

EXPANDED MEDICAL PREPAREDNESS

A PLANNING GUIDE FOR NEIGHBORHOODS



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EXPANDED MEDICAL PREPAREDNESS

A Planning Guide for Neighborhoods

ACKNOWLEDGEMENTS

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The Marin County Operational Area Disaster Council adopted this Expanded Medical Preparedness plan on September 12, 2002. The Marin County Operational Area Disaster Council has referred this plan to local jurisdictions and agencies with a recommendation that they utilize this plan.

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Your Family Disaster Plan

Your Family Disaster Supplies Kit

Food Safety Facts

MISSION

To define and develop guidelines for communities wishing to develop a level of medical preparedness within the community.

FOREWORD

Purpose

The purpose of *Expanded Medical Preparedness* is to provide guidelines and recommendations for those communities wishing to provide an organized approach to medical care for persons in the community following a disaster.

Intended Use

Expanded Medical Preparedness is to be utilized in conjunction with Community Emergency Response Training (CERT) or an equivalent program to better prepare neighborhoods and communities. It was developed in response to city and neighborhood requests for direction at a higher level than currently provided through CERT.

Disaster Service Workers (DSWs)

Volunteers who participate in authorized training exercises or in disaster work must be registered as Disaster Service Workers, this provides Workers' Compensation should they be injured. Individuals who are employed by government agencies are considered to be Disaster Service Workers, but all others should register and be sworn in prior to volunteering in an emergency to take advantage of this protection. The policy, procedure, and forms needed are available through the Marin County Office of Emergency Services and/or the parent jurisdiction of the neighborhood choosing to operate under this document.

Certification

Involvement of a parent jurisdiction in the early part of the planning process is crucial, as support from that jurisdiction will be necessary to assure that the enhanced medical functions can be sustained.

Upon obtaining jurisdictional support and meeting the requirements for a First Aid Station, the Marin County Operational Area Disaster Council will provide a team of inspectors to verify that those conditions have been met by observing an annual First Aid Station deployment. Upon verification, a confirmation certificate will be issued.

Personal Protective Equipment (PPE)

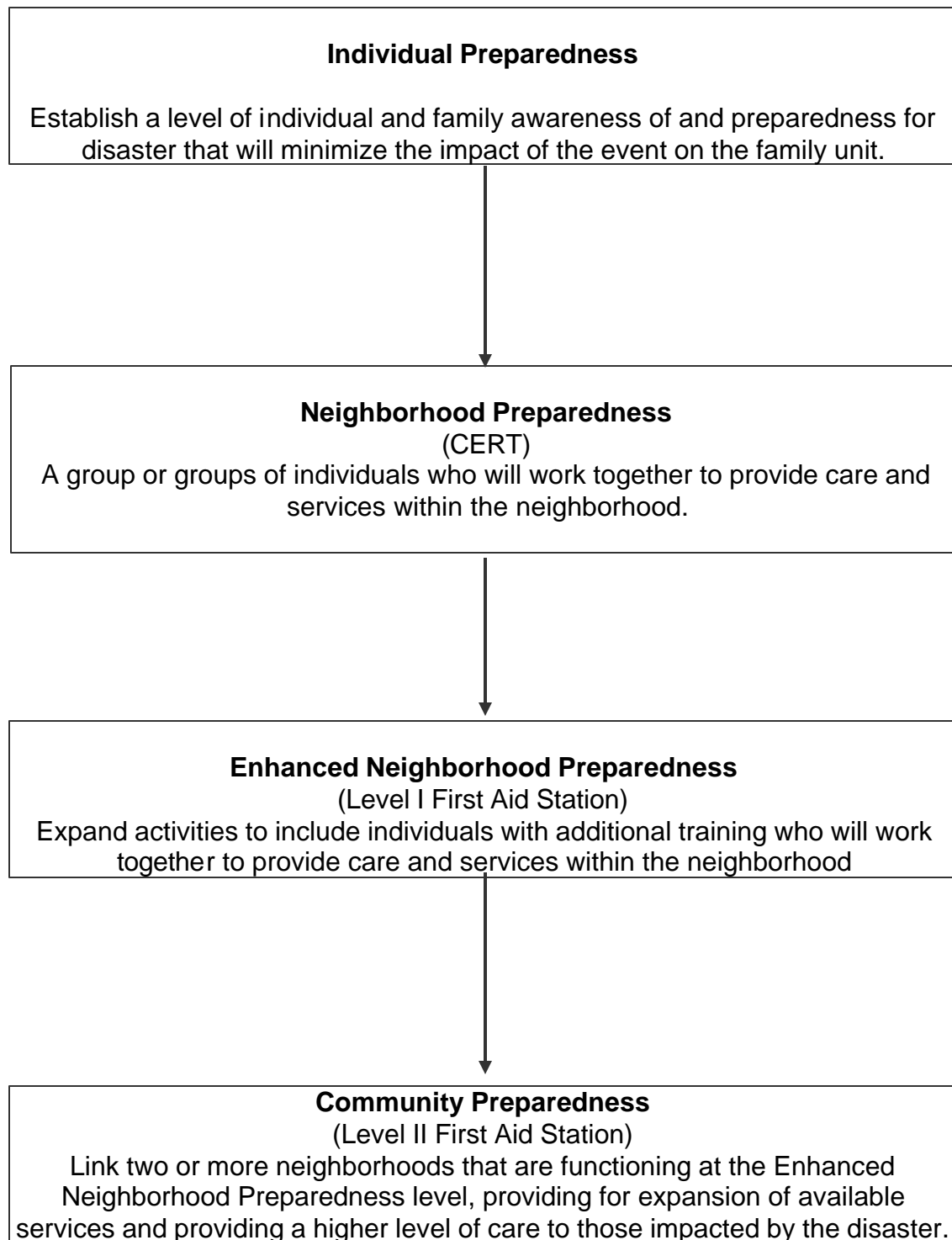
All persons working in a First Aid Station are encouraged and expected to properly utilize the appropriate PPE as needed.

Training

Procedures must be in place to maintain readiness levels once they are met and to regularly practice implementing the various components of the plan. On-going training must be planned and easily available to those anticipated being a part of the process. Training may be available through the local fire department, the city, the Office of Emergency Services, the EMS Program or a combination of these agencies. It is suggested that Basic First Aid, CPR, and Community Emergency Response Training (or an equivalent class) be taken by all individuals participating in this program. Standardized Emergency Management (SEMS) training-Introduction Module, or

ICS-200 will be required by those participating in the Enhanced Neighborhood or Community Preparedness levels in the roles of Director, Liaison, or section Chiefs.

LEVELS OF PREPAREDNESS



INDIVIDUAL PREPAREDNESS

Goal

The goal of Individual Preparedness is to establish a level of individual and family awareness of and preparedness for disaster that will minimize the impact of the event on the family unit.

Components

- Home supplies/preparedness
- CPR
- First Aid training

Discussion

Completion of First Aid and CPR classes will enable individuals to recognize and treat minor medical conditions and injuries and to recognize conditions that require assistance from professional rescuers and caregivers.

It is recommended that all interested persons take American Red Cross, National Safety Council or equivalent First Aid classes. These classes can be tailored for varying age groups and generally require about four hours.

Citizen CPR classes are offered by agencies such as the American Red Cross, National Safety Council, and the American Heart Association.* Individuals planning to increase their level of preparedness above the Individual Preparedness level may wish to take a higher level of CPR class. These classes generally require four hours.

Many agencies offer specific guidelines for family preparedness. The guidelines Your Family Disaster Plan, from the Federal Emergency Management Agency (FEMA) and the American Red Cross is attached, as is a second publication from the Marin County Office of Emergency Services (see attachments). Other guidelines are available through cities and preparedness agencies and individuals are encouraged to select a guideline and to follow the recommendations completely.

* It is recognized that the provision of CPR and the use of an automated external defibrillator (AED) are not standards for care in a widespread disaster, but is felt that it provides useful skills for individual emergencies and serves as a base level for additional training.

NEIGHBORHOOD PREPAREDNESS

Goal

The goal of Neighborhood Preparedness, using individuals that have completed or who are in the process of completing personal preparedness activities, is to expand activities to include a group or groups of individuals who will work together to provide care and services within the neighborhood.

Components

- Community Emergency Response Training (CERT)
- Neighborhood communication system
- Patient treatment areas

Discussion

This committee recommends that neighborhoods interested in advancing their preparedness level utilize the Community Emergency Response Training (CERT) curriculum endorsed by the Marin County Operational Area Disaster Council or an equivalent program endorsed by the city or town with jurisdiction. (This means the town in which the neighborhood is located or the Marin County Fire Department if the area is unincorporated.)

A successful CERT team will require adequate personnel to staff activated positions.

This level includes the establishment of a neighborhood communication system that may be accomplished in a number of ways. The purpose of the communication system will be to connect CERT teams to each other and to the Treatment Area.

First aid treatment at this level are in areas set-up by CERT trained individuals who will provide care using supplies in the neighborhood and personal first aid kits.

ENHANCED NEIGHBORHOOD PREPAREDNESS (LEVEL I FIRST AID STATION)

Goal

The goal of Enhanced Neighborhood Preparedness is to expand activities to include individuals with additional training who will work together to provide care and services within the neighborhood, utilizing the support of a parent jurisdiction.

Components

- Enhanced communication abilities
- Level I First Aid Station
- Commitment from local government to support the function

Discussion

Care to be provided at this level will include triage and first aid, provided by individuals with additional training (First Aid and CPR), using a prescribed management system (SEMS) and supplies pre-assembled and stored for this purpose.

A Level I First Aid Station, Appendix A, includes the following:

- Individuals providing care have current First Aid and CPR cards.
- Supplies have been pre-established according to the list provided.
- A written plan for setting up the station.
- A SEMS based management and staffing structure is used, similar to the sample provided.
- Written treatment guidelines determine treatment provided, similar to the sample.
- A commitment from the local jurisdiction to support the station, assuring sustainability. Evidence of that commitment will be demonstrated by the local jurisdiction's participation in an annual First Aid Station activation exercise. This will include a demonstration of the communications between the First Aid Station and the local jurisdiction.
- Annual confirmation certificate issued from the Marin County Operational Area Disaster Council that the guidelines have been met.
- Planners should consider the inclusion of licensed mental health professionals or spiritual counselors in the staff of the First Aid Station.

The Level I First Aid Station must have a communication link with the supporting local jurisdiction sufficient enough to assure that resource requests are received in a timely manner.

COMMUNITY PREPAREDNESS (LEVEL II FIRST AID STATION)

Goal

The goal of Community Preparedness is to link two or more neighborhoods that are functioning at the Enhanced Neighborhood Preparedness level, providing for expansion of available services and providing a higher level of care to those impacted by the disaster.

Components

- Level II First Aid Station
- Enhanced communication links

Discussion

Care to be provided at this level of preparedness will include triage, first aid, and higher levels of medical care, using a prescribed management system and supplies pre-assembled and stored for this purpose.

A Level II First Aid Station, Appendix A, includes the following:

- Medical Oversight
 - A designated physician has accepted responsibility for oversight of station medical responsibilities.
 - The local jurisdiction's manager (Marin County Fire Department Chief for unincorporated areas) has provided written approval of the level of activity chosen.
 - Physician "orders" (treatment guidelines) are present and revised and re-signed annually, with a change of responsible physician, or with a change of city or town manager.
 - A pre-determined level of licensed medical professionals will provide patient care services; scope of practice statements for each level of practitioner have been created.
- Supplies pre-established as listed in Appendix A and those supplies directly related to the level of licensed medical professionals and treatment protocols to be utilized.
- Dependable communication between the Level II FAS and the supporting jurisdiction.
- Individuals providing care have current First Aid, CPR cards and/or professional licenses.
- A written plan for setting up the station.
- A SEMS based management and staffing structure is used, similar to the sample provided.
- A commitment from the local jurisdiction to support the station, assuring sustainability. Evidence of that commitment will be demonstrated by the local jurisdiction's participation in an annual First Aid Station activation exercise. This will include a demonstration of the communications between the First Aid Station and the local jurisdiction.
- Annual confirmation certificate issued from the Marin County Operational Area Disaster Council that the guidelines have been met.

DEFINITION OF TERMS

ALS - Advanced Life Support. The level of patient care provided at a Level II First Aid Station.

Automated External Defibrillator (AED) — An external defibrillator capable of analyzing cardiac rhythm and delivering a shock if ventricular fibrillation or tachycardia is detected.

BLS - Basic Life Support. The level of patient care provided at a Level I First Aid Station.

Cardiopulmonary Resuscitation (CPR) — Refers to the techniques used to augment breathing and circulation when normal breathing or circulation has ceased.

Community Emergency Response Training (CERT) — A community disaster preparedness program endorsed by the Marin County Operational Area Disaster Council. Other equivalent community programs exist in Marin such as Homeowners' Emergency Action Response Team (HEART), and Disaster Action Response Team (DART).

Emergency Medical Services Program (EMS)- The program within the Department of Health and Human Services that is responsible for emergency medical services in the county. Point of contact for this document.

First Aid Station (FAS) — An area of service specifically organized to provide care to injured or ill persons following a disaster.

Patient Treatment Area — The area set aside for treatment of injured individuals.

Levels of FAS — Includes Level I and Level II. A Level I FAS provides first aid treatment only, utilizing personnel that are trained at the basic first aid and CPR levels. A Level II FAS utilizes personnel trained and licensed at predetermined levels (physician, physician's assistant, registered nurse, paramedic, etc.).

Management Team — Refers to the First Aid Station Director and all section Chiefs.

Medical Director - The physician that provides medical oversight and written protocols for a level II First Aid Station.

Office of Emergency Services (OES) — Refers to the lead agency responsible for disaster planning and preparedness at the county and state levels.

Over the Counter Medications (OTC) — Refers to medications that can be purchased "over the counter" meaning without a physician's prescription.

Span of Control — A reference to the number of persons/positions that SEMS recommends be supervised by a single position, three to seven.

Standardized Emergency Management System (SEMS) — The management system that agencies in California must use when managing a disaster response if they wish to receive reimbursement following that disaster.

Simple Triage and Rapid Treatment (START) — The triage system that is part of CERT and is used to determine which patients are most severely injured.

Treatment Area — The area where CERT volunteers administer first aid to victims.

Triage — French word for “sorting”, refers to the process that evaluates and categorizes injured and ill patients according to the seriousness of their condition, determining their priority for treatment

EXPANDED MEDICAL PREPAREDNESS APPENDIX A

FIRST AID STATION

Level I & Level II



Appendix A

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STATION LAYOUT

Guiding Principles for Physical Layout

- There should be a single entrance for all patients that is accessible to all and clearly marked.
- The staff entrance should be separate from the patient entrance.
- There should be a single exit for all patients.
- The family and patient waiting area should be close to the entrance.
- The out-processing/discharge exit area should be accessible to vehicles.
- Suggested space for Treatment and Transport Areas is as follows:
 - Two treatment “beds” for each treatment provider
 - 6 x 8 feet should be allowed for each patient bed
- The recommended ratio for each practitioner (treating individual) is two treatment beds and 15-20 beds in the transport area.
- Physical or visual barriers should exist between designated areas whenever possible.
- Efforts should be made to establish a physical setup that streamlines the flow of patients through the Station.
- Location of the First Aid Station physically near an established shelter will make support of the station and services to patients less problematic.

Designated Station Areas

Ambulance/Vehicle Loading Area – A place, separate from the First Aid Station, where patients are loaded into ambulances or private vehicles upon discharge or transfer to a higher level of care.

Command Post — Individuals here are primarily occupied with providing management for the FAS activities. The command staff (refer to the SEMS structure) would operate in this location, which may be moved to another building if space is limited.

Discharge Area — Patients being transferred to a higher level of care or being discharged following treatment will be leaving through this area. Personnel assigned are expected to verify that discharge or transfer instructions are clear and that the individual and time of departure are recorded.

Family/Waiting Area — This area is meant to hold patients awaiting treatment and any family members that accompany them. It should be, whenever possible, a quiet, private area.

Morgue — This area hold individuals that are dead. Bodies must be attended at all times and the area should be screened from view.

Patient Transport Area — Patients who will be transferred to a higher level of care or who are awaiting transport following treatment will be held in this area. It should be a quiet area and may be staffed by personnel at a higher level of licensure than the treatment provided at that level of FAS.

Registration Area — This area should be located so that patients cannot bypass the process. All patients should be registered to the extent possible, even if their destination is the morgue or the patient transport area.

Security — There is no specific security area, as individuals assigned to these duties would be stationed at the entrance to and exit from the station and would move about all areas of the station.

Staff Processing Area — Individuals wishing to work in the FAS or finishing work and leaving the site will be logged in and out of the station at this location. Staff will be expected to provide their name and relevant certification/licenses prior to assignment and will be assigned specific duties from this location. This area may be located elsewhere if space is limited.

Staff Rest/Eating Area — A location for station staff to get away from activities within the station. It should be isolated from patients and may be located elsewhere if space is limited.

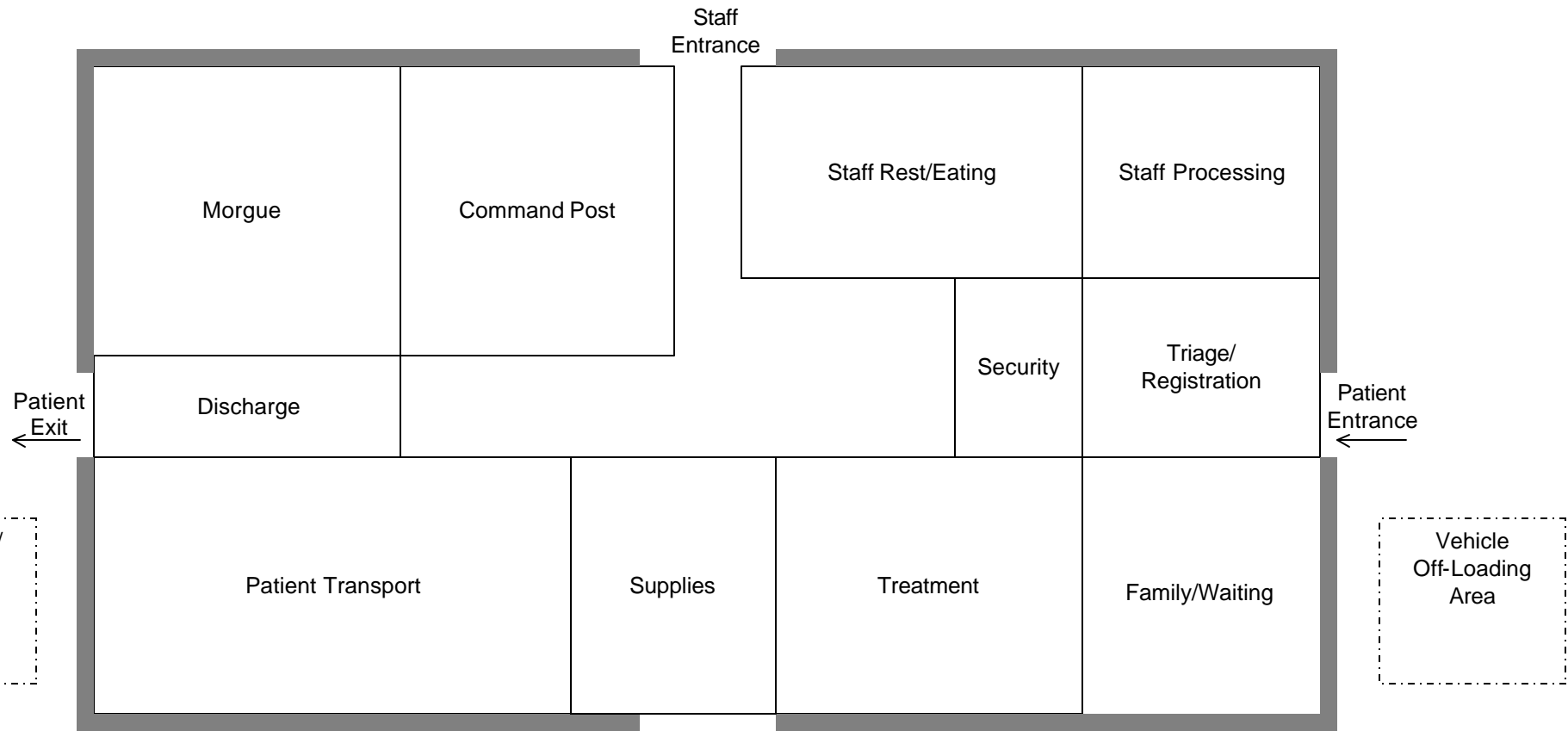
Supplies — There should be a specific area set aside for the storage of supplies that will be used in the operation of the station.

Treatment Area — This area should be, whenever possible, quiet, private, and screened from the view of others within the station. This location is where patient treatment occurs.

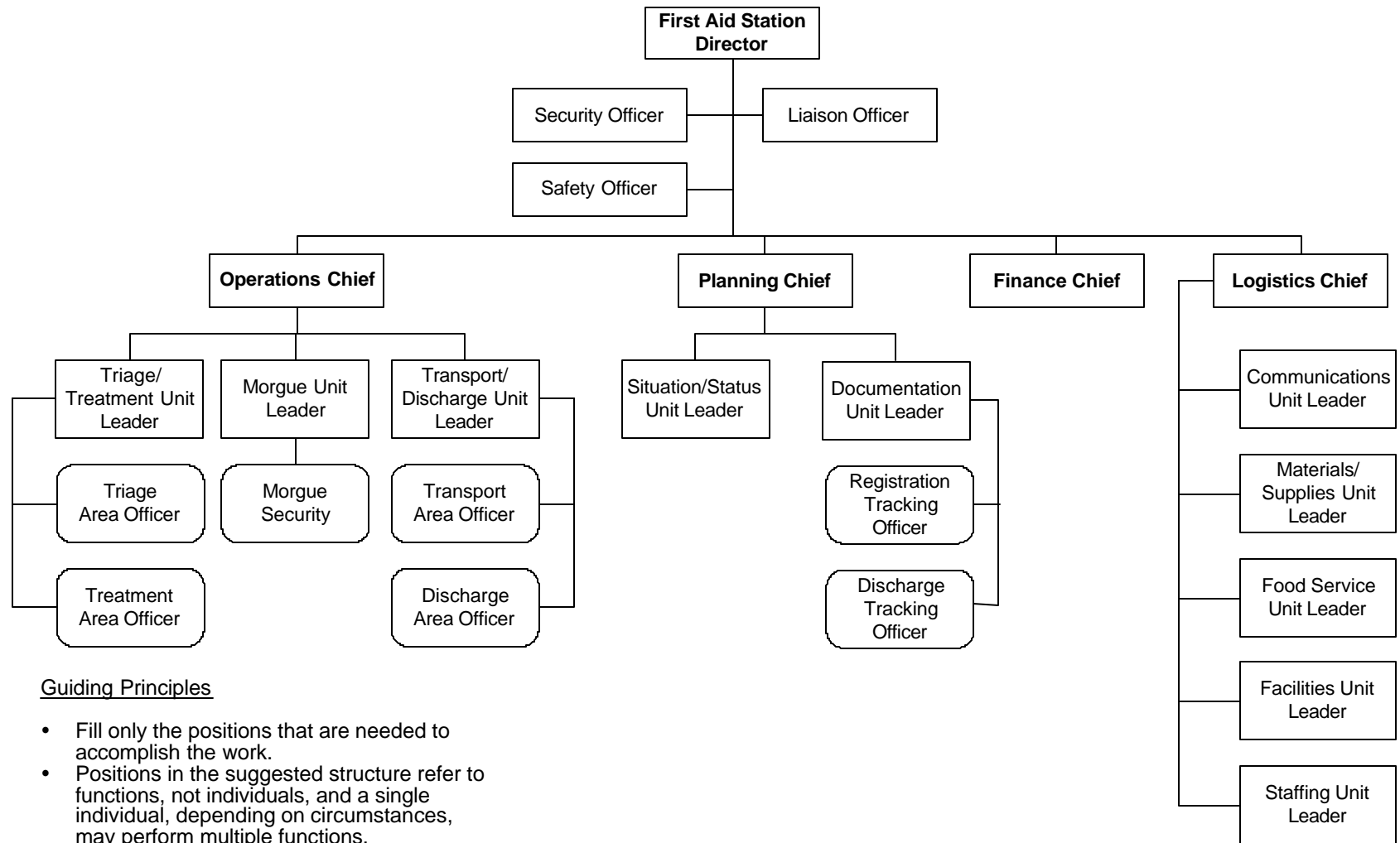
Triage Area — This area may be located outside of the FAS or just inside the patient entrance to the facility. It is the first activity that will occur related to patient care and should be staffed with a trained individual. Patients will be directed elsewhere for registration and treatment or to await transport to a higher level of care.

Vehicle Off-Loading Area – A place, separate from the First Aid Station, where patients arriving via motor transport are off loaded.

First Aid Station Layout



SEMS Structure



Guiding Principles

- Fill only the positions that are needed to accomplish the work.
- Positions in the suggested structure refer to functions, not individuals, and a single individual, depending on circumstances, may perform multiple functions.
- A span of control of 3-7 should be maintained.
- Remember that the overhead structure is what will keep the station operating.
- Plan ahead.

TREATMENT GUIDELINES

Major responsibilities of individuals working in the First Aid Station are as follows:

- Ensure safety for staff, patients, and bystanders;
- Determine the extent of injury or illness (triage);
- Provide life-saving interventions and transfer patients to a higher level of care;
- Treat minor injuries to decrease the incidence of death, disability, and the need for urgent medical care;
- Provide instruction to the patient that will maximize their ability to seek further care if indicated; and
- Record what you observed, heard, and did for each patient, no matter how minor.

Standard precautions are to be taken with all patient contacts. This includes wearing fresh gloves for each patient contact, as well as taking additional measures (goggles, gown) as warranted.

Care provided at a First Aid Station is directed toward achieving one of two major goals.

1. Identifying patients that will require higher levels of care as soon as possible and directing them toward that care; and
2. Providing care for injuries that will be sufficient for the injury or will postpone the need for higher level of care.

Injury-specific first aid treatment guidelines follow. Individuals licensed or certified to provide a higher level of care should seek to provide that higher level in a setting other than the Level I First Aid Station.

Patients Requiring a Higher Level of Care

Many patients presenting at the First Aid Station will require a higher level of care than can be provided. Level I first aid care for specific injuries and illnesses is presented in the Treatment Guidelines that follow. The following general guidelines for care are presented in preparation for transport to a higher level of care:

1. Proceed with the following actions:
 - Open and maintain the patient airway as possible and appropriate
 - Perform and continue rescue breathing if able to maintain effort
 - Control external bleeding
 - CPR should only be begun or continued if adequate assistance is available
2. Obtain or review a brief patient history, including the current complaint, patient allergies, current medication, pertinent past history, signs and symptoms as available.

Patients Requiring a Higher Level of Care...continued

3. Position patient appropriately.
4. Re-categorize patient using START triage.
5. Move patient to Patient Transport Area with written record of care.

Over the Counter Medications

First Aid stations may choose to have over-the-counter medications available and allow patients to self-medicate, following the manufacturer's instructions on the medication. Single-dose packaging is recommended.

Wound Care

The largest category of injury for which this level of care will be sufficient for the injury or will postpone the need for higher level of care is minor injuries.

This category may include abrasions, minor animal bites, minor avulsions, minor external bleeding, open and closed blisters, minor thermal burns, minor lacerations, frostbite, some foreign bodies, and some insect bites and stings.

Care should include the following:

1. Obtain or review a brief patient history, including the current complaint, patient allergies, current medication, pertinent past history, how the injury was sustained.
2. If it is determined that only minor wound care is the issue, proceed with the following:
 - Carefully examine the wound
 - Control any bleeding
 - Remove any obvious foreign bodies
 - Wash the area thoroughly with soap and water
 - Apply a sterile or clean dressing
 - Immobilize the injured area if potential for additional injury exists
 - Advise the patient appropriately, providing written instructions related to the following:
 - Signs of infection
 - Need for tetanus or other prophylaxis
 - Recommended follow-up, including notifications that may be necessary (animal control, law enforcement)
 - Document all of the above on the patient record.

*Patients requiring stitches should be advised to seek further care within 48 hours of the injury.

Injury-Specific First Aid Treatment Guidelines

Abdominal Injuries (Open)

- Patient will require higher level of care
- Position the patient on their back
- Do not apply direct pressure or push the organs back into the body
- Remove clothing from around the wound
- Apply moist, sterile or clean dressing loosely over the wound, do not pour water into the wound
- Cover the dressings loosely with plastic wrap if available
- Cover the dressing lightly with a folded towel to maintain warmth
- Keep the patient from getting chilled or overheated
- Give nothing by mouth
- Move to transport area for transfer to higher level of care

Abdominal Injuries (Closed)

- Patient will require higher level of care
- Position the patient on their back, bend the knees slightly, place blankets or pillows under the knees
- If this positioning causes pain, suspect spinal injury, leave legs straight
- Do not apply direct pressure
- Take steps to minimize shock
- Give nothing by mouth
- Move to transport area for transfer to higher level of care

Airway Obstruction

- Take appropriate measures to relieve obstructed airway
- Patient is likely to require higher level of care

Animal Bites (Major)

- Patient will require higher level of care
- Control bleeding
- Place separated tissue into dry container or plastic bag, then put on ice; do not submerge or use dry ice
- Move to transport area for transfer to higher level of care

Bites and Stings

- Remove stinger, scraping rather than grasping; if tick, remove with tweezers
- Wash site
- Monitor for allergic reactions
- Consider use of benadryl, chlortrimeton (OTC drugs)
- If jellyfish, sea anemone, soak in vinegar, alcohol or baking soda paste
- If stingray, sea urchin, or spiny fish, soak in hot water until pain decreases

Injury-Specific First Aid Treatment Guidelines...continued

Bleeding (Major)

- Patient will require higher level of care
- Control bleeding
- Assign attendant to monitor continued cessation of bleeding
- Move to transport area for transfer to higher level of care

Bleeding (Suspected Internal)

- Patient will require higher level of care
- Position as most comfortable
- Keep the patient from getting chilled or overheated
- Give nothing by mouth
- Reassure the patient and provide care for other conditions
- Move to transport area for transfer to higher level of care

Breathing

Asthma—see Respiratory Distress

Absence—see Respiratory Arrest

Difficult—see Respiratory Distress

Bullet Wounds

- Patient will require higher level of care
- Control bleeding
- Treat for shock
- Move to transport area for transfer to higher level of care
- Notify local law enforcement

Burns (thermal, major)

- Patient will require higher level of care
- Cool water to burned area
- Cover area with cool, moist dressings
- Remove clothing and jewelry from burned and related areas
- Treat for shock
- Monitor for hypothermia

Burns (chemical, major)

- Patient will require higher level of care
- Identify chemical and quantity if possible; treat contaminated area as recommended for specific chemical
- Take precautions to avoid contamination of treatment area, patients and personnel
- Move to transport area for transfer to higher level of care

Injury-Specific First Aid Treatment Guidelines...continued

Burns (Electrical)

- Patient will require higher level of care
- Do not cool burns with water
- Look for entry and exit wounds, remove clothing and jewelry appropriately
- Treat for shock
- Move to transport area for transfer to higher level of care

Cardiac Arrest

- Extent of treatment is based on resources available and potential for rapid transport to higher level of care.

Chest Pain (non-injury)

- Patient will require higher level of care
- Position of comfort
- Assist patient to take prescribed medications
- Move to transport area for transfer to higher level of care

Chest Wound (Open)

- Patient will require higher level of care
- If wound is “sucking” cover with occlusive dressing
- Treat for shock
- Move to transport area for transfer to higher level of care

Choking

See Airway Obstruction

Cold Emergencies (Frostbite)

- Do not rub affected part, apply heat, or re-expose the area to cold
- Remove wet clothing and jewelry
- Soak affected part in water between 102 and 104 F until it appears red and feels warm
- Do not re-warm if patient will be re-exposed to cold
- Apply sterile dressing, place cotton or gauze between fingers or toes
- Refer to higher level of care

Injury-Specific First Aid Treatment Guidelines...continued

Cold Emergencies (Hypothermia)

- Patient will require higher level of care if presenting with altered level of consciousness
- Remove wet clothing, handle gently
- Warm body gradually by wrapping in blanket with external heat source applied, but shielded from direct contact with patient.
- Do not immerse in warm water
- When fully alert, conscious may have warm liquids (no alcohol, no caffeine)
- If needed, move to transport area for transfer to higher level of care

Diabetic Emergencies (conscious)

- Administer sugar or glucose substance

Diabetic Emergencies (altered level of consciousness)

- Patient will require higher level of care if altered level of consciousness does not improve and maintain
- Give sugar or glucose substance if able to swallow
- Maintain normal body temperature
- If needed, move to transport area for transfer to higher level of care

Dislocations

- Patient will require higher level of care
- Immobilize affected joint
- Apply cold packs to joint
- Move to transport area for transfer to higher level of care

Near Drowning (a drowned patient will be in cardiac arrest)

- Protect neck, stabilize
- Monitor and treat for hypothermia if present

Diarrhea

- Offer 1 ounce of fluid every 15 minutes

Eye (blunt injury)

- Apply dry sterile or clean dressing
- Position patient on back
- Apply cold compress
- Refer to higher level of care

Injury-Specific First Aid Treatment Guidelines...continued

Eye (foreign body such as dust, insects, sunscreen—not penetrating the eye)

- Flush with water or saline
- Refer to higher level of care

Eye (foreign body penetrating eye)

- Patient will require higher level of care
- Position patient on back
- Immobilize object in place with sterile dressing
- Treat for shock
- Move to transport area for transfer to higher level of care

Fainting

- Elevate legs 8-12 inches if no suspected head, spinal or leg injury
- Loosen restrictive clothing
- Patient will require higher level of care if recovery is not prompt

Foreign Objects (penetrating)

- Patient will require higher level of care
- Immobilize and stabilize object and pad it to prevent movement
- Control bleeding
- Treat for shock
- Move to transport area for transfer to higher level of care

Heart Attack

See Chest Pain
See Cardiac Arrest

Heat Illness

- Patient may require higher level of care
- Remove patient from hot environment
- Cool patient—loosen or remove clothing, apply cool, wet towels or sheets or cold packs, fan patient; place ice packs at wrists, ankles, armpits, groin
- Fully alert patients may drink fluids
- If needed, move to transport area for transfer to higher level of care

Insect Bites

See Bites and Stings

Injury-Specific First Aid Treatment Guidelines...continued

Nausea

- Rest
- Offer 1 ounce fluid every 15 minutes after patient has not vomited for 12 hours
- May require higher level of care if unable to retain fluids or nausea is persistent over time

Nosebleed

- Sitting position, leaning forward, apply direct pressure to nose, pinching nostrils together for a minimum of 10 minutes
- May require higher level of care if bleeding is heavy and cannot be controlled

Poisoning/Overdose (ingested)

- Patient may require higher level of care
- Identify substance
- Treat according to poison if appropriate (ipecac, charcoal if available)
- If needed, move to transport area for transfer to higher level of care

Pregnancy

- Patient will require higher level of care if bleeding, severe pain, premature labor
- If needed, move to transport area for transfer to higher level of care

Rape or Assault

- Patient will require higher level of care
- Treat injuries
- Instruct patient regarding preservation of evidence if appropriate
- Assign individual to stay with patient if possible
- Move to transport area for transfer to higher level of care
- Notify local law enforcement

Respiratory Arrest

- Patient will require higher level of care
- Open and clear airway
- Begin respiratory assist only if assistance is available to maintain effort
- Move to transport area for transfer to higher level of care

Injury-Specific First Aid Treatment Guidelines...continued

Respiratory Distress

- Patient is likely to require higher level of care
- Position of comfort
- Reassure the patient, prevent chilling or overheating
- If needed, move to transport area for transfer to higher level of care

Seizures

- Patient is likely to require higher level of care, particularly if seizures are uncontrolled, new in onset, or usual medication is unavailable
- Protect patient from injury, position on side if spinal injury is not a concern
- Monitor airway
- If needed, move to transport area for transfer to higher level of care

Shock

- Patient will require higher level of care
- Provide care for airway, breathing or circulation problems detected
- Help the patient rest comfortably
- Keep the patient from becoming chilled or overheated
- Reassure the patient
- Elevate legs 12 inches unless you suspect head, neck or back injuries or painful, swollen deformities of the hips or legs are present
- Do not give anything by mouth
- Move to transport area for transfer to higher level of care

Snakebite

- Patient will require higher level of care
- Clean wound
- Immobilize affected part, position lower than the heart if possible
- Minimize movement
- Move to transport area for transfer to higher level of care

Spinal or Suspected Spinal Injury

- Patient will require higher level of care
- Maintain in-line stabilization
- Move to transport area for transfer to higher level of care

Strains/Sprains

- Apply cold if available
- Wrap and elevate extremity
- Patient will require non-urgent physician evaluation

Injury-Specific First Aid Treatment Guidelines...continued

Stroke (unconscious)

- Patient will require higher level of care
- Maintain open airway
- Position patient on affected side

Move to transport area for transfer to higher level of care

Stroke (conscious)

- Patient will require higher level of care
- Maintain open airway
- Comfort and reassure patient
- Do not give anything by mouth
- Move to transport area for transfer to higher level of care

Stomach Upset

See Nausea

Substance Abuse

- Patient will require higher level of care, especially if abuse has resulted in life-threatening conditions
- Monitor airway, anticipate decrease in awareness
- Calm and reassure patient
- Keep the patient from getting chilled or overheated
- Move to transport area for transfer to higher level of care

Tooth Injuries

- Patient may require higher level of care if additional injuries are suspected
- When possible replace tooth in socket (not always appropriate for children)
- Place gauze in space, instruct patient to bite down
- Place tooth in cup of milk or water if available
- Refer for dental care

Unconscious

- Patient will require higher level of care
- Maintain airway
- Maintain normal body temperature
- Do not give anything by mouth
- Move to transport area for transfer to higher level of care

EQUIPMENT AND SUPPLIES (For 50 Patients)

Equipment and Supplies should be stored in a well-identified location. Storage container(s) may be stationary or mobile, but should provide dry, secure storage. Periodic inspection and maintenance is necessary, as is the rotating of perishable supplies.

BLS Supplies (Level I & II)

* Indicates perishable (dated) items

ITEM	QTY
Bandage/Dressing	
Bandage, elastic 3"	20
Bandage, butterfly	25
Bandage, triangular	24
Band aids, assorted	100
Burn sheets, assorted sizes	20
Dressing, 4x4 sterile	50
Dressing, 4x4 sterile, bulk	100
Dressing, 4x4 sterile, petroleum	25
Dressing, 5x9 sterile	25
Dressing, 8x10 sterile	20
Dressing, 10x30 sterile	50
Eye pad, oval, sterile	1 pkg
Eye shield	6
Gauze roll (2" or 3")	100
Tape, adhesive, waterproof (1" and 2"x10yds)	50
Tape, plastic (1")	5

Misc. Medical Supplies	
Antibiotic ointment*	75
Antiseptic wipes*	100
Basin, emesis	50
Bedpan, plastic disposable	10
Blanket, emergency, thermal	10
Bleach (gallon)	2
Body bag, white, morgue pack	24
Cold packs	25
Gloves, latex, sm., med., lg.	100ea
Gowns	50
Hydrogen peroxide	5

Misc. Medical Supplies...continued	
Plastic bags	100
Red Bio Hazard bags	50
Splints, assorted	
Sterile water (irrigation), plastic bottles 500cc*	40
Tape, duct	12
Towellettes, disinfectant, disposable*	100
Tweezers	10
Urinals with lids	10
Waterless hand cleaner (bottles)	10
Scissors, EMT	2

Other Equipment	
Cots, fold out	15-20
First Aid book	2
Litters, folding, rigid pole	2
Chairs	50
Flashlights/batteries	6
Triage tags	50
Patient care forms	75 sets
Office supplies	Misc
Table	8
Station signage	
SEMS vests	

Optional OTC Medications*	
Acetaminophen (non-aspirin), adult	
Acetaminophen (non-aspirin), pediatric	
Antacid tablets	
Antihistamine tablets (diphenhydramine)	
Aspirin, adult dose	
Aspirin, pediatric dose	
Calamine lotion	
Hydrocortisone, .5% ointment	
Anti-diarrheal (imodium, kaopectate)	
Ibuprofen, adult dosage	
Ibuprofen, pediatric dosage	
Chlortrimeton	

LEVEL II FIRST AID STATION

As the Level II First Aid Station's Medical Director will be providing written treatment guidelines, there are none specified here for the Level II FAS. However, the general overview of treatment and list of specific injuries with BLS treatment guidelines provided in the previous section can be used as a template and replaced with the orders of the physician providing medical oversight.

SAMPLE ALS SUPPLY LIST (LEVEL II ONLY)

The type and number of supplies will be determined by the medical director based on the level of licensed personnel to be utilized and the orders/protocols written. The following list is only an example. It is based on the California state Emergency Medical Service Authority's list of medical supplies for a field treatment point.

ITEM	QTY
Medications	
5% dextrose and water (D5W), partial fill, 100 cc	24 ea.
Alupent inhalers, 10 ml.	2 ea.
Ammonia inhalant ampoules	1 box, 10/box
Betadine solution, non-foam, plastic bottle, 1 quart	4 ea.
Cefazolin sodium inj. (Ancef), 1 gm vials	1 box, 25/box
Compazine Injectable 5 mg/ml	10 ml
Dextrose, pre-filled syringe, 50%, 50 cc	1 case, 10/case
Diazepam injection, 2 cc pre-filled syringes, 5 mg/cc	1 box, 10/box
Diazepam tablets, 5 mg.	1 bottle, 100/bottle
Diphenoxylate hcl & atropine tablets (lomotil), 2.5 mg.	1 bottle, 100/bottle
Diphtheria, pertussis, & tetanus toxoid, pediatric	4 boxes, 10/box
Furosemide ampules, 10 mg/cc	1 box, 10/box
Furosemide tablets, 40 mg	1 bottle, 100/bottle
Glucose, oral, tablets	5 ea.
Lidocaine hcl for injection, 1% 5 ml	3 boxes, 25/box
Naloxone hcl, injectable, ampules, 1 ml	1 box, 10/box
Nitroglycerin tablets, 0.4 mg.	1 bottle, 25/bottle
Ophthaine hcl, bottle w/dropper, 0.5% 15 ml	1 ea.
Oxytocin, pre-filled syringe, 10 units	1 box, 10/box
Pedialyte/osmolyte solution, 8oz.	1 case, 24/case
Potassium chloride for injection, 40 meq. 20 ml	1 box, 25/box
Silver sulfadiazine cream, 400 gm/jar	10 jars
Sodium sulamyd ophthalmic ointment, 10% 3.5 gm.	6 ea.
Sterile water for injection, 5 cc	100 ea.
Tetanus toxoid	4 boxes, 10/box
Tetanus immune globulin, pre-filled syringe	1 box, 10/box
Toradol, injectable pre-filled syringe, 60 mg/2 ml	1 box, 10/box
Vancomycin hcl	1 box, 10/box

Medications...continued	
Morphine sulfate, injectable, pre-filled syringe	1 box, 10/box
Holders for morphine sulfate inj.	2 ea.
Insulin, injection, usp u-100	4 bottles, 10 cc/bottle
Tylenol w/codine tablet	1 bottle, 100/bottle
Tylenol elixir & suspension liquid, pediatric	1 bottle

Surgical Supplies	
Chest tubes, pediatric (pneumothorax), size # 16 french	4 ea.
Chest tubes, various sizes # 26 - 32 french	4 ea.
Closed drainage system, non-breakable, (pleuravac)	8 ea.
Hemostats	12 ea.
Kelly clamps	8 ea.
Mayo clamps #6	6 ea.
Penrose drains, latex tubing, sterile, 1/2" x 12"	12 ea.
Peritoneal lavage catheters	4 ea.
Scalpel with blade, disposable, # 10	24 ea.
Scalpel with blade, disposable, # 15	24 ea.
Sterile Surgical Gloves, Sizes 6.5, 7.0, 7.5 & 8.0	4 boxes/1 ea. size
Surgical amputation kit, including ketamine	4 ea.
Surgical lubricating jelly, 5 oz. tube	2 ea.
Surgical scrub brushes with betadine	24 ea.
Surgical suture, polyester, braided, size 00, 3/8 cir.	1 box, 12/box
Suture removal kit	12 ea.
Suture set, disposable	36 ea.
Suture, 4 - 0 silk	24 ea.
Suture, gut, 6 - 0, small curve	12 ea.
Thoracostomy tray	4 ea.
Tracheostomy tray	4 ea.
Tracheostomy tubes, 2 sizes	4 ea. (4 of ea. size)
Tube thoracostomy sets (for inserting chest tubes) #4	4 sets
Sterile Disposable surgical towel packs	1 case

Non-disposable Medical Supplies	
Backboard, straps	10 ea.
Backboards, 18" x 72"	5 ea.
Basin, wash, sturdy plastic, 7 quart	6 ea.
Batteries, appropriate for the mini-mag flashlight	8 - 12 ea.
Blankets, lightweight	48 ea.
Bulbs, appropriate for mini-mag flashlight	4 ea.
Glucose test kit, w/50 pins, 50 test strips & battery,	1 ea.
Laryngoscope, multi blade set, adult, w/batteries	1 ea.

Non-disposable Medical Supplies...continued	
Laryngoscope, multi blade set, infant/child, w/batteries	1 ea.
Magnifying glass	1 ea.
Mini-mag flashlights	2 ea.
Multi-cuff BP kit, must include thigh & infant cuffs	1 ea.
Ophthalmoscope set, portable, battery powered, w/batteries	1 ea.
Sphygmomanometer, adult	6 ea.
Sphygmomanometer, pediatric	3 ea.
Splinter forceps	2 ea.
Stethoscope	6 ea.
Strap, webbing, pin mount type, 72" length	30 ea.

IV Sets, Needles & Syringes	
Blood administration set	1 box, 48/box
Catheter & needle, IV, 18 gauge	1 box, 50/box
Catheter & needle, IV, 22 gauge	1 box, 50/box
Intravenous administration set, adult	1 box, 48/box
Intravenous administration set, pediatric	1 box, 48/box
IV extension tubing	1 box, 48/box
IV piggyback tubing	12 ea.
Lactated ringers solution, plastic bag, 1000 cc	8 cases, 12/case
Sterile saline, IV solution (bags), 500 cc	50 ea.
Needle and syringe, disposable, 3 cc, 20 ga. x 1"	1 box, 100/box
Needle and syringe, insulin 1 cc/u-100, 28 ga. x 1/2"	1 box, 100/box
Needle, hypodermic, disposable, 20 ga. x 1-1/2"	1 box, 100/box
Needle, hypodermic, disposable, 22 ga. x 1"	1 box, 100/box
Sharps collector, (needle disposal)	6 ea.
Syringe, luer lock, sterile, disposable, 5 cc	1 box, 100/box

Orthopedic Supplies	
Bandage, plaster, splint, rolls, 4" x 5 yds.	1 case, 48 rolls/case
Bandage, plaster, splint, rolls, 6" x 5 yds.	1 case, 48 rolls/case
Cast cutting scissors	2 ea.
Cast Spreader #1	1 ea.
Cast underwrap, 4" x 4 yds.	1 case, 50/case
Collar, extrication, hard foam, non-absorbing, adult	30 ea.
Collar, extrication, hard foam, non-absorbing, pediatric	10 ea.
Headbraces, cardboard	5 ea.
Splint, traction, femur, adult	1 ea.
Splint, traction, femur, pediatric	1 ea.

Miscellaneous Medical Supplies	
Airways, esophageal obturator	2 ea.
Airways, nasopharyngeal size # 24	4 ea.
Airways, nasopharyngeal size # 28	4 ea.
Airways, nasopharyngeal size # 32	4 ea.
Airways, oropharyngeal size # 1	6 ea.
Airways, oropharyngeal size #3	6 ea.
Airways, oropharyngeal size # 5	6 ea.
Alcohol preps	2 boxes, 100/box
Ambu Bag, w/adult and pediatric masks	3 ea. size
Betadine scrub	1 gallon
Blankets, disposable, plastic backing	3 cases, 40/case
Bulb syringe, 2 oz.	6 ea.
Catheter, urethral, 5 cc balloon, size # 12 french	4 ea.
Catheter, urethral, 5 cc balloon, size # 16 french	4 ea.
Catheter, urethral, 5 cc balloon, size # 20 french	4 ea.
Catheterization pack, urethral	12 ea.
Crutches, adjustable, adult	2 ea.
Crutches, adjustable, child	2 ea.
Drainage set, urinary	12 ea.
Endotracheal tubes, french 2 sizes	2 each size
Esophageal obturator airway or Combitube	2 ea.
Face masks, disposable, combination use	25 ea.
Feeding tube, size # 8 french	6 ea.
Napkins, sanitary	48 ea.
Nasogastric tube, size # 16 french	2 ea.
Nasogastric tube, size # 22 french	2 ea.
Suction apparatus, multi-patient use (V-vac)	2 ea.
Suction catheters, french (2 sizes)	2 ea. Size
Surgical masks, with eye shield, flat	100 ea.
Syringe, irrigation, 60 cc	1 box, 30/box
Tongue depressors, wood	1 box 500/box
Tourniquets, 1" width	1 pkg, 10/pkg
Towel set (1 ea, towel/washcloth)	48 sets
Urinals with lids, male, disposable	1 case, 50/case
Urinals, female, disposable	5 cases, 10/case
Water purification tabs	1 bottle
Obstetrical kits	2 ea.
Diapers	1 case, 100/case
Disposable wipes	2 boxes, 40/box
Disposable nursery sets, including nipples, caps, rings & bottles	1 case, 36/case

EXPANDED MEDICAL PREPAREDNESS APPENDIX B

POSITION CHECKLISTS

Level I & Level II



Alphabetical Listing of Checklists

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Discharge Tracking	19
Documentation Unit Leader	17
Facilities Unit Leader	25
Finance Chief	20
First Aid Station Director.....	2
Food Services Unit Leader	24
Liaison Officer	5
Logistics Chief.....	21
Materials/Supplies Unit Leader.....	23
Morgue Security	11
Morgue Unit Leader	10
Operations Chief	6
Patient Record & Tracking Officer.....	18
Planning Chief	15
Registration Tracking	18
Safety Officer	4
Security Officer.....	3
Situation Status Unit Leader	16
Staffing Unit Leader	26
Transport Area Officer	13
Transport/Discharge Unit Leader	12
Treatment Area Officer	9
Triage Area Officer.....	8
Triage/Treatment Unit Leader.....	7

FIRST AID STATION DIRECTOR

Mission:

Organize and direct all activity within the First Aid Station. Provide overall direction for the operation or termination of operations at the First Aid Station.

Required Training:

Community Emergency Response Training (CERT)
Standardized Emergency Management System Introduction Module or
ICS-200 (Basic Incident Command System)

Recommended Training/Skills;

Managerial experience

Reports To:

Local Jurisdiction

A Checklist of Responsibilities and Actions:

- Assume role of First Aid Station Director
- Read this entire job checklist
- Ensure selected First Aid Station site is safe and available
- Put on position identification vest
- Assess the situation to determine appropriate staffing needed
- Appoint section chiefs as needed
- Ensure that needed staffing is filled
- Ensure that communications with local jurisdiction are established and functioning
- Monitor activities to ensure that all appropriate actions are being taken
- Exercise responsibility for the overall coordination of all activities as they relate to the Operations, Planning, Logistics, and Finance Sections
- Observe all staff/volunteers for signs of stress or fatigue. Report concerns to the Safety Officer
- Maintain Activity/Duty log

SECURITY OFFICER

Mission:

Provide overall security for the First Aid Station

Required Training:

Community Emergency Response Training (CERT)

Recommended Training/Skills:

Law Enforcement/Security experience

Reports to: First Aid Station Director

A Checklist of Responsibilities and Actions:

- Assume role of Security Officer
- Read this entire job checklist
- Put on position identification vest
- Establish contact with local law enforcement as needed
- Request required personnel support to accomplish assignments
- Assign dedicated security to Morgue as needed
- Develop security plan for site
- Secure the command post, entrances, supply storage, temporary morgue, and other sensitive or strategic areas from unauthorized access
- Keep the peace
- Prevent theft
- Document all complaints and suspicious occurrences
- Maintain Activity/Duty Log

SAFETY OFFICER

Mission:

Monitor all procedures and activities in and around the First Aid Station to ensure they are being conducted in a safe manner

Required Training:

Community Emergency Response Training (CERT)

Recommended Training/Skills:

First Aid
Critical Incident Stress Management
Knowledge of workplace safety practices

Reports to: First Aid Station Director

A Checklist of Responsibilities and Actions:

- Assume role of Safety Officer
- Read this entire job checklist
- Put on position identification vest
- Identify hazardous situations associated with the incident
- Exercise emergency authority to stop and prevent unsafe acts
- Investigate accidents that have occurred within the area
- Observe for, and remove from assignment, those that show signs of stress or fatigue. Refer to local jurisdiction for mental health services as needed
- Refer to & utilize injury prevention plan (See Attachments)
- Coordinate with Facilities Unit for the proper disposal of biohazard waste
- Maintain Activity/Duty Log

LIAISON OFFICER

Mission:

Establish and maintain contact with local jurisdiction, agencies, organizations, etc. that are working with the First Aid Station

Required Training:

Community Emergency Response Training (CERT)
Standardized Emergency Management System Introduction Module or
ICS-200 (Basic Incident Command System)

Recommended Training:

N/A

Reports to: First Aid Station Director

A Checklist of Responsibilities and Actions:

- Assume role of Liaison Officer
- Read this entire job checklist
- Put on position identification vest
- Assist in establishing and coordinating interagency contacts
- Update local jurisdiction and supporting agencies with First Aid Station status
- Monitor First Aid Station operations to identify current or potential inter-organizational problems
- Obtain media information that may be useful to incident planning
- Refer any media inquiries to local jurisdiction
- Maintain Activity/Duty Log

OPERATIONS CHIEF

Mission:

Organize and direct overall patient care operations in the First Aid Station

Required Training:

Community Emergency Response Training (CERT)
Standardized Emergency Management System Introduction Module or
ICS-200 (Basic Incident Command System)

Recommended Training/Skills:

Managerial experience

Reports to: First Aid Station Director

A Checklist of Responsibilities and Actions:

- Assume role of Operations Chief
- Read this entire job checklist
- Put on position identification vest
- Receive briefing from First Aid Station Director
- Assess the situation to determine appropriate staffing needed
- Ensure that needed staffing is filled
- Observe all staff/volunteers for signs of stress or fatigue. Report concerns to the Safety Officer
- Exercise responsibility for the overall coordination of all activities as they relate to the Triage/Treatment, Transport/Discharge, and Morgue Units
- Activate morgue unit if there are any deceased
- Ensure that the above units' tasks are being completed (see those attached, specific job action checklists)
- Participate in situation assessment and planning with the First Aid Station Director and other chiefs on a periodic basis at the Director's discretion
- Maintain Activity/Duty Log

TRIAGE/TREATMENT UNIT LEADER

Mission:

Responsible for the triage, treatment, and disposition of patients

Required Training:

START and First Aid training

Recommended Training/Skills:

Community Emergency Response Training (CERT)

Reports to: Operations Chief

A Checklist of Responsibilities and Actions:

- Assume role of Triage/Treatment Unit Leader
- Read this entire job checklist
- Put on position identification vest
- Receive briefing from Operations Chief
- Assess the situation to determine appropriate staffing needed
- Ensure that needed staffing is filled
- Assess for and request any needed supplies
- Exercise responsibility for the overall coordination of all activities as they relate to the Triage and Treatment Areas
- Ensure that the above units' tasks are being completed (see those attached, specific job action checklists)
- Maintain Activity/Duty Log

TRIAGE AREA OFFICER

Mission:

Sort casualties according to severity of illness or injury using the START system

Required Training:

START training

Recommended Training/Skills:

Community Emergency Response Training (CERT)

Reports to: Triage/Treatment Unit Leader

A Checklist of Responsibilities and Actions:

- Assume role of Triage Area Officer
- Read this entire job checklist
- Put on position identification vest
- Receive briefing from Triage/Treatment Unit Leader
- Assess the situation to determine appropriate staffing needed
- Ensure that needed staffing is filled
- Identify locations of triage/registration and treatment area
- Assess for and request any needed supplies
- Ensure immediate contact with all presenting patients
- Observe patients for any exposure to hazardous materials. If discovered, isolate patient and report information to First Aid Station Director immediately
- Utilizing triage tags, ensure proper triage of all patients according to START
- Ensure that all patients are registered
- Direct movement of patients to appropriate area:
 - Morgue (already dead)
 - Transport area (those patients requiring higher level of care)
 - Waiting area
 - Treatment area
- Maintain Activity/Duty Log

TREATMENT AREA OFFICER

Mission:

Coordinate the treatment and disposition of patients in treatment area

Required Training:

First Aid training or higher (depending on level of First Aid Station)

Recommended Training/Skills:

Community Emergency Response Training (CERT)

Reports to: Triage/Treatment Unit Leader

A Checklist of Responsibilities and Actions:

- Assume role of Treatment Area Officer
- Read this entire job checklist
- Put on position identification vest
- Receive briefing from Triage/Treatment Unit Leader
- Assess the situation to determine appropriate staffing needed
- Ensure that needed staffing is filled
- Establish and label the Treatment Area (one practitioner for each two beds)
- Assess for and request any needed supplies (including patient treatment supplies)
- Ensure patient care at the first aid level
- Ensure staff members adequately document assessment and treatment on Patient Care Record (See Appendix C)
- Facilitate the rapid disposition and flow of patients from the treatment area
- Ensure completion of patient treatment records and discharge instructions. Keep a copy for patient disposition records
- Ensure copies are sent to Planning Section for tracking purposes
- Maintain Activity/Duty Log

MORGUE UNIT LEADER

Mission:

Collect, identify, and secure deceased patients and any personal effects

Required Training:

N/A

Recommended Training/Skills:

Community Emergency Response Training (CERT)

Reports to: Operations Chief

A Checklist of Responsibilities and Actions:

- Assume role of Morgue Unit Leader
- Read this entire job checklist
- Put on position identification vest
- Receive briefing from Operations Chief
- Assess the situation to determine appropriate staffing needed
- Ensure that needed staffing is filled
- Assign dedicated Morgue Security
- Assess for and request any needed supplies
- Establish and label Morgue Area. Needs to be:
 - Secure
 - Private
- Maintain a tracking log to document the receipt and disposition of all bodies
- Leave personal effects with body
- Place in body bag and attach label containing the following information:
 - Date and time
 - Name and address if known
 - If identified, specify how and when
 - Indicate if body is contaminated
- If loose personal effects are present, place in plastic bag and label
- Consider need for refrigeration, request if needed
- Do not leave bodies unattended; transfer responsibility for bodies to Coroner or authorized Coroner representative
- Maintain Activity/Duty Log

MORGUE SECURITY OFFICER

Mission:

Secure morgue, deceased victims, and their personal belongings

Required Training:

N/A

Recommended Training/Skills:

Community Emergency Response Training (CERT)
Law Enforcement/Security experience

Reports to: Morgue Unit Leader

A Checklist of Responsibilities and Actions:

- Assume role of Morgue Security Officer
- Read this entire job checklist
- Put on position identification vest
- Receive briefing from Morgue Unit Leader
- Identify security needs for the morgue
- Secure the temporary morgue
- Maintain Activity/Duty Log

TRANSPORT/DISCHARGE UNIT LEADER

Mission:

Oversee the continuation of stabilization treatment and preparation of patients for medical transfer or discharge

Required Training:

N/A

Recommended Training/Skills:

Community Emergency Response Training (CERT)
First Aid training

Reports to: Operations Chief

A Checklist of Responsibilities and Actions:

- Assume role of Transport/Discharge Unit Leader
- Read this entire job checklist
- Put on position identification vest
- Receive briefing from Operations Chief
- Assess the situation to determine appropriate staffing needed
- Ensure that needed staffing is filled
- Establish and label the Patient Transport and Discharge Areas
- Assess for and request any needed supplies
- Monitor and provide first aid to patients awaiting transport
- Ensure proper completion of Patient Care Records. (See Appendix C) Keep copy for records.
- Ensure appropriate destination and transport for patients
- Ensure that each patient receives discharge instructions; when transferring include patient records
- Maintain a patient tracking log to document the disposition of all patients
- Maintain Activity/Duty Log

TRANSPORT AREA OFFICER

Mission:

Organize and coordinate the movement of all non-ambulatory patients throughout the aid station. Arrange for the transportation of all transferring patients.

Required Training:

N/A

Recommended Training/Skills:

Community Emergency Response Training (CERT)

Reports to: Transport/Discharge Unit Leader

A Checklist of Responsibilities and Actions:

- Assume role of Transport Area Officer
- Read this entire job checklist
- Put on position identification vest
- Receive briefing from Transport/Discharge Unit Leader
- Assess the situation to determine appropriate staffing needed
- Ensure that needed staffing is filled
- Assess for and request any needed supplies
- Establish and label Vehicle Off-Loading Area in cooperation with the Triage Area Officer
- Establish and label Ambulance/Vehicle Loading Area in cooperation with the Discharge Area Officer
- Ensure that internal patient movement needs are met
- Ensure the rapid disposition and flow of patients from the triage area
- Maintain Activity/Duty Log

DISCHARGE AREA OFFICER

Mission:

Organize and coordinate the discharge/transfer of patients

Required Training:

N/A

Recommended Training/Skills:

Community Emergency Response Training (CERT)

Reports to: Transport/Discharge Unit Leader

A Checklist of Responsibilities and Actions:

- Assume role of Discharge Area officer
- Read this entire job checklist
- Put on position identification vest
- Receive briefing from Transport/Discharge Unit Leader
- Assess the situation to determine appropriate staffing needed
- Ensure that needed staffing is filled
- Assess for and request any needed supplies
- Coordinate with Transport Area Officer for needed transport resources
- Assist Transport Area Officer in setting up Vehicle off-loading area
- Direct the loading of patients
- Coordinate with the Discharge Tracking Officer to ensure proper tracking of patients
- Expedite the flow of released patients
- Maintain Activity/Duty Log

PLANNING CHIEF

Mission:

Organize and direct all aspects of the Planning Section. Ensure the distribution of critical information. Conduct long range planning

Required Training:

Community Emergency Response Training (CERT)
Standardized Emergency Management System Introduction Module or
ICS-200 (Basic Incident Command System)

Recommended Training/Skills:

Managerial experience

Reports to: First Aid Station Director

A Checklist of Responsibilities and Actions:

- Assume role of Planning Chief
- Read this entire job checklist
- Put on position identification vest
- Receive briefing from First Aid Station Director
- Assess the situation to determine appropriate staffing needed
- Ensure that needed staffing is filled
- Observe all staff/volunteers for signs of stress or fatigue. Report concerns to the Safety Officer
- Exercise responsibility for the overall coordination of all activities as they relate to the Documentation and Situation/Status Units
- Ensure that the above units' tasks are being completed (see those attached, specific job action checklists)
- At the First Aid Station Director's discretion, participate in situation assessment and planning sessions with other section chiefs on a periodic basis.
- Schedule and facilitate the above meetings in coordination with First Aid Station Director
- Maintain Activity/Duty Log

SITUATION/STATUS UNIT LEADER

Mission:

Maintain current and forecasted information regarding the incident

Required Training:

N/A

Recommended Training/Skills:

Community Emergency Response Training (CERT)

Reports to: Planning Chief

A Checklist of Responsibilities and Actions:

- Assume role of Situation/Status Unit Leader
- Read this entire job checklist
- Put on position identification vest
- Receive briefing from Planning Chief
- Assess the situation to determine appropriate staffing needed
- Ensure that needed staffing is filled
- Assess for and request any needed supplies
- Document decisions, actions and attendance in the Command Area
- Maintain current information summaries and or displays on the incident and provide information on status of incident to personnel
- Observe all staff/volunteers for signs of stress or fatigue. Report concerns to the Safety Officer
- Maintain Activity/Duty Log

DOCUMENTATION UNIT LEADER

Mission:

Collect, organize, and maintain all completed event or disaster related forms

Required Training:

N/A

Recommended Training/Skills

Community Emergency Response Training (CERT)

Reports to: Planning Chief

A Checklist of Responsibilities and Actions:

- Assume role of Documentation Unit Leader
- Read this entire job checklist
- Put on position identification vest
- Receive briefing from Planning Chief
- Assess the situation to determine appropriate staffing needed
- Ensure that needed staffing is filled
- Assign staff to Registration Area
- Assign staff to Discharge Area
- Assess for and request any needed supplies
- Distribute Action Plan, as required (See Appendix C)
- Collect, organize, and file all completed First Aid Station forms, including FAS Action Plan, FAS Activity/Duty Logs, Registration, Discharge, and Master Patient Tracking Log, Patient Care Records, and Discharge/Transfer Forms (See Appendix C)
- Maintain Master Patient Tracking Log
- Maintain Activity/Duty Log

REGISTRATION TRACKING

Mission:

Maintain Registration Tracking Record

Required Training:

N/A

Recommended Training/Skills:

Community Emergency Response Training (CERT)

Reports to: Documentation Unit Leader

A Checklist of Responsibilities and Actions:

- Assume role of Registration Tracking
- Read this entire job checklist
- Put on position identification vest
- Receive briefing from Documentation Unit Leader
- Assess the situation to determine appropriate staffing needed
- Assess for and request any needed supplies
- Establish an area near the entrance to track patient arrivals
- Maintain a Registration Tracking Record (See Appendix C) on all patients entering the First Aid Station
- Maintain Activity/Duty Log

DISCHARGE TRACKING

Mission:

Maintain Discharge Tracking Record

Required Training:

N/A

Recommended Training/Skills:

Community Emergency Response Training (CERT)

Reports to: Documentation Unit Leader

A Checklist of Responsibilities and Actions:

- Assume role of Discharge Tracking
- Read this entire job checklist
- Put on position identification vest
- Receive briefing from Documentation Unit Leader
- Assess the situation to determine appropriate staffing needed
- Assess for and request any needed supplies
- Establish an area near the exit to track patient departures
- Maintain Discharge Tracking Record (See Appendix C) to document the discharge of all patients
- Maintain Activity/Duty Log

FINANCE CHIEF

Mission:

Maintain any and all financial records throughout the activation of the First Aid Station.

Required Training:

Community Emergency Response Training (CERT)
Standardized Emergency Management System Introduction Module or
ICS-200 (Basic Incident Command System)

Recommended Training/Skills:

Managerial experience recommended

Reports to: First Aid Station Director

A Checklist of Responsibilities and Actions:

- Assume role of Finance Chief
- Read this entire job checklist
- Put on position identification vest
- Receive briefing from First Aid Station Director
- Assess the situation to determine appropriate staffing needed
- Ensure that needed staffing is filled
- Track expenses relative to any personnel, supplies or other miscellaneous costs.
- Participate in situation assessment and planning with the Director and other chiefs on a periodic basis at the Director's discretion.
- Maintain Activity/Duty Log

LOGISTICS CHIEF

Mission:

Organize and direct all aspects of the Logistics Section. This includes providing communication services, resource tracking, acquiring equipment, supplies, personnel, facilities, and transportation services.

Required Training:

Community Emergency Response Training (CERT)
Standardized Emergency Management System Introduction Module or
ICS-200 (Basic Incident Command System)

Recommended Training/Skills:

Managerial experience recommended

Reports to: First Aid Station Director

A Checklist of Responsibilities and Actions:

- Assume role of Logistics Chief
- Read this entire job checklist
- Put on position identification vest
- Receive briefing from First Aid Station Director
- Assess the situation to determine appropriate staffing needed
- Ensure that needed staffing is filled
- Meet with First Aid Station Director and staff to identify immediate resource needs
- Exercise responsibility for the overall coordination of all activities as they relate to the Logistics Units
- Ensure that the above units' tasks are being completed (see those attached, specific job action checklists)
- Observe all staff/volunteers for signs of stress or fatigue. Report concerns to the Safety Officer
- Participate in situation assessment and planning with the Director and other chiefs on a periodic basis at the First Aid Station Director's discretion
- Maintain Activity/Duty Log

COMMUNICATIONS UNIT LEADER

Mission:

Organize and coordinate all internal and external communications

Required Training:

N/A

Recommended Training/Skills:

Community Emergency Response Training (CERT)

Reports to: Logistics Chief

A Checklist of Responsibilities and Actions:

- Assume role Communications Unit Leader
- Read this entire job checklist
- Put on position identification vest
- Receive briefing from Logistics Chief
- Assess the situation to determine appropriate staffing needed
- Ensure that needed staffing is filled
- Assess for and request any needed supplies
- Provide for internal communication needs if established
- Establish and maintain contact with local jurisdiction
- Establish and maintain contact with local Level II First Aid Station as needed
- Maintain Activity/Duty Log

MATERIALS/SUPPLIES UNIT LEADER

Mission:

Obtain, organize, store, and distribute equipment and supplies

Required Training:

N/A

Recommended Training/Skills:

Community Emergency Response Training (CERT)

Reports to: Logistics Chief

A Checklist of Responsibilities and Actions:

- Assume role of Materials/Supplies Unit Leader
- Read this entire job checklist
- Put on position identification vest
- Receive briefing from Logistics Chief
- Assess the situation to determine appropriate staffing needed
- Ensure that needed staffing is filled
- Assess for and obtain any needed supplies
- Develop and maintain an inventory of resources, supplies, and equipment
- Coordinate with security to protect resources
- Coordinate procurement actions with Finance Section
- Maintain Activity/Duty Log

FOOD SERVICE UNIT LEADER

Mission:

Ensure the adequate feeding of First Aid Station staff and patients

Required Training:

N/A

Recommended Training/Skills:

Community Emergency Response Training (CERT)

Reports to: Logistics Chief

A Checklist of Responsibilities and Actions:

- Assume role of Food Service Unit Leader
- Read this entire job checklist
- Put on position identification vest
- Receive briefing from Logistics Chief
- Assess the situation to determine appropriate staffing needed
- Ensure that needed staffing is filled
- Determine food and water requirements for staff and patients
- Request any needed food and water supplies
- Determine method of feeding to best fit location and coordinate with Facilities Unit
- Coordinate with Security to protect supplies
- Request necessary equipment and supplies
- Communicate needs to local jurisdiction
- Refer to "Safe Food Handling Instructions" for guidance (See Attachments)
- Ensure that all appropriate health and safety measures are being followed
- Maintain Activity/Duty Log

FACILITIES UNIT LEADER

Mission:

Oversee activities as they relate to the physical operations of the First Aid Station.

Required Training:

N/A

Recommended Training/Skills:

Community Emergency Response Training (CERT)

Reports to: Logistics Chief

A Checklist of Responsibilities and Actions:

- Assume role of Facilities Unit Leader
- Read this entire job checklist
- Put on position identification vest
- Receive briefing from Logistics Chief
- Assess the situation to determine appropriate staffing needed
- Ensure that needed staffing is filled
- Determine requirements for facility
- If possible, prepare layouts of First Aid Station Facilities
- Clearly label and identify areas within First Aid Station
- Provide facilities maintenance services, sanitation, lighting, and clean-up
- Coordinate with Safety Officer for the proper disposal of biohazard waste
- Maintain Activity/Duty Log

STAFFING UNIT LEADER

Mission:

Process and schedule staff of First Aid Station

Required Training:

N/A

Recommended Training/Skills:

Community Emergency Response Training (CERT)

Reports to: Logistics Chief

A Checklist of Responsibilities and Actions:

- Assume role of Staffing Unit Leader
- Read this entire job checklist
- Put on position identification vest
- Receive briefing from Logistics Chief
- Assess the situation to determine appropriate staffing needed
- Ensure that needed staffing is filled
- Assess for and request any needed supplies
- Track all individuals working in the First Aid Station (name, place of residence, time in, time out)
- Working with other sections and local jurisdiction, identify, recruit, and register volunteers as needed
- Process volunteers (name, qualifications, availability, contact information)
- Coordinate with local jurisdiction to ensure that all volunteers have been provided the Disaster Service Worker oath of allegiance
- Schedule staff according to directions from Logistics Chief
- Maintain Activity/Duty Log

EXPANDED MEDICAL PREPAREDNESS APPENDIX C

SUPPLEMENTAL FORMS

Level I & Level II



Appendix C Table of Contents

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First Aid Station Action Plan	4
First Aid Station Staffing List	5
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Master Patient Tracking Record	7
Registration Tracking Record	8
Discharge Tracking Record	9

First Aid Station (FAS) Action Plan

FOR OPERATIONAL PERIOD:

FROM: *Date*
Time

TO: *Date*
Time

PREPARED:

Date
Time

GENERAL OBJECTIVES

OBJECTIVES should be stated in measurable terms to allow for evaluation of progress, such as incomplete, XX%, complete. Each TASK assigned to Sections should address a specific OBJECTIVE.

WEATHER FORECAST FOR OPERATIONAL PERIOD

SAFETY MESSAGE

MANAGEMENT SECTION:

OPERATIONS SECTION:

PLANNING SECTION:

LOGISTICS SECTION:

FINANCE SECTION:

PREPARED BY (Planning Chief):

Approved by (FAS Director):

First Aid Station (FAS) Staffing List

FOR OPERATIONAL PERIOD:		PREPARED:
FROM: <i>Date</i>	TO: <i>Date</i>	<i>Date</i>
<i>Time</i>	<i>Time</i>	<i>Time</i>
MANAGEMENT SECTION		PLANNING SECTION
FAS Director	Planning Chief	
Liaison Officer	Situation Status Unit Leader	
Security Officer	Documentation Unit Leader	
Safety Officer	Patient Record & Tracking Officer	
	Registration Tracking	
	Discharge Tracking	
OPERATIONS SECTION		LOGISTICS SECTION
Operations Chief	Logistics Chief	
Triage/Treatment Unit Leader	Communications Unit Leader	
Triage Area Officer	Materials/Supplies Unit Leader	
Treatment Area Officer	Food Service Unit Leader	
Morgue Unit Leader	Facilities Unit Leader	
Morgue Security	Staffing Unit Leader	
Transport/Discharge Unit Leader		
Transport Area Officer		
Discharge Area Officer		
Agency Representatives/Other	FINANCE SECTION	
	Finance Chief	
	Prepared by:	

Patient Care Record

PATIENT INFORMATION	Location											Date	
	Triage Classification											Time	
	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red <input type="checkbox"/> Black- Date/Time Pronounced _____												
	Name (Last, First, MI)					Sex		Age		Date of Birth			
	Mailing Address					City		State		Zip		Weight	
ASSESSMENT	History				Medications (Include dosage)				Allergies				
	Narrative												
TREATMENT	<input type="checkbox"/> NEURO						<input type="checkbox"/> LUNGS						
	<input type="checkbox"/> HEAD/FACE						<input type="checkbox"/> ABDOMEN						
	<input type="checkbox"/> PUPILS						<input type="checkbox"/> BACK						
	<input type="checkbox"/> NECK						<input type="checkbox"/> PELVIS						
	<input type="checkbox"/> CHEST						<input type="checkbox"/> EXTREMS						
	Time	Position	B/P	Pulse	Resp	Skin			SaO2	Eyes	Verb.	Motor	GCS
DISPOSITION	Date												
	Time												
	<input type="checkbox"/> Treat & Released												
	<input type="checkbox"/> Transferred												
	TRANSPORT		Transport Type		<input type="checkbox"/> ALS _____		<input type="checkbox"/> BLS _____		<input type="checkbox"/> Other _____		PERSONNEL		
			Destination										
			Treatment Provider Name										
			Treatment Provider Signature										
		Other											

Preparing for Emergencies

Together – Make a Family Plan

- ▶ Discuss the types of emergencies that could occur.
- ▶ Explain how to prepare; explain when and how to respond.
- ▶ Discuss what to do if you need to “shelter in place”.
- ▶ Discuss what to do if you need to evacuate.
- ▶ Practice your plan – regularly.

Creating Emergency Kits

- ▶ Use the calendar inside to pace your preparations.
- ▶ Start by checking for supplies that you already have on hand.
- ▶ Decide where you will store supplies. Use locations that are easy to reach.
- ▶ Prepare more than one kit:
 - Home kit to last 3 to 5 days.
 - Go Pack evacuation kit. This can be a part of the home kit. Include clothes, sturdy shoes, medications, documents.
 - Auto kit in case you are stranded – include sturdy shoes.
 - Workplace kit in case you cannot reach your car or home.

Selecting Foods

Keep in mind the family needs and preferences. Include items that are a part of the family diet. They will be easier to digest.

Pick low-salt, water-packed varieties. Salt makes people thirsty.

Meat/Beans

Canned fish, poultry, pork, beef, beans, and products containing significant portions of these products. Dried meats are not recommended – very high salt content.

Vegetables

Canned green beans, corn, peas, beets, carrots and mixed vegetables.

Soup

Use ready-to-eat varieties with the lowest salt content. If powdered, store additional water.

Fruit

Canned pears, peaches, mandarin oranges and applesauce.

Cereal

Whole grain cereals such as Cheerios, Chex, Kix, Total and Shredded Wheat.

Quick Energy Snacks

Trail mix, energy bars, raisins, Gatorade or other electrolyte replacement beverages.

Emergency Preparedness Calendar

For You and Your Family



Provided as a service of:

**Marin County Sheriff
Office of Emergency Services**

415-499-6584

oes@co.marin.ca.us

www.co.marin.ca.us/disaster/

Original Concept by Chevron-Texaco Oil Company

Rotate Supplies Every 6 Months!

EMERGENCY PREPAREDNESS CALENDAR

This Emergency Preparedness Calendar makes it easier to prepare for emergencies. Use it as a guide to prepare your home and assemble an emergency kit in small steps. Each week, check the boxes as you do a few tasks and gather a few emergency supplies.

The goal is to make your home safer and to assure that all in your household have adequate provisions for three to five days. Start by checking around your home for supplies that you already have. If they can become part of your emergency supplies, check the boxes.

Decide where you will store supplies, including tools. A large plastic garbage can with lid-locking handles may be used. Food may be kept on kitchen shelves. Stored food and supplies should be easily accessible, immediately inside an entrance or in a small shed. Rotate water and perishable supplies every six months.

*Note: Items marked with an asterisk * should be purchased for each member of the family.*

WEEK 1

Supermarket

- Ⓢ 1 gallon water*
- Ⓢ 1 jar peanut butter*
- Ⓢ 1 large can juice*
- Ⓢ 1 can meat/beans*
- Ⓢ Hand-operated can opener
- Ⓢ Instant coffee, tea, powdered drinks
- Ⓢ Permanent marking pen (see **To Do**)

IF NEEDED:

- Ⓢ Baby food
- Ⓢ Powdered milk
- Ⓢ Disposable diapers
- Ⓢ Pet food and water

To Do

- Ⓢ Make a family plan
- Ⓢ Date the perishable food and water with the marking pen
- Ⓢ Store pet supplies in plastic containers

WEEK 2

Hardware

- Ⓢ Crescent and/or shut-off wrench
- Ⓢ Heavy rope
- Ⓢ Duct tape
- Ⓢ 2 flashlights with batteries
- Ⓢ 4 12-hour chemical light sticks
- Ⓢ Bungee cords

IF NEEDED:

- Ⓢ Pet leash
- Ⓢ Pet carrier

To Do

- Ⓢ Check your home for hazards
- Ⓢ Locate your gas meter and water shut-offs, attach a wrench nearby

WEEK 3

Supermarket

- Ⓢ 1 gallon water*
- Ⓢ 1 can fruit*
- Ⓢ 1 can meat/beans*
- Ⓢ Sanitary napkins
- Ⓢ Video tape

IF NEEDED:

- Ⓢ Baby food
- Ⓢ Disposable diapers
- Ⓢ Pet food

To Do

- Ⓢ Use (rent) a video camera to tape the contents of your home for insurance purposes
- Ⓢ Store video tape with friend/family living out-of-town

WEEK 4

Hardware Store

- Ⓢ Axe
- Ⓢ Crowbar
- Ⓢ Smoke detectors with batteries
- Ⓢ Strapping kit for water heater

IF NEEDED:

- Ⓢ Extra medications or prescription marked "emergency use"

To Do

- Ⓢ Install or test the smoke detectors.
- Ⓢ Strap water heater

WEEK 5

Supermarket

- 1 gallon water*
- 1 can meat/beans*
- 1 can fruit*
- 1 can vegetables*
- 2 rolls toilet paper*
- Extra toothbrush*
- Travel size toothpaste

IF NEEDED:

- Food for special diets

To Do

- Have a fire drill at home
- Pack extra clothes (layers for varying temperatures)

WEEK 6

First Aid Supplies

- Aspirin and/or acetaminophen
- Compresses
- Rolls of gauze or bandages
- First aid tape
- Adhesive bandages (in assorted sizes)

IF NEEDED:

- Extra hearing aid batteries

To Do

- Check with child's day care or school to find out about their emergency plans

WEEK 7

Supermarket

- 1 gallon water*
- 1 can ready-to-eat soup, (not concentrate)*
- 1 can fruit*
- 1 can vegetables*

IF NEEDED:

- Plastic baby bottles
- Baby formula
- Additional diapers

To Do

- Establish an out-of-state contact for all family members to call when there is an emergency

WEEK 8

First Aid Supplies

- Scissors
- Tweezers
- Triple Antibiotic
- Digital Thermometer
- Liquid hand soap
- Disposable hand wipes
- Sewing kit

IF NEEDED:

- Extra eyeglasses

To Do

- Place a pair of shoes and flashlight under the bed to have handy in an emergency*

WEEK 9

Supermarket

- 1 can ready-to-eat soup*
- Liquid dish soap
- Plain liquid bleach
- 1 box heavy-duty garbage bags

IF NEEDED:

- Saline solution and contact lens case

To Do

- Send favorite family photos (or copies) to family member out-of-state for safekeeping

WEEK 10

Hardware Store

- Waterproof portable container (with lid) for important papers
- Portable AM/FM radio with batteries
- Rain gear*
- Blankets or sleeping bag*

To Do

- Make disks and photocopies of important papers
- File safely

WEEK 11

Supermarket

- 1 large can juice*
- Large plastic food bags
- Quick energy snacks*
- 3 rolls paper towels
- Sunscreen

To Do

- Store bills/traveler's checks, quarters, credit card and car keys

WEEK 12

First Aid Supplies

- Anti-diarrhea medicine
- Rubbing alcohol
- 4 pairs latex gloves
- Ipecac syrup (to induce vomiting)
- Children's vitamins

IF NEEDED:

- Items for denture care

To Do

- Take your family on a tour of your gas and water shut-offs

WEEK 13

Hardware Store

- Whistle
- Fire extinguisher, ABC type
- Pliers
- Vise grip
- Shovel
- Broom

To Do

- Take a Community Emergency Response Training (CERT) course from the fire department

WEEK 14

Supermarket

- 1 can meat/beans*
- 1 can vegetables*
- 1 package paper plates
- 1 package eating utensils
- 1 package paper cups
- Vitamins*

To Do

- Make a plan to check on a neighbor who might need help in an emergency

WEEK 15

Hardware Store

- Extra flashlight batteries
- Masking tape
- Hammer
- Assorted nails
- Brackets to secure tall furniture to wall studs
- Wood screws

To Do

- Brace furniture
- Take family on a hunt to find a pay phone near home

WEEK 16

Supermarket

- 1 can fruit*
- 1 can meat/beans*
- 1 can vegetables*
- Box facial tissues
- Quick energy snacks*

To Do

- Find out if there is a neighborhood emergency group and join it

WEEK 17

Supermarket

- 1 box graham crackers
- Assorted plastic containers with lids
- Assorted safety pins
- Dry cereal

To Do

- Arrange in advance for a friend or neighbor to care for children and pets if you are unable to get home

WEEK 18

Hardware Store

- "Childproof" latches or other cupboard fasteners
- Double-sided tape or Velcro fasteners to secure moveable objects

To Do

- Install latches and fasteners
- Pack a "go-pack" in case you need to evacuate

WEEK 19

Supermarket

- 1 box heavy-duty garbage bags
- More quick energy snacks*

To Do

- Have an emergency drill at home
- Keep a few games and books with your emergency supplies

WEEK 20

Hardware Store

- Camping or utility knife
- Extra radio batteries
- Tube tent(s)
- Local map

To Do

- Find out about emergency plans at your workplace

WEEK 21

Hardware Store

- Heavy work gloves
- 1 box disposable dust masks
- Screwdriver
- Plastic safety goggles

WEEK 22

Supermarket

- Extra hand-operated can opener
- 3 rolls paper towels

WEEK 23

Hardware Store

- Battery-powered camping lantern with extra battery or extra flashlights
- Water purification tablets

WEEK 24

Supermarket

- Large plastic food bags
- Plastic wrap
- Heavy-duty aluminum foil

When Disaster Strikes

Stay calm

Activate your plan.

Check for injuries

Treat injuries needing immediate attention.
Get help for serious injuries.

Evacuate immediately, if:

Ordered to do so by public safety personnel;
There are sparks, flames or smoke in the house;
There is a gas smell or suspected leak; and/or
There is an odor or sense of noxious fumes.

Do not light a match, use the phone or turn on any electrical switches.

Continue safe actions

Shut off damaged utilities (gas, water, electricity).
Check for damages.
Carefully clean up spilled medicines, chemicals and flammable liquids.

Get information

Tune into KCBS (740 AM) or KGO (810 AM).
Tune into your community's emergency broadcast frequency.

Confine pets

Make sure that they have adequate water.

Connect with family members

If necessary, go to pre-arranged meeting location(s).
Call your family contact(s).

LOOK OUT FOR AND AVOID HAZARDS

When Disaster Strikes

!!!!!!

Where Will You Be

??????

Where Will Your Family Be

??????

Disasters often strike without warning

It could strand you miles from home. How would you find other family members? Would your children and pets be OK?

You could be forced to evacuate from your neighborhood for days. Or, you could even be confined to your home without any water, gas, electricity or phones.

Help from emergency responders might not be available for hours or days. It is possible to cope, especially if you have a family disaster plan.

Knowledge is your best protection.

PREPARE BECAUSE YOU CARE

PERSONAL DISASTER PLANNING

For You and Your Family



Provided as a service of:

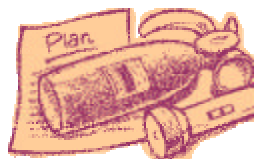
**Marin County Sheriff
Office of Emergency Services**
415-499-6584

Email: oes@co.marin.ca.us

Web: www.co.marin.ca.us/disaster/

Organizing the Plan

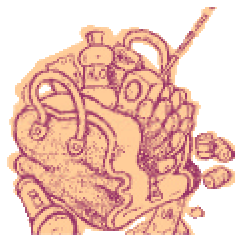
- ⑧ Know what disasters are most likely to happen.
- ⑧ Know what warning systems are used in your community.
- ⑧ Know the shut-off locations and procedures for water, electricity and gas.
- ⑧ Find out about disaster plans at workplaces, schools, daycare and other places where your family spends time.
- ⑧ Contact the Marin Humane Society to learn about animal care after a disaster.
- ⑧ Use the Marin OES *Emergency Preparedness Calendar* to guide you through assembling emergency equipment and supplies.
- ⑧ Know the locations of the nearest fire and police/sheriff stations.
- ⑧ Check on your exact (types of risks and types of damage) insurance coverage.



Developing the Plan

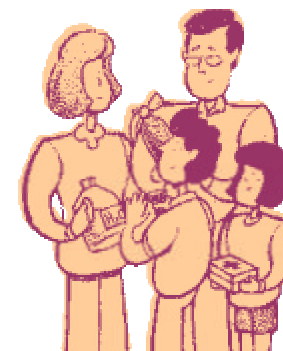
- ⑧ Stock up on food, water, clothes, medical supplies and equipment for everyone in your family. Don't forget to include prescriptions and glasses/contacts.
- ⑧ Determine meeting places for your family right outside your home, outside your neighborhood, and outside the Bay Area.
- ⑧ Select a family friend or relative outside the Bay Area as a phone contact for all family members.

- ⑧ Recruit a back-up person to care for children, pets and/or anyone with special needs, in case you cannot get to your home.
- ⑧ Conduct a hazard hunt in and around your home.
- ⑧ Determine the best escape routes from your home. Find two ways out of each room.
- ⑧ Find the safe spots (not kitchen or garage) in your home for each type of disaster.



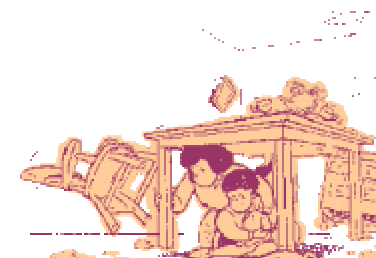
Fulfilling the Plan

- ⑧ Have a family discussion about the most likely disasters. Explain what to do in each case.
- ⑧ Make sure that all family members know the emergency meeting locations, contact phone numbers, and back-up care-giver.
- ⑧ Make sure that all family members know the location of the nearest pay phone, fire station and police/sheriff station.
- ⑧ Install smoke/carbon monoxide detectors on each level of your home, especially near bedrooms.
- ⑧ Show each family member how and when to turn off water, gas and electricity.
- ⑧ Make copies of vital records and photos/videos of valuables. Store them in a community not sharing the same risks.
- ⑧ Teach children how and when to call 911.
- ⑧ Show family members where fire extinguishers are kept and teach them how they are used.



Practicing the Plan

- ⑧ Test smoke/carbon monoxide alarm every month. Replace batteries at least annually.
- ⑧ Conduct fire or emergency drill every three months. Practice an evacuation from the neighborhood annually.
- ⑧ Have a family meeting every six months to discuss and quiz each other on emergency plans and procedures.
- ⑧ Replace stored perishable supplies every six months or by manufacturer's expiration date.
- ⑧ Recharge or replace extinguishers according to manufacturer or service vendor instructions.



Food Safety Facts



Food Safety
and Inspection
Service

Basics for Handling Food Safely

Information for Consumers

July 2002

Safe steps in food handling, cooking, and storage are essential to prevent foodborne illness. You can't see, smell, or taste harmful bacteria that may cause illness. In every step of food preparation, follow the four Fight BAC!™ guidelines to keep food safe:

- **Clean** -- Wash hands and surfaces often.
- **Separate** -- Don't cross-contaminate.
- **Cook** -- Cook to proper temperatures.
- **Chill** -- Refrigerate promptly.

Shopping

- Purchase refrigerated or frozen items after selecting your non-perishables.
- Never choose meat or poultry in packaging that is torn or leaking.
- Do not buy food past "Sell-By," "Use-By," or other expiration dates.
- Put raw meat and poultry into a plastic bag so meat juices will not cross-contaminate ready-to-eat food or food that is eaten raw, such as vegetables or fruit.
- Plan to drive directly home from the grocery store. You may want to take a cooler with ice for the perishables.

Storage

- Always refrigerate perishable food within 2 hours. Refrigerate within 1 hour when the temperature is above 90 °F.
- Check the temperature of your refrigerator and freezer with an appliance thermometer. The refrigerator should be at 40 °F or below and the freezer at 0 °F or below.
- Cook or freeze fresh poultry, fish, ground meats, and variety meats within 2 days; other beef, veal, lamb, or pork, within 3 to 5 days.
- Perishable food such as meat and poultry should be wrapped securely to maintain quality and to prevent meat juices from getting onto other food.

- To maintain quality when freezing meat and poultry in its original package, wrap the package again with foil or plastic wrap that is recommended for the freezer.
- In general, high-acid canned food such as tomatoes, grapefruit, and pineapple can be stored on the shelf for 12 to 18 months. Low-acid canned food such as meat, poultry, fish, and most vegetables will keep 2 to 5 years -- if the can remains in good condition and has been stored in a cool, clean, and dry place. Discard cans that are dented, leaking, bulging, or rusted.

Preparation

- Always wash hands before and after handling food.
- Don't cross-contaminate. Keep raw meat, poultry, fish, and their juices away from other food. After cutting raw meats, wash hands, cutting board, knife, and countertops with hot, soapy water.
- Marinate meat and poultry in a covered dish in the refrigerator.
- Sanitize cutting boards by using a solution of 1 teaspoon chlorine bleach in 1 quart of water.

Thawing

- **Refrigerator:** The refrigerator allows slow, safe thawing. Make sure thawing meat and poultry juices do not drip onto other food.
- **Cold Water:** For faster thawing, place food in a leak-proof plastic bag. Submerge in cold tap water. Change the

water every 30 minutes. Cook immediately after thawing.

- **Microwave:** Cook meat and poultry immediately after microwave thawing.

Cooking

- Cook ground meats to 160 °F; ground poultry to 165 °F.
- Beef, veal, and lamb steaks, roasts, and chops may be cooked to 145 °F; all cuts of fresh pork, 160 °F.
- Whole poultry should reach 180 °F in the thigh; breasts, 170 °F.

Serving

- Hot food should be held at 140 °F or warmer.
- Cold food should be held at 40 °F or colder.
- When serving food at a buffet, keep food hot with chafing dishes, slow cookers, and warming trays. Keep food cold by nesting dishes in bowls of ice or use small serving trays and replace them often.
- Perishable food should not be left out more than 2 hours at room temperature (1 hour when the temperature is above 90 °F).

Leftovers

- Discard any food left out at room temperature for more than 2 hours (1 hour if the temperature was above 90 °F).

- Place food into shallow containers and immediately put in the refrigerator or freezer for rapid cooling.
- Use cooked leftovers within 4 days.

Refreezing

Meat and poultry defrosted in the refrigerator may be refrozen before or after cooking. If thawed by other methods, cook before refreezing.

Cold Storage Chart

These short, but safe, time limits will help keep refrigerated food from spoiling or becoming dangerous to eat. Because freezing keeps food safe indefinitely, recommended storage times are for quality only.

Product	Refrigerator (40 °F)	Freezer (0 °F)
Eggs		
Fresh, in shell	3 to 5 weeks	Do not freeze
Raw yolks & whites	2 to 4 days	1 year
Hard cooked	1 week	Does not freeze well
Liquid pasteurized eggs, egg substitutes opened unopened	3 days 10 days	Does not freeze well 1 year
Mayonnaise Commercial, refrigerate after opening	2 months	Do not freeze
Frozen Dinners & Entrees Keep frozen until ready to heat	--	3 to 4 months
Deli & Vacuum-Packed Products		
Store-prepared (or homemade) egg, chicken, ham, tuna, & macaroni salads	3 to 5 days	Does not freeze well
Hot dogs & Luncheon Meats		
Hot dogs opened package unopened package	1 week 2 weeks	1 to 2 months 1 to 2 months
Luncheon meats opened package unopened package	3 to 5 days 2 weeks	1 to 2 months 1 to 2 months

Bacon & Sausage		
Bacon	7 days	1 month
Sausage, raw -- from chicken, turkey, pork, beef	1 to 2 days	1 to 2 months
Smoked breakfast links, patties	7 days	1 to 2 months
Hard sausage -- pepperoni, jerky sticks	2 to 3 weeks	1 to 2 months
Summer sausage -- labeled "Keep Refrigerated" opened unopened	3 weeks 3 months	1 to 2 months 1 to 2 months
Ham, Corned Beef		
Corned beef, in pouch with pickling juices	5 to 7 days	Drained, 1 month
Ham, canned -- labeled "Keep Refrigerated" opened unopened	3 to 5 days 6 to 9 months	1 to 2 months Do not freeze
Ham, fully cooked vacuum sealed at plant, undated, unopened	2 weeks	1 to 2 months
Ham, fully cooked vacuum sealed at plant, dated, unopened	"Use-By" date on package	1 to 2 months
Ham, fully cooked whole half slices	7 days 3 to 5 days 3 to 4 days	1 to 2 months 1 to 2 months 1 to 2 months
Hamburger, Ground & Stew Meat		
Hamburger & stew meat	1 to 2 days	3 to 4 months
Ground turkey, veal, pork, lamb, & mixtures of them	1 to 2 days	3 to 4 months
Fresh Beef, Veal, Lamb, Pork		
Steaks	3 to 5 days	6 to 12 months
Chops	3 to 5 days	4 to 6 months
Roasts	3 to 5 days	4 to 12 months
Variety meats -- tongue, liver, heart, kidneys, chitterlings	1 to 2 days	3 to 4 months
Pre-stuffed, uncooked pork chops, lamb chops, or chicken breasts stuffed with dressing	1 day	Does not freeze well

Soups & Stews Vegetable or meat added	3 to 4 days	2 to 3 months
Cooked Meat Leftovers		
Cooked meat & meat casseroles	3 to 4 days	2 to 3 months
Gravy & meat broth	1 to 2 days	2 to 3 months
Fresh Poultry		
Chicken or turkey, whole	1 to 2 days	1 year
Chicken or turkey, pieces	1 to 2 days	9 months
Giblets	1 to 2 days	3 to 4 months
Cooked Poultry Leftovers		
Fried chicken	3 to 4 days	4 months
Cooked poultry casseroles	3 to 4 days	4 to 6 months
Pieces, plain	3 to 4 days	4 months
Pieces covered with broth, gravy	1 to 2 days	6 months
Chicken nuggets, patties	1 to 2 days	1 to 3 months
Pizza , cooked	3 to 4 days	1 to 2 months
Stuffing , cooked	3 to 4 days	1 month

For further information, contact:

USDA Meat and Poultry Hotline:

1-800-535-4555 (Toll-free Nationwide)

(202) 720-3333 (Washington, DC area)

1-800-256-7072 (TTY)

FSIS Web site: www.fsis.usda.gov

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