Disaster Preparedness and Awareness Guide for the Arizona Physician

Produced by the Arizona Medical Association
Disaster Preparedness & Response Task Force
February 2008
Disaster Preparedness & Awareness Guide for the Arizona Physician

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If you can keep your head when all about you
Are losing theirs and blaming it on you,
If you can trust yourself when all men doubt you …
If you can meet with Triumph and Disaster
And treat those two imposters just the same …
… you’ll be a Man, my son!

- “If,” by Rudyard Kipling
INTRODUCTION

The purpose of this guide is to educate practicing physicians and involved medical personnel so that they might be more knowledgeable about potential disasters and impart that understanding to their patients.

Additionally, this guide helps physicians ready their practices and their homes for a potential disaster. The guide compiles relevant state and federal resources; thus, providing physicians with a document that lists credible sites for information, depending on the type of disaster.

This guide is the result of the collaborative efforts of state and local government agencies and programs through membership in the Disaster Preparedness Task Force that was formed by ArMA.

Top Ten Tips for Disaster Preparedness

1. Dial 9-1-1 for most emergencies
2. Stay available to patients
3. Remain calm; others will look to you for leadership
4. Stay inside for three days when exposed to radiation. Remove clothing, wash thoroughly and dress in new clothes
5. Wash your hands frequently and wear a face mask if exposed to a biological agent; 80 percent of agents are inhaled
6. Supplies should include a gallon of water per person, per day
7. Keep a portable, hand-crank radio available
8. Prepare your home, practice and patients for an emergency
9. Stay informed
10. Take a CREST course
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**TYPES OF DISASTERS**

A disaster is any event which exceeds the local capabilities of response and resources.

A Mass Casualties Incident (MCI) is an event that exceeds the health care capabilities of the response and resources; it exceeds the ability of onsite responders and receiving hospitals to treat and transport casualties.

Federal plans for disaster preparation emphasize an all-hazards approach. The current document is the National Response Framework (NRF), which states the principles by which our nation prepares for and responds to disasters across all levels of government and all sectors of communities.

The NRF is intended for senior elected and appointed leaders, but it also informs emergency management officials on the operating structures and tools used by first responders at all levels of government. The NRF can be accessed at [www.fema.gov/emergency/nrf/](http://www.fema.gov/emergency/nrf/).
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TYPES OF DISASTERS

Arizona has a comprehensive strategy, the State of Arizona Emergency Response and Recovery Plan (SERRP), for responding to and recovering from a disaster. The current version was published in 2003. A revision of the SERRP is near completion.

The standing SERRP can be accessed at:

Disaster Typing

<table>
<thead>
<tr>
<th>Type of Event</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural</td>
<td>Flood, earthquake, hurricane, tornado, typhoon, landslide, tsunami, ice storm, drought, wildfire, epidemic, disease</td>
</tr>
<tr>
<td>Accidental</td>
<td>Chemical spill, transportation accident, industrial accident, radiological incident, nuclear incident, explosion, utility outage</td>
</tr>
<tr>
<td>Civil/Political</td>
<td>Public demonstration, protest, civil disturbance, strike, mass immigration</td>
</tr>
<tr>
<td>Terrorist/Criminal</td>
<td>Chemical attack, biological attack, radiological attack, nuclear attack, high-explosive attack, war, electro-magnetic pulse</td>
</tr>
<tr>
<td>Other</td>
<td>Inauguration, State of the State, major sporting event, summit conference, cyber attack</td>
</tr>
</tbody>
</table>

Source: www.ahrq.gov/research/pedprep/pedresource.pdf
TYPES OF DISASTERS

Biological Disasters

Biological disasters are of particular and immediate concern to those in the medical community asked to respond in the event of an outbreak.

Physicians should consider the prospect of bioterrorism incidents involving anthrax, tularemia, plague, viral hemorrhagic fever and smallpox when presented with symptoms such as:

- a cluster of unusual, severe or unexplained illnesses;
- unexplained critical illness in otherwise healthy young adults;
- pneumonia deaths in otherwise healthy adults;
- influenza-like illness in summer months; and
- atypical chickenpox-like rashes in febrile individuals.

Bioterrorism

_The Zebra Manual: A Reference Handbook for Bioterrorism Agents_, available from the Arizona Department of Health Services (ADHS), contains fact sheets, diagnostic guidelines and infection control information for smallpox and category “A” and “B” biological agents.

_The Zebra Manual_ can be accessed via the ADHS Web site at www.azdhs.gov or at:


Contact your local health department or the ADHS Office of Infectious Disease at 602-364-4562 if a patient’s symptoms suggest bioterrorism or an epidemic.
<table>
<thead>
<tr>
<th>Biological Agent</th>
<th>Likely method of dissemination</th>
<th>Transmissibility man to man</th>
<th>Incubation period</th>
<th>Duration of Illness</th>
<th>Lethality</th>
<th>Vaccine efficacy (aerosol exposure)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthrax</td>
<td>Spores in aerosol</td>
<td>No</td>
<td>&gt;7 days (usually fatal)</td>
<td>&gt;2 weeks if untreated</td>
<td>High</td>
<td>2 doses of vaccine protects against up to 1000 LD₅₀ in monkeys</td>
</tr>
<tr>
<td>Cholera</td>
<td>1. Sabotage (food &amp; water)</td>
<td>Rare</td>
<td>12 hours - 6 days</td>
<td>1-6 days (usually fatal)</td>
<td>Low with treatment, high without treatment within 0-24 hours</td>
<td>No data on vaccine</td>
</tr>
<tr>
<td>Pneumonic Plague</td>
<td>Aerosol</td>
<td>Moderate</td>
<td>1-7 days (usually 2-3 days)</td>
<td>2-6 weeks if untreated</td>
<td>High unless treated within 13-24 hours</td>
<td>Vaccine no longer available</td>
</tr>
<tr>
<td>Typhus</td>
<td>Aerosol</td>
<td>No</td>
<td>1-31 days (usually 2-3 days)</td>
<td>Weeks</td>
<td>Moderate if untreated</td>
<td>80% protection against 1:10 ID₅₀ in monkeys</td>
</tr>
<tr>
<td>Q Fever</td>
<td>1. Aerosol</td>
<td>Rare</td>
<td>10-40 days</td>
<td>Weeks</td>
<td>Very low</td>
<td>94% protection against 1,100 ID₅₀ in guinea pigs</td>
</tr>
<tr>
<td>Ebola</td>
<td>1. Direct contact (endemic)</td>
<td>Moderate with direct contact</td>
<td>4-16 days</td>
<td>Death between 7-16 days</td>
<td>High for Zaire strain, moderate with Sudan</td>
<td>No vaccine</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Biological Agent</th>
<th>Likely method of dissemination</th>
<th>Transmissible man to man</th>
<th>Incubation period</th>
<th>Duration of Illness</th>
<th>Lethality</th>
<th>Vaccine efficacy (aerosol exposure)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smallpox</td>
<td>1. Aerosol, 2. Infected vectors</td>
<td>High</td>
<td>7-17 days</td>
<td>4 weeks</td>
<td>High to moderate</td>
<td>Vaccine protects against large doses in primates</td>
</tr>
<tr>
<td>Venezuelan</td>
<td>1. Aerosol</td>
<td>Low</td>
<td>1-6 days</td>
<td>Days to weeks</td>
<td>Low</td>
<td>TC-81 protects against 10-500 LD₅₀ in hamsters</td>
</tr>
<tr>
<td>Equine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 doses of efficacy of 100% against 25-250 LD₅₀ in primates; vaccine losing potency for some serotypes</td>
</tr>
<tr>
<td>Botulinum toxin</td>
<td>1. Aerosol, 2. Sabotage (food supply)</td>
<td>No</td>
<td>Variable (hours to days)</td>
<td>Days to months if not lethal</td>
<td>High without respiratory support</td>
<td>No vaccine</td>
</tr>
<tr>
<td>T-2 Meso-</td>
<td>1. Aerosol, 2. Sabotage (food supply)</td>
<td>No</td>
<td>2-4 hours</td>
<td>Days - death within 10-12 days for ingestion</td>
<td>Low</td>
<td>No vaccine</td>
</tr>
<tr>
<td>Botulinum</td>
<td>1. Aerosol, 2. Sabotage (food supply)</td>
<td>No</td>
<td>Hours to days</td>
<td></td>
<td></td>
<td>No vaccine</td>
</tr>
<tr>
<td>Botulinum toxin</td>
<td>1. Aerosol, 2. Sabotage (food supply)</td>
<td>No</td>
<td>1-12 hours after inhalation</td>
<td></td>
<td></td>
<td>No vaccine</td>
</tr>
</tbody>
</table>

Vaccine efficacy (aerosol exposure):
- TC-81 protects against 10-500 LD₅₀ in hamsters
- 1 doses of efficacy of 100% against 25-250 LD₅₀ in primates; vaccine losing potency for some serotypes
- No vaccine
- No vaccine
- No vaccine

Reproduced with permission from Jane's Information Group - Jane's Chem-Bio Handbook
Types of Disasters

Chemical Disasters

Indicators of a chemical agent release include dead or dying animals, an absence of insects, unexplained casualties with definite patterns, the presence of a liquid or vapor with an unexplained odor, and/or an oily film or low cloud/fog unrelated to weather.

The appropriate level of protection for those on the scene include an air respirator and a fully encapsulating chemical protective suit with the highest level of protection for skin, eyes and the respiratory system. HAZMAT personnel should be at the scene of a possible chemical event.

Not all chemical materials produce immediate chronic symptoms; therefore, medical personnel must consider deferred casualties and exposure.

Types of chemical weapons include nerve agents, cyanide, blister agents (i.e., mustard, lewisite and phosgene oxime), pulmonary agents and riot control agents.

For a suspected chemical spill or emergency, first call 9-1-1.

For advice on illnesses associated with chemical spills or attacks, call the county health department. (see Appendix I)

For a non-health related response, contact county emergency services. (see Appendix II)
### Types of Disasters

<table>
<thead>
<tr>
<th>Chemical Agent Quick Reference</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Effects</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vapor: small pupils, runny nose, shortness of breath. Liquid: sweating, vomiting. Both: convulsions, cessation of respiration</td>
<td>Loss of consciousness, convulsions, temporary cessation of respiration</td>
<td>Redness of skin, blisters, irritation of eyes, cough, shortness of breath</td>
<td>Shortness of breath, coughing</td>
<td>Burning and stinging of eyes, nose, airways, skin</td>
</tr>
<tr>
<td><strong>Onset</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vapor: seconds, Liquid: minutes to hours</td>
<td>Seconds</td>
<td>Hours (immediate pain after Lewisite)</td>
<td>Hours</td>
<td>Seconds</td>
</tr>
<tr>
<td><strong>First Aid</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MARK I*, Di-midazepam</td>
<td>Amyl nitrate, O2</td>
<td>Immediate decontamination</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Skin Decontamination</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M291**, soap and water (hypochlorite solution where available)</td>
<td>None usually needed</td>
<td>M291, soap and water</td>
<td>None usually needed</td>
<td>Water</td>
</tr>
</tbody>
</table>

*Mark I auto injection syringe: 2mg atropine + 600mg 2PAM; **M291 is a skin decontamination kit.
Disaster Preparedness and Awareness Guide for Practicing Physicians

TYPES OF DISASTERS

Radiological Disasters

Radiological disasters can be caused by a nuclear blast (bomb), radiation exposure from a "dirty bomb" or an accident at a nuclear power plant.

A nuclear blast is an explosion with intense light and heat followed by a damaging pressure wave and the widespread dispersion of radioactive material that can contaminate the air, water and top soil for miles.

A radiation threat may result from an accident or terrorist attack such as a "dirty bomb," a common explosive that spreads radioactive material over an area.

In either case, the presence of radiation will remain unknown until trained personnel can identify the danger. In light of such an event, one can anticipate major community fright, anxiety secondary to the public’s uncertainty as to the potential of radiation toxicity. Psychological distress is likely to cause highway obstruction and hospital surge shutdown. Early expert communication via radio, television or internet will best alleviate this concern.

Radiation toxicity can be measured and is dose related. For example, a minimal dose of 1-100 rem causes no symptoms while a dose of 600 rems has a 50% mortality. Knowledge about the level of toxicity present could positively affect the appropriate time of shelter use and community anxiety.

Personal toxicity can be measured with a device known as “NukAlert,” a low-cost, key chain device that emits a dose-specific chirping sound as it measures radiation from 0.1 to >50 R/hr. This device is available at www.nukalert.com, or call 830-672-8734.

ARIZONA MEDICAL ASSOCIATION
In case of a nuclear event …

1. Quickly assess the situation.
2. To minimize deaths from a nuclear blast, lie down and cover exposed skin ("duck and cover").
3. Flee the area or occupy a nearby building to limit radiation exposure.
4. Shelter as far below ground as possible, close windows and doors, and turn off heating, cooling and ventilation systems.
5. If you may have been exposed to radiation, quickly remove your clothes and wash all exposed parts of your body using soap and lukewarm water.
6. Stay put and stay informed through television, radio and/or the Internet.
7. Shield yourself with dense material (e.g., concrete, steel or dirt).
8. Stay away from the radiation source or blast to lower exposure.
9. Cut the time you are exposed to radiation to reduce your risk.
10. Consider taking potassium iodide tablets to protect your thyroid gland from radiation damage.

Source: www.justincasearizona.com/be-informed/attacks-accidents/nuclear.asp

For instructions on medical response to radiation disaster incidents, visit the Centers for Disease Control (CDC) Web site at http://emergency.cdc.gov/radiation/clinicians.asp


Additional information on sheltering can be found at www.physiciansforcivildefense.org
Volunteerism

Critical Response and Emergency Systems Training (CREST)

Volunteer physicians are essential in responding to disasters. In order to be useful at the moment of crisis, it is necessary for doctors to be trained beforehand. This applies not only to physicians who will volunteer at hospitals, but to those who will assist by remaining in their offices.

The University of Arizona, the University of New Mexico (UNM) and New Mexico State University (NMSU) created the Critical Response and Emergency Systems Training (CREST) program through a cooperative agreement with ASPR.

For further information on CREST, visit www.crestaznm.org
The Role of the Practicing Physician in a Disaster

Basic Disaster Life Support (BDLS) curriculum is developed with an all-hazards approach (i.e., recognition and management) to disaster response. Individual chapters within the didactic curriculum incorporate a unifying algorithm called the "D-I-S-A-S-T-E-R paradigm."

Also, the concepts of MASS Triage and Disaster Casualty Zones are reinforced throughout the chapters. Participants can receive certification for completion of this didactic portion of the course. Those successfully completing the BDLS® didactic course can then participate in ADLS®.
The Role of the Practicing Physician in a Disaster

CREST offers multiple courses concerning preparedness:

National Disaster Life Support® (NDLS): Basic and advanced training courses to recognize and manage threats of all hazards.

Answering the Call: An introductory awareness-level domestic preparedness course focused on emergency response and preparedness needs in Arizona. This course is offered with three methods of delivery: classroom, CD or Web-based.

Advanced Hazmat Life Support (AHLS): Chemical Burn/Toxic Terrorism courses to develop skills to rapidly assess and manage patients with chemical exposures. Visit www.ahls.org for more information.

Speakers Bureau: Internationally recognized experts in Emergency Medicine available to lecture at regional or organizational meetings.

Online courses: Topics include crisis resource allocation, ICS for Health Care, emergency management basics and bioterrorism preparedness for clinicians.

To avoid confusion and duplicative actions during a disaster response involving multiple organizations, emergency medical service organizations operate under a common methodology known as the Incident Command System (ICS). ICS defines the process of command for all personnel responding to an event. CREST offers online courses in ICS.

CREST participants have included professionals from the nursing, medicine, EMS, mental health, pediatrics, dentistry, pharmacy, veterinary medicine, allied health, public health, emergency management, law enforcement and health administration disciplines.

Physicians receive CME credit for completed CREST coursework.

Source: www.crestaznm.org
The Role of the Practicing Physician in a Disaster

Medical Reserve Corps

The mission of the Medical Reserve Corps (MRC) is to improve the health and safety of communities across the country by organizing and utilizing public health, medical and other volunteers. It is a partner program with Citizen Corps, a national network of volunteers dedicated to ensuring hometown security.

MRC units are community-based and locally organize and utilize volunteers to prepare for and respond to emergencies.

MRC volunteers supplement existing emergency and public health resources and include medical and public health professionals such as physicians, nurses, pharmacists, dentists, veterinarians and epidemiologists. Many community members (e.g., interpreters, chaplains, office workers and legal advisors) can fill key support positions.

In Arizona, there are nine MRC units. They are located in Cochise, Coconino, La Paz, Maricopa, Mohave, Navajo, Yavapai and Yuma counties. There is also an MRC of Southern Arizona.

If you are interested in joining your local MRC unit, the contact list and information is located in Appendix V.

Source: www.medicalreservecorps.gov/About
The Role of the Practicing Physician in a Disaster

Hospital Staff Training

If you are a physician practicing at a hospital, we advise you to familiarize yourself with the hospital’s emergency protocols and to participate in disaster response training that may be offered.

It is also recommended that privately practicing physicians acquaint themselves with the disaster response protocol designed by those community hospitals one might expect to use as a resource in the event of a disaster. In anticipation of massive hospital surge, hospitals are developing alternate care site plans.
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Arizona’s Emergency System for Advanced Registration of Volunteer Health Professionals (AZ-ESAR-VHP)

This system allows qualified, competent volunteer health care professionals and emergency medical response teams to augment hospitals and other medical entities to meet crisis and surge capacity needs during a disaster and/or public health incident.

What you need to know …

- AZ-ESAR-VHP is a database system used to register, verify the qualifications of and credential health care professionals who volunteer to participate in the medical response to a disaster and/or public health emergency.
- The main purpose of AZ-ESAR-VHP is to register and credential qualified health care professionals before an emergency so that appropriate volunteers can be contacted at the time of an incident.
- AZ-ESAR-VHP will first verify the credentials of priority professionals (e.g., physicians, RNs, pharmacists and psychologists).
- Volunteers retain the right to decline participation.
- Volunteers are advised to prepare for emergencies/disasters by assembling emergency kits for the home, car and office; developing a family communications plan; and staying informed.
- Professional liability and workers compensation protection is available for volunteers enrolled in the program during a declared state of emergency or public health emergency.
- In a large-scale disaster, an effort will be made to place volunteers in positions relative to their skills.
The Role of the Practicing Physician in a Disaster

How can I participate in AZ-ESAR-VHP?

- Volunteers must possess a valid state health care professional license, registration or certification, as applicable.
- Physicians will provide personal contact information and a self assessment of specialty specific capabilities and credentials.

What is the role of the State?

- ADHS/Bureau of Emergency Preparedness and Response (BEPR) will develop, implement and administer AZ-ESAR-VHP.
- ADHS/BEPR is collaborating with state and local stakeholders and community health care partners to construct the statewide AZ-ESAR-VHP system.
- Arizona is required to develop an electronic system based on federal technical guidelines for managing professional health care volunteer data.
- The electronic system must be built to current security and confidentiality standards and must include requirements for redundancy.
- Volunteer information will be maintained in a central secure database and will only be used to engage you in disaster emergency activities. Under no circumstances will the information be sold or shared with an entity that is not part of the program.
- Additional information is available from ADHS/BEPR at 602-364-3289.
The Role of the Practicing Physician in a Disaster

Triage of Emergency Medical and Trauma Patients in AZ

During a disaster, the term “triage” describes something different from the routine practice of identifying patients that need to be transported to the hospital first or be provided immediate care in an emergency room setting.

The type of triage used in a mass casualty response depends upon the number of casualties, the location of the incident, and the availability of resources, transportation and receiving facilities.

Causalities may need to be stabilized and then re- triaged in the field during a large-scale event.

In the case of a biological event, triage procedures based on severity of presentation (i.e., START and SAVE) have limited applications.

This guide references two recommended triage approaches: START and SAVE in the event of a traumatic disaster, and SEIR-V during an infectious event.
The Role of the Practicing Physician in a Disaster

START and SAVE Triage

Simple Triage and Rapid Transport (START) is a process that sorts patients into four groups. It provides for rapid, on-scene assessment based on a patient’s respiratory rate, perfusion and mental status. (See Appendix IV)

Patients are categorized into one of four categories:

Immediate (Red): Those who have serious injuries or medical conditions (salvageable life-threatening problems that take into account the resources available).

Delayed (Yellow): Those for whom treatment and transportation can be delayed while more seriously injured patients receive care.

Minor (Green): Those patients, including the worried well, who can ambulate to an alternative location without assistance.

Dead/Dying (Black): Those patients who do not resume spontaneous breathing after positioning of the head and insertion of an oro-pharyngeal airway (OPA) and have no spontaneous pulse.

Source: www.cert-la.com/triage/start.htm
The Role of the Practicing Physician in a Disaster
The Role of the Practicing Physician in a Disaster

**Susceptible, Exposed, Immune, Removed, Vaccinated**

SEIRV is the population-based triage of large numbers of potentially infected victims that differs from conventional trauma triage and is determined by the case definition of the infectious agent, its lethality, severity profile, infectiousness and duration of illness.

Depending on limited resources available at the community level, victims will be triaged to designated hospitals (i.e., “flu” hospitals), alternate health care facilities or home for supervised self- or assisted care. The goal of SEIRV triage is to prevent transmission measured as secondary infections.

**Susceptible:** not exposed, includes those with incomplete or unsuccessful vaccinations/incomplete prophylactic antibiotic therapy.

**Exposed:** infected but incubating the disease and are not symptomatic or contagious.

**Infectious:** contagious.

**Removed:** non-contagious and immune by recovery or non-contagious by death.

**Vaccinated:** or on prophylactic antivirals/antibiotics; protected.

Caregivers for a known case would be classified as “exposed” unless they fit another category. Serial assessment of “exposed” persons is required for their safety and for the protection of others.
The Role of the Practicing Physician in a Disaster

Disease containment strategies in the case of a biological event include the following:

- **Social Distancing**: the closing of schools, restaurants, theaters and mass events.

- **Shelter-in-place**

- **Quarantine**: the confinement of individuals who have been exposed to a disease, but have not shown symptoms. Individuals are confined for a particular period of time (based on known incubation period) and monitored. (Ten days for influenza-like illnesses.)

- **Isolation**: the confining of those who are ill.

Transportation to a higher care facility may or may not be available. If it is available, a patient’s need will be assessed in the field.

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Mass Fatalities

In the events of Hiroshima and Nagasaki, the nuclear fatality rate was greater than 80,000. In a contemporary mass incident, it is estimated that there may be more than 200,000 fatalities.

Arizona’s capability, including cremation, will max out at 5,000 bodies per week, according to the Funeral Directors Association. This underscores the importance of making positive identification when and if at all possible. If mass burial occurs, subsequent identification may be aided by the use of a Global Positioning System (GPS).
The Role of the Practicing Physician in a Disaster

9-1-1 Emergency Communications Systems

The 9-1-1 system is designed to provide a link between citizens and emergency response agencies. The system provides an easy-to-remember three digit telephone number (9-1-1) to quickly access fire, medical or law enforcement services. The person who answers the call is a trained dispatcher who determines the kind and immediate availability of the service needed. In the event that 9-1-1 is overwhelmed, you may be expected to cope as the main medical resource.

Telephone Contacts for Emergencies

<table>
<thead>
<tr>
<th>Event</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire</td>
<td>9-1-1</td>
</tr>
<tr>
<td>Crime</td>
<td>9-1-1</td>
</tr>
<tr>
<td>Individual w/ medical emergency</td>
<td>9-1-1</td>
</tr>
<tr>
<td>Explosion and/or chemical spill or release</td>
<td>9-1-1</td>
</tr>
<tr>
<td>Multiple individuals w/ communicable disease or an unusual cluster of cases</td>
<td>county health dept.</td>
</tr>
</tbody>
</table>

For county health departments contact numbers see Appendix I.
The Role of the Practicing Physician in a Disaster

Role of the FBI in the Event of a Disaster

The FBI is responsible for coordinating law enforcement efforts to detect, prevent, disrupt and investigate acts of terrorism.

Notify the FBI about suspected terrorism issues, including the possibility of bioterrorism surfacing as an infectious disease.

Be aware that a single patient may be the first victim or a suspect who was injured or exposed through experimentation and/or testing of a Weapon of Mass Destruction (WMD) agent.

Physicians may contact the county public health department for help in establishing a definitive diagnosis or to inquire about prevailing infectious diseases in the community.

The FBI leads the Joint Terrorism Task Force (JTTF), which includes representatives from local, state and other federal law enforcement agencies.

Within the state of Arizona, contact the FBI’s Phoenix Field Office at 602-279-5511 and ask to speak with the WMD Coordinator or the Domestic Terrorism Supervisor.

Coordination with the FBI:

- The FBI will collect evidence, which could contain bullet fragments, body tissue, clothing, photographs of injuries, etc.
- The FBI will interview patients (i.e., potential victims and/or suspects), attending physicians, EMS personnel, etc.
- It is important to cooperate with FBI investigators since early intervention and response can help save lives.
The Role of the Practicing Physician in a Disaster

Communications

Communication among government, private businesses, including media outlets and hospitals, and the general public will be crucial in any type of disaster. You can anticipate television coverage to be prompt and, in many instances, live at the scene. The coverage will capture the urgency and initial confusion that frequently occurs early in a disaster. You can also anticipate a temporary disruption of telephone and cell phone services in a large-scale event.

To prepare for communication during a disaster, ArMA suggests:

- As part of your office disaster plan, develop telephone and e-mail call down lists of all staff. Once the lists are in place test them a few times.
- Develop lists of telephone numbers and e-mail addresses for hospitals, businesses, government agencies and staff who are critical to the operation of your practice.
- Recognize that public agencies will communicate with you through multiple channels. These channels include announcements from government officials on public media; Web postings of recommendations for the diagnosis and management of the suspected agent (e.g., biological, chemical, nuclear); and e-mails from the Health Alert Network if you choose to participate.
- Equip yourself with the necessary electronic equipment, such as telephones, cell phones and a modem.
- Disruption of telephone and cell phone services is likely to occur. Radio transmission will continue as long as power is available; be sure to have a battery-powered or hand-crank, short-wave radio available.
How to Prepare Your Practice for a Disaster

It is important for the proprietary physician to plan for the after effects of a disaster on their business. A practice or individual physician must consider the conflicting demands of stockpile cost and the investment of capital, and determine how much to invest into reserve supplies. The practice or physician should also consider individual financial situations, likely hazards, insurance coverage and the availability of other community resources in the event of a disaster.
How to Prepare Your Practice for a Disaster

Create a Disaster Response Plan

- Write a logistical plan for disaster preparation (i.e., flood: minimizing risk of damage to records, equipment and structure).
- Store vital records in a separate location (50+ miles recommended distance):
  - Make duplicates of patient records, DEA license, controlled substance license, current CV, board certification, other credentialing documentation, employee information and financial documents. Store the facsimiles at a separate location.
  - A medical license and photo ID may be necessary for establishing credentials and permitting unrestricted travel.
  - Electronic Medical Records (EMR); backup systems in place for normal office functionality may prevent the loss of vital patient and business information in the event of a disaster.
- Updated employee contact information.
- Secure essential contact information for governmental and emergency agencies (see Appendix III).
- Develop a phone message and/or e-mail explaining temporary shutdowns to patients.
- Have sufficient business insurance:
  - Determine potential gaps in policies (i.e., water damage, business interruption, vaccine spoilage and proper amounts of coverage) as a precaution.
  - Make a videotape or paper inventory of office assets to expedite claim submissions following a disaster.
How to Prepare Your Practice for a Disaster

- Plan for vaccine storage and recovery.
- Alternate site practice: partner with another practice to arrange emergency sharing of facilities (geographically distant to ensure unaffected by same disaster).
  - Communicate with vendors regarding alternate care site.
- Create and practice a staff evacuation plan in coordination with neighboring businesses.
- Stock an emergency medical bag with:
  - Stethoscope
  - Otoscope/ophthalmoscope and specula (w/ spare bulbs), flashlight
  - Tongue blades
  - Tape measure
  - Alcohol wipes, Betadine, soap
  - Gloves
  - Calculator
  - Reference book
  - Thermometer
  - Syringes, needles, sharps container
  - Short-wave radio
  - Tourniquets
  - Low cost face masks
  - This guide
How to Prepare Your Practice for a Disaster

Prepare a strategy for continuity of business

- Staying open: hospitals and other higher care facilities will experience surge issues in the event of a disaster or pandemic. It is important that private and smaller community physicians’ practices open and attend to the worried well.
  - Offer extended or accommodating business hours.
  - Increase the phone availability of staff so that fewer patients will leave their homes and increase the likelihood of exposure.

Consider what is likely to be missing from day-to-day operations during a disaster

- Utilities: generators can power basic medical and communications equipment
- Patient charts and other key info
- Medical info (i.e., specialty journals and books)
- Support and clinical staff
- Communications capability and alternatives:
  - word-of-mouth and hand-painted signs posted at communal gathering centers (e.g., DMAT centers, FEMA operations, Red Cross centers and distribution shelters)
  - radio media
  - walkie-talkies
  - satellite phones
  - cellular phones with text messaging capabilities
  - voicemail systems
How to Prepare Your Practice for a Disaster

How will you address the following priorities?

- Contacting employees and patients without phone lines.
- The length of time your practice can function before finances are depleted.
- Functional priorities that are to be taken care of shortly after a disaster.
- Pharmaceuticals and medical supplies that will need restocking: supplies to last five to seven days following a disaster.
- The business insurance policy and how it addresses service interruption.
- A new site for quick set-up and a return to operability - consider using/partnering with any alternate space available.

- Private offices (medical or otherwise)
- Hospital or emergency room space
- Local health department
- Volunteer clinics
- RVs, campers or tents
- Parking lots of major shopping centers
- Meet with each department or employee to design a response plan, and review, sign and revisit it in instances of expansion, new hires and/or relocation.


How to Prepare Your Practice for a Disaster

Stress Management for Health Care Providers

The magnitude of death and destruction in disasters and the extent of the response demand special attention to the needs of health care providers. The physical safety and security of providers and patients must take priority.

The psychological challenges that health care providers face after disasters are related to exposure to patients and families who are traumatized by loss.

These psychological challenges combine with long hours of work, decreased sleep and fatigue. The stress on providers increases with seeing the effects of a disaster on others and hearing their stories.

Self-care, self-monitoring and peer monitoring are as important as caring for patients.

The following management plan for your staff may help minimize later difficulties.

• Communicate clearly and in an optimistic manner. Identify mistakes for yourself and others and correct them. Compliments can serve as powerful motivators and stress moderators.

• Encourage health care providers to monitor themselves and each other in regard to basic needs such as food, drink and sleep. Becoming biologically deprived puts them at risk and may compromise their ability to care for their patients.

• Ensure regular breaks from tending to patients. When on break allow and encourage providers to do something unrelated to the traumatic event that they find comforting, fun or relaxing. This might be taking a walk, listening to music, reading a book or talking with friends.
How to Prepare Your Practice for a Disaster

- Some people may feel guilty if they have fun or enjoy themselves when so many others are suffering. It is important to recognize that normal life events are an important respite from the horrors of a disaster. Help people to recognize this.
- Establish a place for providers to talk to their colleagues and receive support from one another. A goal of terrorist acts is to isolate people in fear and anxiety. Telling one's own story and listening to other's can alleviate this isolation.
- Encourage contact with loved ones and activities for relaxation and enjoyment.
- Remember that not all people are the same. Some need to talk while others need to be alone. Recognize and respect these differences.
- Hold department- or hospital-wide meetings to keep people informed of plans and events.
- Use hospital newsletters or newspapers as ways to recognize successes and to communicate information.
- Consider establishing awards or other recognition for dedicated service during a disaster.
- Establish support programs for the family of staff that provide information about the status of loved ones who are unable to return home on a regular basis. These programs should provide help and social support to the family.

Source: Center for Traumatic Stress, Uniformed Services University of the Health Sciences School of Medicine, Bethesda, MD
Educating Your Patients About Disasters

Educating Your Patients about Disasters
This section of the guide encourages physicians to share information on family and home disaster preparedness with their patients. Physicians should address and educate their patients regarding the use of medical services during an emergency and the need to keep up-to-date personal, systematic health information.

Medical Services in the Event of a Disaster
It is important to support the “worried well” and provide them with information that will empower them to stay home and out of harm’s way.

Communicate with patients before a disaster occurs that medical facilities will be overwhelmed with ill patients and, in a biological event, may pose an exposure or contamination risk.

Anxious patients without a serious complaint, “the worried well,” should be advised not to go to emergency departments or urgent care centers.

Have materials readily available to educate patients on symptoms and public health information. Encourage patients to communicate with you or your office before seeking out a public health facility.

Information provided via your office staff and/or a phone recording can simplify the delivery of information to your patients.

Two specific pieces of information to protect patients:

- In the event of a radiation incident, stay in place for 2 to 3 days.
- In a bio-terrorism or pandemic event, frequent hand-washing and the use of inexpensive face masks are strongly recommended.
Disaster Preparedness and Awareness Guide for Practicing Physicians

Educating Your Patients About Disasters

Systematic Information on Health

It is vital that patients have current health records available in the event of a disaster, particularly if they have medical conditions to which a disruption of medical supplies or services may be life-threatening.

Patients should keep the following information available:

- Medications list (such as the Med Form in Appendix IV)
- Personal medical history
- Personal computerized medical records (electronic record keeping will be federally mandated by 2010)
- Allergies
Educating Your Patients About Disasters

Az211.gov

This state-sponsored Web site, www.az211.gov, is a statewide online database of emergency resources and health and human services information. Az211.gov provides emergency information; preparedness recommendations; a comprehensive database of child care, senior, health and counseling services; links; and information on program eligibility.

Just In Case Arizona

Just In Case Arizona was designed to help Arizonians prepare for an emergency or disaster. The campaign outlines basic steps for preparing a plan, assembling an emergency survival kit and staying informed.

Just In Case Arizona coaches state residents to plan for special item needs; to coordinate family plans with emergency plans at school, work and daycare; and to respond to a utility service disruption. The Web site also details what to do if a disaster occurs while in a moving vehicle and provides disaster preparedness checklists for download.
How to Prepare Your Home for a Disaster

How to Prepare Your Home for a Disaster

• Identify disaster risks in your area with a visit to the local emergency management office, health department or American Red Cross chapter. Be sure to ask:
  • What types of disasters are likely to happen, and how to prepare for each.
  • What your community’s warning signals sound like, and what to do if you hear them.
  • How to help the elderly and people with special needs.
  • Arizona-specific concerns (e.g., flood and/or radiation hazards originating from the Palo Verde Nuclear Generating Plant).
How to Prepare Your Home for a Disaster

- Create a family disaster and evacuation plan
  - Tell children that a disaster is something that could hurt people or cause damage, and explain that nature sometimes provides “too much of a good thing”—fire, rain and wind.
  - Clarify the importance of a family disaster plan.
  - Teach children:
    - How to call for help.
    - When to call each emergency number.
    - To call the family contact if separated.
    - To keep personal identification information in their possession at all times.
- Talk about the dangers of different disasters with your family.
- Have a plan in case you are separated. Each family member and any babysitter must know the address and phone number for A and B.
  - A. Choose a place outside your neighborhood in case you cannot go home.
  - B. Choose someone out of town to be your family contact.
How to Prepare Your Home for a Disaster

- Fill out the local emergency phone numbers and child identification cards. Fill out an Emergency Information Form (EIF) for each child with special health care needs.
  - EIFs are available for download at www.aap.org/advocacy/emergprep.htm
- Become familiar with the specifics of your child’s child care or school disaster plans as you could be separated from your child during a disaster.
- Plan what to do if you are asked to evacuate.
- Map several escape routes.
- Plan how to take care of your pets.
- Meet with neighbors to plan how you can work together during a disaster.
  - Talk about who has special skills (medical, technical).
  - Make plans for child care in case parents can’t get home.
How to Prepare Your Home for a Disaster

• Evacuation: if you are told to evacuate, take these steps:
  • Leave right away if told to do so.
  • Listen to your battery-powered or hand-crank radio for instructions from local officials.
  • Wear protective clothing, shoes and facemasks as directed.
  • Shut off water, gas and electricity if told to do so.
  • Leave a note on the front door that details when you left and where you are going.
  • Call your family contact to tell him or her where you are going.
  • Take your family emergency supplies.
  • Lock your home and activate the security system if available.
  • Use routes suggested by officials.
How to Prepare Your Home for a Disaster

- Complete this checklist practice:
  - Put emergency phone numbers by each phone.
  - Show everyone how and when to turn off the utilities.
  - Make sure you have enough insurance coverage (flood, fire, earthquake and wind).
  - Do a home hazard hunt for items that can move, fall, break or ignite a fire.
  - Stock enough emergency supplies to last seven days; WATER is most important.
  - Take a Red Cross first aid and CPR class.
  - Plan home escape routes, two from each room.
  - Find safe places in your home for each type of disaster.
  - Make two copies of important documents and keep the originals in a safe deposit box. Keep a copy on hand and give the second set to your out-of-town contact.
How to Prepare Your Home for a Disaster

Practice and maintain your plan:

- Every Month: Test your smoke alarms.
- Every Six Months: Review the Family Disaster Plan, rehearse escape drills, quiz your children and replace stored food and water.
- Every Year: Replace the batteries in smoke alarms, unless your alarms use long-life batteries.

Be ready to turn off your utilities:

- Find the main electric fuse box, water service main and natural gas main.
- Learn how and when to turn utilities off and teach family members.
- Keep a wrench and flashlight near gas and water shut-off valves.
- If you turn the gas off, you will need a professional to turn it back on.
How to Prepare Your Home for a Disaster

Make two copies of important documents, and keep the originals in a safe deposit box or waterproof container:

Important documents include:

- Wills, insurance policies, contracts, deeds and investments;
- Passports, social security cards, immunization records and EIF;
- Bank and credit card account numbers;
- Inventories of valuable household goods;
- Family records (e.g., birth and marriage certificates) and photos; and
- Materials to assist in identifying children who may be separated from their parents (e.g., adoption records and birth certificates).

See Appendix III for additional resources.

Sources: [www.aap.org/family/fk/FOurstepsFRK.pdf](http://www.aap.org/family/fk/FOurstepsFRK.pdf), [www.redcross.org](http://www.redcross.org)
**How to Prepare Your Home for a Disaster**

<table>
<thead>
<tr>
<th>EMERGENCY SUPPLIES LIST</th>
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</thead>
<tbody>
<tr>
<td>Signal flare</td>
<td>Map of the area and important phone numbers</td>
</tr>
<tr>
<td>Special items for infants and the elderly (diapers, formula, medication)</td>
<td>One gallon of water, per person, per day</td>
</tr>
<tr>
<td>Seven-day supply of ready-to-eat canned or packaged food</td>
<td></td>
</tr>
<tr>
<td>Manual can opener</td>
<td>Paper cups and plates and plastic utensils</td>
</tr>
<tr>
<td>Blankets or sleeping bags, a change of clothing, rain gear, and sturdy shoes for each family member</td>
<td>Toiletries (10-day supply of prescription medications, hand sanitizer)</td>
</tr>
<tr>
<td>Cell phone batteries and/or phone charger</td>
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**Supplies in water-proof container**

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<tr>
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</thead>
<tbody>
<tr>
<td>Battery-powered radio, flashlight, and extra batteries</td>
<td>First aid kit and manual and prescription medications</td>
<td>Credit card and cash</td>
<td>Personal identification</td>
</tr>
<tr>
<td>An extra set of car keys</td>
<td>An extra pair of eyeglasses</td>
<td>Matches in a waterproof container</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix I: County Health Departments

Contact health departments if bioterror or communicable disease emergency suspected.

<table>
<thead>
<tr>
<th>Apache County Health Department</th>
<th>Greenlee County Health Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>367 North Main St., Suites 4 &amp; 5</td>
<td>P.O. Box 936</td>
</tr>
<tr>
<td>Mail - P.O. Box 966</td>
<td>5th &amp; Leonard Streets</td>
</tr>
<tr>
<td>Springerville, AZ, 85938</td>
<td>Clifton, AZ, 85531</td>
</tr>
<tr>
<td>(928) 333-0212</td>
<td>(928) 864-2601</td>
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</table>

<table>
<thead>
<tr>
<th>Cochise County Health Department</th>
<th>La Paz County Health Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>1415 W. Melody Lane, Bldg. A</td>
<td>1200 Arizona Avenue</td>
</tr>
<tr>
<td>Bisbee, AZ, 85603-3090</td>
<td>Parker, AZ, 85344</td>
</tr>
<tr>
<td>(520) 432-9437</td>
<td>(928) 669-93</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coconino County Health Department</th>
<th>Maricopa County Dept. of Public Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>2625 N. King St.</td>
<td>4041 North Central Avenue, Suite 600</td>
</tr>
<tr>
<td>Flagstaff, AZ, 86004</td>
<td>Phoenix, AZ, 85012</td>
</tr>
<tr>
<td>(928) 522-7836</td>
<td>(602) 372-2650</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gila County Division of Health</th>
<th>Mohave County Dept. of Public Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>5515 South Apache Avenue, Suite 100</td>
<td>P.O. Box 7000</td>
</tr>
<tr>
<td>1400 East Ash Street</td>
<td>318 N. 5th Street</td>
</tr>
<tr>
<td>Globe, AZ, 85501</td>
<td>Kingsman, AZ, 86402-7000</td>
</tr>
<tr>
<td>(928) 402-8805</td>
<td>(928) 718-4949</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Graham County Health Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>826 W. Main Street</td>
</tr>
<tr>
<td>Safford, AZ, 85546</td>
</tr>
<tr>
<td>(928) 792-5351</td>
</tr>
</tbody>
</table>
Appendix I: County Health Departments

Navajo County Health Department
100 East Carter Drive
Holbrook, AZ 86025
(928) 524-4750

Yavapai County Community Health Services
1090 Commerce Drive
Prescott, AZ 86305
(928) 442-5485

Pima County Health Department
3950 S. Country Club Road
Suite 100, Room 1345
Tucson, AZ 85714
(520) 243-7749

Yuma County Dept. of Public Health
2200 W. 28th Street, Suite 137
Yuma, AZ 85364
(928) 317-4622

Pinal County Health Department
500 South Central
P.O. Box 2945
Florence, AZ 85232-2945
(520) 866-7240

Santa Cruz County Health Department
2150 N. Congress
Nogales, AZ 85621
(520) 375-7901
Appendix II: Contact Information

Contact county emergency service offices for non-public health emergencies.

Arizona Division of Emergency Management
5636 East McDowell Road
Phoenix, Arizona 85008
Phone: (602) 244-0504 or (800) 411-2336
www.az211.gov

Apache County
370 Washington Street
St. Johns, AZ 85936
(928) 337-7630
www.co.apache.az.us

Cochise County
205 N. Judd Drive
Bisbee, AZ 85603
(520) 432-9550
www.co.cochise.az.us

Coconino County
5600 E. Commerce
Flagstaff, AZ 86004
(928) 526-2735
www.coconino.az.gov

Gila County
5515 South Apache Ave., Suite 400
Globe, AZ 85504
(928) 402-8767
www.gila county.az.gov

Graham County
921 Thatcher Blvd.
Safford, AZ 85546
(928) 792-5034
www.graham.az.gov

Greenlee County
5th St & Webster
Clifton, AZ 85533
(928) 865-5385
www.co.greenlee.az.us

La Paz County
1109 Arizona Ave.
Parker, AZ 85344
(928) 669-6141
www.co.la-paz.az.us

Maricopa County
2035 N. 52nd Street
Phoenix, AZ 85008
(602) 273-1411
www.maricopa.gov

Mohave County
3675 E. Andy Devine Ave.
Kingman, AZ 86402
(928) 757-0910
www.healthelinks.com/Emergency

Contact county emergency service offices for non-public health emergencies.
Appendix II: Contact Information

Navajo County
117 E. Buffalo
Holbrook, AZ 86025
(928) 524-4750
www.co.navajo.az.us

Pima County
150 W. Congress, Ste 237
Tucson, AZ 85701
(520) 740-8245
www.pimahealth.org

Pinal County
31 N. Pinal St.
Florence, AZ 85232
(520) 866-6415
www.co.pinal.az.us

Santa Cruz
2150 N. Congress Dr., Ste 110
Nogales, AZ 85621
(520) 375-8002
www.co.santa-cruz.az.us

Yavapai County
1100 Commerce Dr.
Prescott, AZ 86305
(928) 771-3321
www.co.yavapai.az.us

Yuma County
141 3rd Ave.
Yuma, AZ 85364
(928) 539-7867
www.co.yuma.az.us

FEMA:
http://www.fema.gov

FEMA’s Emergency Preparedness for Kids:
http://www.ready.gov/kids

READY USA:
http://www.ready.gov

Citizen Corps:
http://www.citizencorps.gov

ARIZONA MEDICAL ASSOCIATION PAGE 52
Appendix III: Contact and Web Site Resources

Agency for Healthcare Research and Quality (AHRQ), Public Health Preparedness guidance: www.ahrq.gov/prep/

American Medical Association (AMA), Quick reference table guide to biological weapons and suggested courses of treatment: www.ama-assn.org/ama1/pub/upload/mm/415/quickreference0907.pdf

American Medical Association (AMA), Resources for physicians in the event of a public health disaster, including bombings, biological, radiological and chemical agents, and preparedness links: www.ama-assn.org/ama/pub/category/6215.html

American Psychiatric Association, provides multiple links for psychological effects and treatment during disaster events: www.psych.org/disasterpsych/links/weblinks.cfm

American Red Cross Arizona, state agency website, information on preparedness, volunteering, giving blood: www.arizonaredcross.org

Arizona state public emergency and health alert site, offers database of public services: www.az211.gov


Arizona Division of Emergency Management, state coordinating body for disaster response entities at a state level: http://www.dem.state.az.us/

Arizona Funeral Directors Association (480) 649-1144

Arizona State Board of Funeral Directors (602) 542-3095

Arizonaans disaster preparedness site: www.justincasearizona.gov

Centers for Disease Control and Prevention (CDC): www.bt.cdc.gov

Centers for Disease Control and Prevention clinician response site that contains specific information and guidance on clinician response in disaster situations: http://emergency.cdc.gov/


Maricopa County disaster preparedness and assessment site: www.maricopa.gov/emerge_map/

Personal disaster preparedness provided by federal government: www.ready.gov
Appendix IV: The Med Form

The Med Form is an excellent resource for your patients. It will help them and their families track prescription medications, herbals and vitamins. Here are some easy instructions to share with your patients about The Med Form:

- Keep The Med Form with you at all times in case of a medical emergency.
- Take The Med Form with you to all doctor and other health-care provider (e.g., nurse practitioner or dietitian) visits.
- Document all of the medications you are taking, including over-the-counter medications such as vitamins, herbals and others.
- Include the name of the doctor who prescribed the medication. You may also write a reason for taking the medicine (e.g., high blood pressure, high blood sugar, high cholesterol, etc.). If you are not sure why you are taking the medication write “don’t know.”
- When you are discharged from the hospital, someone will speak with you about what medicines to take and/or not take. Because patient medications often change during hospitalization, it’s important that you complete a new Med Form. Take the new form to all doctor visits following your hospitalization.
- Remember to update your Med Form when your doctor changes, stops or revises your medication.

The Med Form is available online at www.themedform.com.
Appendix IV: The Med Form

For additional Med Forms, go to: www.themedform.com

Name: ______________ Date Completed: ______________

Preferred Pharmacy/Phone: ____________________________
Address: ______________
Phone Number: ____________________________ Birth Date: ______________
Emergency Contact/Phone: ____________________________

Allergies and Drugs to Avoid/Adverse Reactions:

Current Medications:
(List all medications you are taking, include over-the-counter (e.g., aspirin, acetaminophen, vitamins and herbal)

Medication: ____________________________ Dosage: ____________________________
Reason for Taking: ____________________________ Directions: ____________________________
Doctor: ____________________________ Date Started: ______________

Medication: ____________________________ Dosage: ____________________________
Reason for Taking: ____________________________ Directions: ____________________________
Doctor: ____________________________ Date Started: ______________

Medication: ____________________________ Dosage: ____________________________
Reason for Taking: ____________________________ Directions: ____________________________
Doctor: ____________________________ Date Started: ______________

Medication: ____________________________ Dosage: ____________________________
Reason for Taking: ____________________________ Directions: ____________________________
Doctor: ____________________________ Date Started: ______________

Always keep this form with you. (copy)

ARIZONA MEDICAL ASSOCIATION
### Appendix V: Medical Reserve Corps Units

<table>
<thead>
<tr>
<th>Medical Reserve Corps</th>
<th>Address</th>
<th>Contact Person</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cochise County Medical Reserve Corps</td>
<td>1415 Melody Lane, Bldg. A, Bisbee, AZ 85603</td>
<td>Ramiro Barrera</td>
<td>(520) 432-9438</td>
</tr>
<tr>
<td>Coconino County Medical Reserve Corps</td>
<td>2625 N. King St., Flagstaff, AZ 86004</td>
<td>John Seyb</td>
<td>(928) 522-7848</td>
</tr>
<tr>
<td>La Paz County Medical Reserve Corps</td>
<td>1200 Arizona Ave., Parker, AZ 85344</td>
<td>Mindy Christman</td>
<td>(928) 669-9364</td>
</tr>
<tr>
<td>Mohave County Medical Reserve Corps</td>
<td>700 West Beale St., Kingman, AZ 86401</td>
<td>Paul Pitts</td>
<td>(928) 718-4964</td>
</tr>
<tr>
<td>Maricopa MRC</td>
<td>722 East Osborn Road, Suite 400, Phoenix, AZ 85014</td>
<td>Richard Thomas</td>
<td>(602) 616-2327</td>
</tr>
<tr>
<td>Maricopa MRC</td>
<td>5101 E. Farnes Drive, Tucson, AZ 85712</td>
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<td>Yavapai County Public Health Preparedness &amp; Response MRC</td>
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</tr>
</tbody>
</table>
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Addendum

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must be acknowledged and prepared for accordingly. Inadvertently managing a response to a terrorist bombing as if it were just an industrial accident could have many negative consequences (some of which could be lethal to responders). The use of an all-hazards response method such as the DISASTER paradigm is invaluable in disaster response because of its great allowance for the uncertainties that go hand-in-hand with real MCI’s.

Practicing detection skills on a daily basis is the key to detection preparedness. When a crew or unit responds to any call or event, they should immediately determine whether a “disaster” or MCI is present before they become involved with individual patient care. Key questions and actions to consider are shown in Table 9.

<table>
<thead>
<tr>
<th>Assess:</th>
<th>Checklist:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Is there a disaster or MCI present?</td>
<td>• Are our capabilities or capacities exceeded?</td>
</tr>
<tr>
<td>• Has the all-hazards cause been identified?</td>
<td>• Does the need exceed our resources?</td>
</tr>
<tr>
<td>• Has the cause been identified but the scene is unsafe?</td>
<td>Before exiting a vehicle, determine</td>
</tr>
<tr>
<td></td>
<td>• If the presence of a threat or an agent is suspected, what is it?</td>
</tr>
<tr>
<td></td>
<td>• What can be seen, smelled, or heard that is unusual?</td>
</tr>
<tr>
<td></td>
<td>• What are bystanders saying or doing?</td>
</tr>
<tr>
<td></td>
<td>• Is everyone coughing, crying, staggering, or lying still?</td>
</tr>
<tr>
<td></td>
<td>If so, protect yourself and crew and notify command before entering the scene any further.</td>
</tr>
</tbody>
</table>

Detection is sometimes difficult for EMS crews and all rescue personnel to some degree because of the intense focus (tunnel-vision) on the injured patient(s). These personnel place themselves in harm’s way to assist others on a routine basis. However, developing an awareness and ability to detect the presence of all-hazards will likely benefit many more people than the most obviously injured at a scene.

1.3.2 DISASTER Paradigm: I – Incident Command

The creation of the Incident Command System (ICS) derived from the need for a new approach to the problem of managing rapidly moving wildfires in 1970. After several years of extensive field-testing, a standardized emergency management system was developed by an interagency task force working in a cooperative local, state, and federal effort called FIRESCOPE (Firefighting Resources of Southern California
Organized against Potential Emergencies). The original ICS developed for fire department use has been modified and adapted to all phases of disaster preparedness and management, and is becoming the standard system for organizing a response to all-hazard scenarios. The ability to adapt rapidly to changes in event status is critical to all phases of disaster management, and the ICS permits the early coordination of all assets and the expansion and collapse of the response needed for event management of any size or due to any cause. The 5 basic components of the ICS are shown in Figure 1.

The Basics

INCIDENT COMMAND
EMS/Law Enforcement/Fire/Rescue
Health/Hospitals

Planning Finance Logistics Operations

Figure 1. DISASTER Paradigm – Incident Command

The ICS also permits standardization of terminology and a uniform system for coordination across agency lines, and should be put into place early to improve coordination of all assets.

ICS principles are appropriate for and can be applied to a hospital setting as well as a disaster scene. Using a Hospital Emergency Incident Command System (HEICS) has been suggested to improve the coordination between agencies and hospitals. A description of this system is available on the Internet and can be downloaded at www.ems.ca.gov/dms2/download.htm.

Incident command (IC): This component has the overall authority and responsibility for incident management. The incident commander oversees the entire operation. Once ordered to duty, the IC’s staff will vary depending on the nature of the incident and the decisions of the IC. The staff may include a medical control officer, individuals dedicated to heading the operations, planning, logistics and finance areas, a public relations officer, and key agency representatives.

Planning: This component continuously evaluates the event by developing action plans and conducting strategic meetings during the event. Information is gathered about other
ICS components and analyzed, and resource needs are identified. The planning arm reports these analyses to the IC.

**Finance/Administration:** This arm is responsible for the payment, contracting, or implementation of other agreements required to obtain needed resources as identified by the IC. This component also is responsible for recording human resource hours, injuries or damage claims, and the overall cost analysis of the event management.

**Logistics:** Logistics is responsible for providing services, facilities, and materials needed to support the event. This may include communication equipment, information systems, food, clear water, medical supplies, and facilities construction.

**Operations:** All the other functions of the ICS are performed to support of the operations component. The Operations arm is responsible for actual scene control, and manages all resources utilized. Its role is flexible, may be small or large, and may include expanded branches of law enforcement, fire suppression, medical direction, and others depending on the particular event. Figure 2 shows a model of the relationship of an operations officer to medical direction and communication required to accomplish the on-scene management of extrication and rescue, triage, treatment, and transportation.

![Figure 2. DISASTER Paradigm — Incident Command Operations](image)

The Operations component has many management responsibilities. The ability to direct primary actions, compete tactical objectives, and personnel accountability are all a function of operations. Examples of the responsibilities of each section of the Operations arm are shown in Table 10.
Table 10. DISASTER Incident Command Operations – Responsibilities

<table>
<thead>
<tr>
<th>Operations</th>
<th>Triage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manage personnel and resources</td>
<td>Triage non-trapped patients</td>
</tr>
<tr>
<td>Scene control</td>
<td>Secondary triage of extricated</td>
</tr>
<tr>
<td></td>
<td>patients brought to Triage area</td>
</tr>
<tr>
<td>Extrication/Rescue:</td>
<td>Continue initial life-saving</td>
</tr>
<tr>
<td>• Manage/remove trapped people</td>
<td>treatment</td>
</tr>
<tr>
<td>• Initial triage</td>
<td>Assist the Extrication/Rescue</td>
</tr>
<tr>
<td>• Life-saving treatment and</td>
<td>sector with initial triage</td>
</tr>
<tr>
<td>procedures</td>
<td></td>
</tr>
<tr>
<td>• Transfer patients for treatment</td>
<td></td>
</tr>
<tr>
<td>Treatment:</td>
<td>Transportation:</td>
</tr>
<tr>
<td>• Provide advanced care until</td>
<td>• Coordinate patient allocation with</td>
</tr>
<tr>
<td>patient is transferred</td>
<td>hospitals</td>
</tr>
<tr>
<td>• Stabilize/prepare patients for</td>
<td>• Coordinate ambulance services/units</td>
</tr>
<tr>
<td>transfer</td>
<td>to/from site</td>
</tr>
<tr>
<td>• Possibly assist with disposition of deceased</td>
<td>• Establish helicopter landing zones</td>
</tr>
<tr>
<td>Note: Requires more personnel and space than other areas</td>
<td>• Establish/coordinate ingress/egress routes</td>
</tr>
<tr>
<td>Communications:</td>
<td>• Establish staging/fielding areas</td>
</tr>
<tr>
<td>• Allocate radio channels to</td>
<td>• Track patients</td>
</tr>
<tr>
<td>sectors/units</td>
<td></td>
</tr>
<tr>
<td>• Monitor radio traffic overload and/or extraneous use</td>
<td>Medical Control:</td>
</tr>
<tr>
<td>• Maintain radio equipment and</td>
<td>• Provide on-scene medical direction</td>
</tr>
<tr>
<td>replace units</td>
<td>• Make advanced triage decisions</td>
</tr>
<tr>
<td>• Assist in minimizing radio traffic</td>
<td>• Provide emergency surgical</td>
</tr>
<tr>
<td></td>
<td>procedures</td>
</tr>
</tbody>
</table>

1.8.3 DISASTER Paradigm: S – Safety and Security
The immediate safety and security of the scene must be addressed. In the prehospital setting this may require the use of public safety, fire and rescue, and other services to assure the safety of the responders before entry to the scene. In the hospital setting, prearranged protocols must be established to secure hospitals, provide ingress and egress corridors for patients and staff, and to activate secondary treatment facilities for the minimally injured patients.

Safety and security begins with training and mental preparation. The fundamental key is proper training. Before you arrive at the scene or encounter the arrival of the first victim prepare yourself mentally. Ask yourself, what could we encounter? Think: “If ________
Basic Disaster Life Support (BDLS) Quick Reference Guide
(copied this page for emergency reference)

DISASTER Paradigm Checklist:

- D: Detect (Does need exceed resources? Declare an MCI)
- I: Incident Command (Report to commander...or BE the commander)
- S: Scene Security and Safety (Violence? Power lines? Secondary devices?)
- S: Support (Call for agencies needed—police, fire, EMS, gov’t)
- T: Triage and Treatment (See information below)
- E: Evacuation (Are enough transport units enroute to scene?)
- R: Recovery (Local public safety/healthcare needs are priority)

<table>
<thead>
<tr>
<th>DISASTER Paradigm Triage/Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MASS Triage Model</strong></td>
</tr>
<tr>
<td><strong>MOVE</strong></td>
</tr>
<tr>
<td>• Anyone who can walk is told to MOVE to a collection area</td>
</tr>
<tr>
<td>• Remaining victims are told to MOVE an arm or leg</td>
</tr>
<tr>
<td><strong>ASSESS</strong></td>
</tr>
<tr>
<td>• Remaining patients who didn’t move (assist these victims first)</td>
</tr>
<tr>
<td><strong>SORT</strong></td>
</tr>
<tr>
<td>• Categorize patients by “ID-me”</td>
</tr>
<tr>
<td>o Immediate</td>
</tr>
<tr>
<td>o Delayed</td>
</tr>
<tr>
<td>o Minimal</td>
</tr>
<tr>
<td>o Expectant</td>
</tr>
<tr>
<td><strong>SEND</strong></td>
</tr>
<tr>
<td>• Transport immediate patients first to hospitals</td>
</tr>
<tr>
<td>• Others may go to secondary treatment facilities</td>
</tr>
</tbody>
</table>

TRIAGE CATEGORIES

- **I** IMMEDIATE (red)  
  Obvious threat to life or limb. Most often this will be patients that have some alteration in their ABC’s.

- **D** DELAYED (yellow)  
  In need of definitive medical care, but should not decompensate rapidly if the care is delayed initially.

- **M** MINIMAL (green)  
  “Walking wounded;” abrasions, contusions, minor lacerations, etc.; stable vital signs.

- **E** EXPECTANT (blue)  
  Little or no chance of survival; resources are not utilized initially to care for them, unless resources become available.