on their own recognizance but should be encouraged to go directly home or to the location designated by the family. Staff members are expected to remain at the school or alternate shelter until all students have gone home or been placed in the care of responsible adults.

Insert local information

High School – phone:

No other locations for evacuation have been designated at this time. Students will be encouraged to stay on the grounds, but they are basically free to leave either to their home or to the family designated location if there is one.

We wish to encourage families to come up with their own emergency meeting place.

“7 Quick Steps to Neighborhood Preparedness”

1. Appoint Emergency Preparedness Captain and Committee.
 - Forward that information to SLC Office of Emergency Preparedness **535-6034**
2. Survey Neighborhood for possible shelter and emergency care resource locations.
 - Forward information to SLC Office of Emergency Preparedness **535-6034**
3. Make copies and distribute Family and Individual Emergency Preparedness Information and “window cards” to residences within each community.
4. Make copies of forms for volunteer and victim registration.
5. Maintain and update neighborhood equipment resource and special skills list.
6. Maintain and update people with special needs list. Encourage people with special needs to register with the Special Needs Registry.
 - See www.specialneedsutah.org
7. Schedule and conduct a neighborhood disaster exercise



Level IV Preparedness

Neighborhood Preparedness

When a disaster happens

To totally activate level four, you will need approximately 15 – 20 people. This plan can be partially implemented with fewer people. You will also need medical supplies, volunteers with medical training and volunteers willing to assist where needed.

In a disaster, not all members of the emergency preparedness committee will be available. People will volunteer and you must do the best with the resources available.

EMERGENCY RESPONSE:

- Do neighbors know to check in on immediate neighbors or report to meeting area?
- Do neighbors know to check in with the Neighborhood Leader or Block Coordinator?
- Has everyone agreed to hang a red or green sign in their window or front door after an earthquake or other emergencies/disasters, to signal that everyone and everything is all right, or help needed?
- Will neighbors volunteer and automatically begin following the community disaster plan?
- Are volunteers available to:
 - administer first aid to the seriously injured and identify medical needs?
 - conduct initial damage assessments as part of the hazard assessment team?
 - make a list of missing persons if necessary?
 - make a list of injured persons and volunteers?
 - contain any wandering pets?

(Note: if they require hospitalization, tag them in some way before transporting in case they become unconscious. and keep track of where the injured are sent)
- Begin removal of rubble and other material which may block emergency response functions?
- Identify those structures that pose potential hazards and post warning signs or cordon off?
- Is there a plan to set up a mobile/central communications center?
- Is there a plan to contact outside support services, report damages, request needed supplies, and offer skills and resources that are available?
- Do neighbors know to keep radio channels open and stand by for emergency information and instructions?
- Are there procedures for water purification and alternative waste disposal systems?

Registration/Sign-in

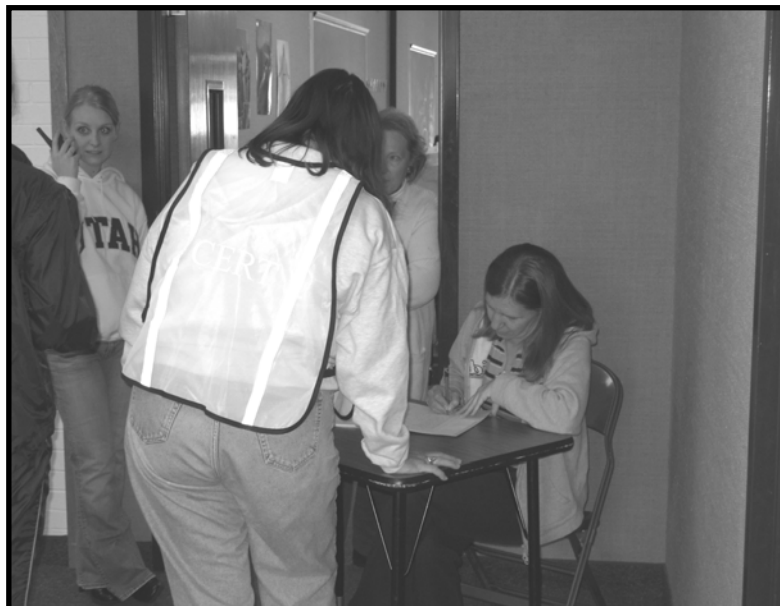
All volunteers and disaster victims need to be accounted for. A registration or sign in area will need to be set up.

Registration checklist:

- Pens
- Pads
- Sign in sheets (example provided)
- Table
- Chairs
- Four or more volunteers (is possible)
- Instructions

Sign In & Out Instructions

1. All persons must be signed in and out whether they are a patient or not.
2. If the patient has to be taken immediately to the patient care area, there should be someone who can walk with the victim and get their information.
3. Get as much information as possible and fill in all areas of sign in sheet.
4. It is important to make a list of the children. If they come without a parent, make record of it. If someone arrives looking for their child, they need proof they are the parent or legal guardian of that child, or have proof of permission from the child's parent or legal guardian before they will be allowed to take custody of the child.



Sign in/out Sheet (example)

Name	Age	Patient	Volunteer	Time in	Time out	Without parent	Signature @ Departure

Communications & Hazardous Assessment

Responsibilities

1. Provide the description location and magnitude of the emergency/disaster.
 - Give the location and short description of the extent of area property damage.
 - Give only the facts, do not speculate on situations.
 - Be prepared to give status on water, electric power, telephones, gas, sewer, and road damage.
 - Section community/neighborhood area and number them on map.
 - Provide copies of community/neighborhood map to all involved.
 - Provide red (help needed) and green (everything okay) notification signs for each home to display in the event of a disaster.
2. Report information to net controller and the rescue and transportation. If they do not have access to radios, you may need to use runners to deliver information.
3. Pre-designate communications channel and sub-channel that will be used for exercise or in the event of a disaster.
4. Conduct communication exercises and participate in table-top exercises and mock disasters.

Hazard Assessment Teams

In the event of a major disaster, information on the community's status and possible injured victims is reported to communications by the hazard assessment teams. These teams may consist of those having access to all terrain vehicles (ATV), sports utility vehicles (SUV), bicycles, etc. These teams will assemble, take a map of the area, and travel through assigned areas to look for downed power lines, fires, broken water and sewer lines. In the initial sweep of the assigned area, the hazard assessment team will report any possible injuries by looking for red (injured-need help) or green (all clear) notification signs placed in homeowners windows. This information will be reported to communications, rescue and transportation team leaders.



Communications Check in Sheet

Date _____ Starting Time _____ Ending Time _____

No.	Name	Location	Community/Neighborhood
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

UTILITY STATUS/ASSESSMENT

Type of Emergency:

Gas line damage location	Roads damaged/closed	Sewer line damage location	Power outage/damaged lines location	Water line damage location	Status

Individual Damage Assessment Form

Address: _____

Family Name: _____

Anyone Home: _____

Known to have Evacuated? _____ **Yes** _____ **No**

Note any physical injuries: _____ **None** _____ **Slight** _____ **Severe**

_____ **Bleeding** _____ **Emotional**
_____ **Unconsciousness** _____ **Other (describe)**
_____ **Broken limbs**

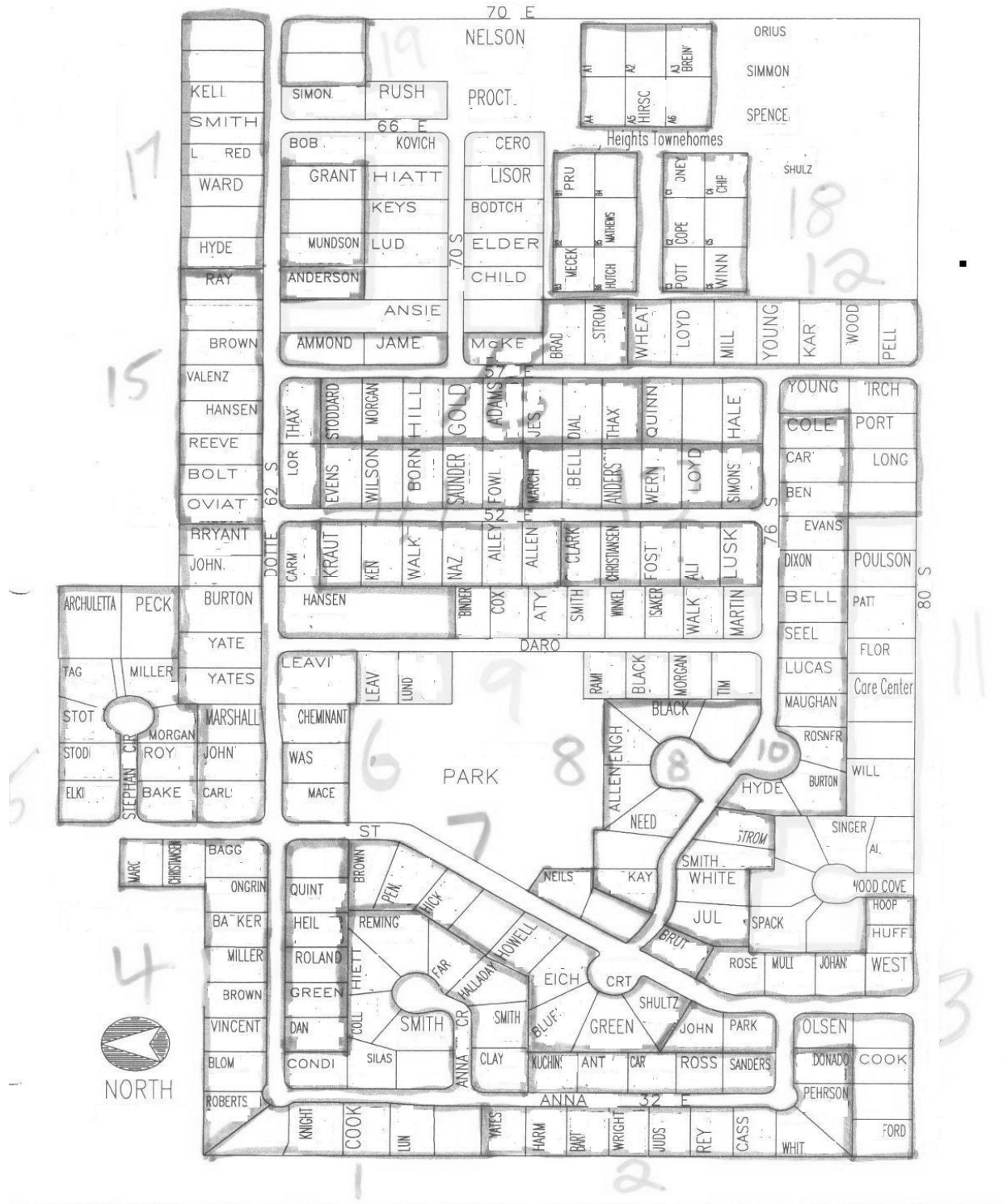
Note damage to house: _____ **None** _____ **Slight** _____ **Severe**

_____ **Roof damage** _____ **Fire damage**
_____ **Wall damage** _____ **Water damage**
_____ **Other (describe)**

NOTES (use back of form, if necessary)

Date: _____ **Name:** _____

Sectioned Area Map Example



Methods of Communication

It is essential, that as a pre-emergency function, the community and/or neighborhood determine how information will be gathered and dispersed in an emergency/disaster. This information is the basis of all emergency/disaster efforts and must be initiated immediately and preformed with maximum urgency detailing, as nearly as possible, life endangering situations.

***Insert local Emergency Operations Center information here. Contact local emergency manager for details.**

Examples of Communication Devices

Technical Details:

- 22 channels,
7 GMRS/FRS, 8 GMRS and 7 FRS radio
- 38 privacy codes
- 14 mile range on 5 watts
- High/medium/low power settings
- NOAA weather channels



Net Controller Amateur Radio Example:

Technical Details:

- 25 watt radio
- 12 volt car battery
- Antenna
- Cable



Example Radio Communications for Exercises.

Calling the _____name_____ community emergency response members. My name is _____name_____. I am the net controller for this disaster exercise. The purpose of this net is to test our emergency communications in the event of a real disaster. This is a directed net so please do not transmit unless directed to do so by the net controller.

This net will respond to emergency traffic at any time during the net. If you have emergency traffic use the word “Break” to break the proceedings of this net.

We will now take check-ins from the _____name_____ community emergency response members.

[Use example communication check in sheet to document communications with participants.]

When exercises is completed:

The _____name_____ community emergency response net is now closed. All participants are released and thank you for your participation.

Shelter & Child Care

Responsibilities

1. Have a Child Care Plan to be enacted in case of an emergency/disaster.
2. Develop phone tree for a possible lost child situation.
3. In the event of a disaster and child care is necessary, use child care in/out sheet to track all children in your care. (print sheets beforehand)
4. Release no child without the request from a responsible family member. (Non family members need proper identification and verification of permission from legal guardian.)
5. Obtain a signature of the person picking up the child.

Shelter

1. Assure that the shelter is accessible to persons with disabilities, home bound and special needs people.
2. Organize and supervise activities for displaced individuals of all ages as needed.
3. Be aware of those who may be suffering from trauma and need medical attention because of the disaster.

Shelter Supply Checklist

(More items may be added to this list)

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Water | <input type="checkbox"/> Games/Books |
| <input type="checkbox"/> Snacks (Food) | <input type="checkbox"/> Pillows |
| <input type="checkbox"/> Diapers | |
| <input type="checkbox"/> Blankets | |
| <input type="checkbox"/> Toys | |

There may be times in an emergency/disaster that it is not feasible for people to return to their homes, requiring the need for a gathering place. To accommodate a common gathering place for families within your area, it is recommended that families from the community/neighborhood meet in the following areas:

Insert local information



Child Care Sign in/out Sheet (example)

Name	Age	Time in	Time out	Guardian/Parent Signature	Non-Parent/Guardian Signature & Identification Information

Disaster First Aid Plan – By Mary Ann Cook & Dawn Black

1st Volunteer to arrive:

Set up triage/first aid treatment area to receive wounded. (see example on page 43)

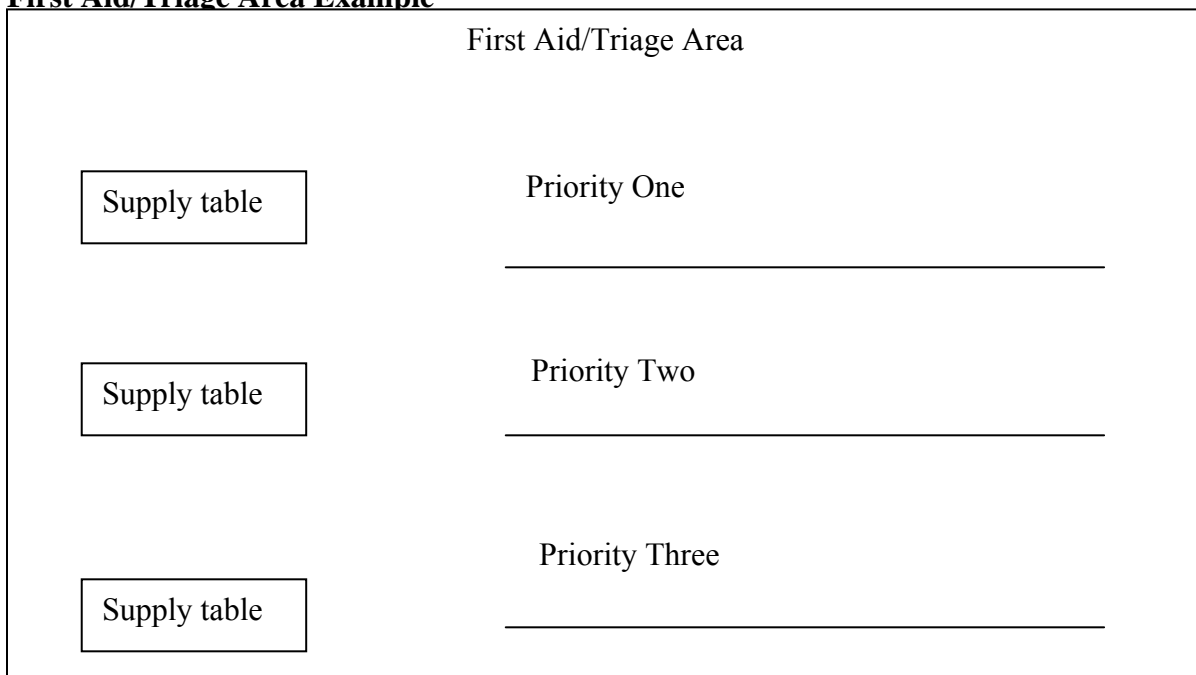
Check list:

- Assemble first aid supplies
- Blankets and Sheets if available
- Pillows
- Algorithm sheets (see example page 43) to instruct how to help with injuries
- Paper
- Pens
- Splinting materials; i.e. cardboard, wooden splints, etc.

Ideally

- Have one volunteer coordinate where victims are placed according to injuries. (see triage example on page 44?) If possible it would be helpful if this person had ability to know what was coming before they arrive.
- Work in teams of two. One to write information down and get supplies. The other to assess patient as outlined on algorithm sheet.
- Be sure rescuers know to stay with victim until relieved or victim appears stable enough to leave.
- You may have patient lie on half the sheet or blanket and use the other half to cover for warmth.
- Lie victims perpendicular to front of room with two rows, feet/heads together. This will optimize the space available.

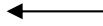
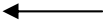
First Aid/Triage Area Example



Example how to use a building as a make-shift first aidcare facility under extreme circumstances after a devastating disaster where help is unavailable.



Parking Area



Patient Pick-up

Check-in	Child Care	Check-in
(short term) Deceased		Kitchen
	First Aid/Triage Area	Counseling Area

Patient Drop-off



Parking Area

Parking Area



Transport Exit

Transport Entrance

DISASTER LEADERSHIP POSITION & RESPONSIBILITY

Position

Responsibilities

Volunteer 1

Supplies & equipment

**Volunteer 2
(sign-in registration)**

Victim/Volunteer count

Volunteer 3

**Assists with transport area
Bring victims in safely**

**Priority 1 (CERT member
or other medically
trained person)**

**Care for the priority 1
patients.**

**Priority 2 (CERT member
or other medically
trained person)**

**Care for the priority
2 patients.**

**Priority 3 (CERT member
or other medically
trained person)**

**Care for the priority 3
patients.**

*All available people report to rescue team
for assignments*

WHO TO HELP FIRST

Priority 1 patients

- **Airway problems**
- **Chest trauma**
- **Decreasing level of consciousness (LOC)**
- **Uncontrolled bleeding**
- **Abdominal trauma**
- **Life threatening fractures**
- **Diabetic problems (effected LOC)**
- **Burns – 20% total body surface (2nd & 3rd degree)**
- **Cardiac arrest/only if reasonable & enough personnel. If not**
- **CPR for one minute – if no pulse patient is dead.**

Priority 2 patients

- **Fractures (non-life threatening)**
- **Lacerations**
- **Spine injuries**
- **Large abrasions**
- **Diabetic problems (if LOC not effected)**
- **Burns 10% - 20% total body surface, 2nd & 3rd degree**

Priority 3 patients

- **Fractures (single/closed), sprains, strained**
- **Minor burns/lacerations/contusions**

Priority 4

- **Fatal injuries/dead**

PRIORITY ASSESSMENT & CARE

Priority 1 patient care

- **Open & secure airway**
- **Stop major bleeding**
- **Tell the patient not to move**
- **Treat shock**
- **When ready for evacuation, move patient onto & secure to spinal immobilization device (proper procedures must be taken here)**
- **Living splint (using patients body to secure fractures)**

Priority 2 patient care

- **Stop major bleeding**
- **Secure patient onto spinal immobilization device if necessary**
- **Living splint (using patients body to secure fractures)**

Priority 3 patient care

- **This is the walking wounded**
 - **Care for these patients will be accomplished in the emergency medical care area**

Algorithm for first aid treatment
By: Mary Ann Cook, R. N.

Bleeding

Is it a minor wound?

Yes

Clean wound with warm water.
 Dress wound with simple bandaid
 or dressing.

No

→ It is a major wound

Use direct pressure to stop bleeding. Can
 elevate if no broken bones are suspected.

Still bleeding?

Yes

↓
 Apply pressure points.

No

↓
 Apply pressure bandage using gauze and
 either coban (brown bandage) or ace wrap.

Is victim still conscious?

No

↓
 Treat for shock and keep
 immobile if suspect
 back/neck injuries.

Is victim in pain?

Yes

Yes

No

↓
 Sent them back to family or to
 where they are providing simple
 shelter. If they need to stay in area,
 keep them quite and check on them
 periodically.

Ask about allergies to medications.

The victim can take acetaminophen if
 they are an adult and do so under their
 own supervision. Do not give aspirin
 if they have had severe bleeding. If
 available, use ice or cool cloth to
 decrease pain and help control bleeding.

(can ask if they'll be willing to
 help if able)

* note: if blood soaks through dressing do
 not remove. Simply apply additional
 layers and secure. Check for circulation
 below injury if possible.

Penetrating Objects

**DO NOT REMOVE
OBJECT**

Severed Body Part

Follow bleeding algorithm.

If victim has body part wrapped in cloth and place in a sealed bag and place the bag on ice (if possible) or keep as cool as possible. Label the bag with person's name.

Possible Internal Bleeding

Signs and symptoms:

- Blood loss from mouth, rectum, vagina, or blood in urine.
- Bruise or contusion
- Rapid pulse rate
- Cool and/or moist skin
- Nausea and vomiting
- Painful/tender or hard spot on abdomen or chest.

Treat for shock

Watch for vomiting

Shock

Signs and symptoms of shock:

- Anxiety, restlessness or irritability
- Altered consciousness
- Rapid pulse rate
- Rapid breathing
- Pale, cool, moist skin
- Lackluster eyes, dazed look
- Weak, helpless feeling
- Thirst
- Nausea

First aid for shock:

- Keep victim lying down, if possible
- Try to make victim comfortable
- Speak in calm, comforting, reassuring tone to decrease stress and anxiety
- Control bleeding
- Elevate legs 10-12 inches unless you suspect spinal injuries or broken bones (when in doubt, leave flat)
- Do not give anything to eat or drink
- Provide fresh air if possible
- If victim is nauseated or begins to vomit, place on left side (If no spinal injuries suspected. If spinal injuries may be present, roll as a unit on to their side.)

Burns

Is the skin black or no longer there: NO → Skin is red and/or blistered.
Yes

↓
Do not try to remove clothing that may be stuck to the burned area.

Cool with water, cover with a clean dry dressing. Elevate burn area if possible.

Cover with clean, **dry** dressing.

*note: avoid cooling large areas as hypothermia (subnormal body temperature) may occur.

Elevate if possible.

Treat for shock.

Watch and treat for shock.

Expect rapid heart rate.

If patient is in pain

If victim was in confined area or chest and/or face is burned – suspect pulmonary (lung) breathing problems from smoke inhalation. (If this is the case, chances for survival are not good unless oxygen can be administered – even then recovery is not highly expected – make victim as comfortable as possible.)

Ask about allergies to medications.

The victim can take acetaminophen if they are an adult and do so under their own supervision. Do not give aspirin if they have had severe bleeding. If available, use ice to help with pain. Remember to protect the skin from the ice with a cloth.

Broken Bones or Sprains

***Is there:**

- Deformity
- Grating sound
- Inability to move injured area
- Exposed bone

Yes



Immobilize area using splints.
Splint suggestions:

- Pillows
- Blankets
- Jackets
- Boards
- Cardboard
- Use your imagination

No

—————> Most likely a sprain.

Apply cold pack/ice or cool cloth. (if available) Remember to protect the skin.

Using coban (brown bandage) or ace wrap, secure the ice in place, immobilize injury. (do not wrap to tight)

Treat for shock

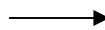
***Is victim in pain?**

Yes



Ask about allergies to medications.
The victim can take acetaminophen if they are an adult and do so under their own supervision. Do not give aspirin if they have had severe bleeding. If available, use ice to help with pain. Remember to protect the skin from the ice with a cloth.

No

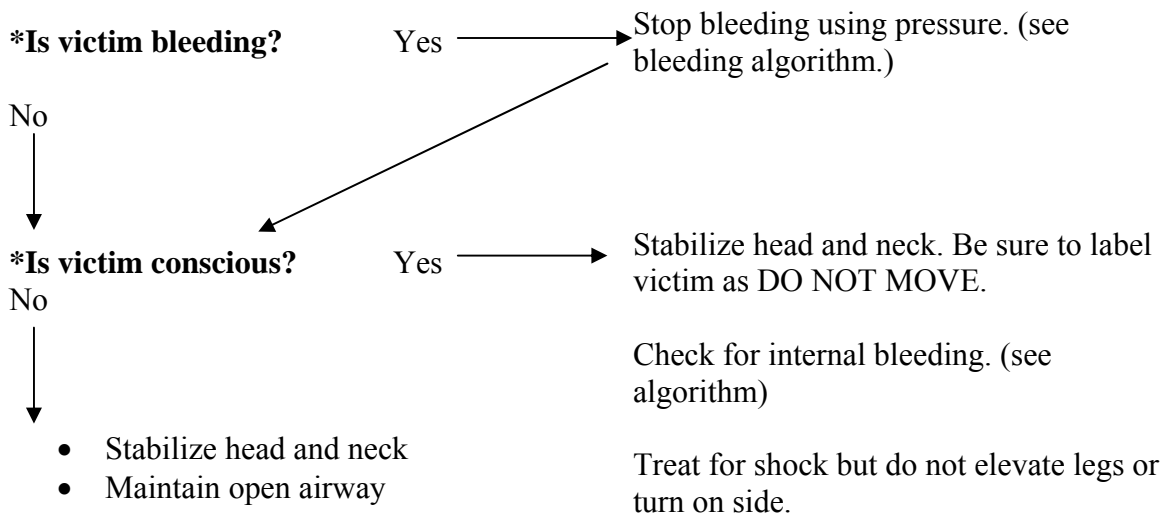


Elevate injury above the heart to control internal bleeding.

Continue to monitor as time warrants. Keep ice or cool cloth (if available) on injury for first 24 hours.

Monitor victim and watch for SHOCK!!!

Head, Neck & Spinal



Be sure to label the victim as 'DO NOT MOVE' for other rescuers who may care for them.

Ask about allergies to medications.

The victim can take acetaminophen if they are an adult and do so under their own supervision. Do not give aspirin if they have had severe bleeding. If victim does not have allergies, they can take ibuprofen to help decrease the inflammation around the injury. Note time to prevent over dosing.

Keep calm and try to keep victim calm. They may not be oriented as to who they are or where they are. You can tell them if you know.

There is not a great deal that can be done. Head trauma will often produce swelling in the brain which will cause numerous other problems and can even result in death.

Suspect Heart Attack:

If the victim is awake and aware, he/she may take aspirin if there are no known allergies. Note time to prevent over dosing.

Have them find a comfortable position. Some find breathing easier if sitting in an upright position. Others may be more comfortable lying on their left side.

Again, due to circumstances, we are limited to what can be done to help the victim.

Diabetic:

If victim is conscious you can give sugar. Usually best in hard candy form but use whatever is available. The victim is very aware of their situation and can assist you in their care.

Inquire as to where the victims medications are stored. Ask if a volunteer would be allowed to retrieve their medication.

If the victim has a glucometer, they can check their own blood sugar. Normal blood sugar is between 80 and 120. Higher than 120 is tolerable for only a short period of time. Lower than 80 is not tolerated very well and victim may exhibit changes in their behavior.

Eye Injury

For an injury to the eye, cover with a moist patch. Patch the other eye as well to prevent eye movement.

If there is an object protruding from the eye, gently cover and secure a paper cup to prevent movement of the object. Cover the other eye with a patch to prevent movement of eyes.

If victim is in pain;

Ask about allergies to medications. The victim can take acetaminophen or ibuprofen if they are an adult and do so under their own supervision. Do not give aspirin or if they have had severe bleeding.

Note time to prevent over dosing.

From Utah State Office of the Medical Examiner

Multiple fatalities with destruction of infrastructure

In the event that there is widespread destruction of infrastructure along with many dead, the handling of the bodies will, by necessity, fall on individual families and ad hoc groups. It is a common misconception that dead bodies represent a significant public health threat and should be disposed of as quickly as possible. They may be unpleasant in a variety of ways, but as long as they are not contaminating food or water supplies, they can be left in-situ. Families can be counseled that wrapping the body and leaving it in a cool dry place is acceptable until such time as a more systematic and permanent way of handling the remains can be developed. It is important that some form of identification be left with the body in a way that will not be destroyed by deterioration of the body. (Something as simple as a written note giving the person's name, DOB, date of death, etc. placed in a zip-lock bag is fine). These steps can also be followed if people are bringing their dead to a command post or other center of somewhat functioning authority.

Rescue & Transportation

- | |
|--------------------|
| Supplies needed |
| • First Aid Kit |
| • Backboards |
| • Safety Equipment |

Responsibilities

1. Be familiar with the community emergency transportation facilities and programs.
2. In case of an evacuation be aware of local community plans and routes.
3. Have a list of all community/neighborhood families and individuals and persons that are disabled, homebound or with special needs and submit a copy to the Community/Neighborhood Emergency Preparedness Committee.
4. If necessary, rescue, evacuate persons endangered and provide transportation, as needed.
5. Transport relief supplies, as needed.
6. Check local authorities for locations to house pets incase you are called to rescue them.
7. In the event of a catastrophic event, arrange for available vehicles to transport injured people to make-shift care facility.
8. Carry handheld radios for communication purposes.

Assemble rescue teams on a first come basis. Each team will be given an assignment and directed to the address where a red sign was reported. If possible the teams take their own vehicles and responded to the assigned address/area. If it is necessary to enter a home, first aid can be administered. Each team then can transport victims to the shelter/first aid area for additional first aid treatment and extended care.

- Two people minimum needed to take incoming reports from the assessment teams in order to keep up with the amount of information that pours in. One person interprets the call and one person records the data to be passed to the rescue teams that will respond. One of the people also communicates as necessary with the base or assessment teams.
- Rescue teams will be assembled as volunteers arrive. These rescue teams, along with a designation, i.e. 'rescue team 1', 'rescue team 2' etc. may be used.
- Use a map of the area and have teams respond to pre-designated block areas. (see map above). Add all details from hazard assessment teams on a sheet and pass this information along to rescue teams. This is necessary to complete for all areas/homes that need assistance.
- As rescue teams report back with the status of their rescue, volunteers in the triage/first aid area are notified regarding the injuries due to arrive. (rescue and transportation may choose to use different communications channel on radios as not to interfere with other necessary radio traffic). Rescue teams should give victim injury report to first aid/triage area volunteers as victims are brought into the area for further care.

- Once rescue team transfers victims care to first aid/triage area volunteers, one rescue team member may be asked to stay in area to assist with on going care as the other team members will then report back to rescue team leader for another assignment.

