

EARTHQUAKE PREPAREDNESS

for Community Clinics and Health Centers

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Introduction

Earthquakes are typically associated with the state of California. But the recent temblor in Washington, DC, indicates that's not the case. In fact, U. S. Geological Survey maps of the country show that most states sit in moderate- to high-risk areas for seismic activity, with the Midwest particularly vulnerable.

Although we cannot control how an earthquake will shake our homes, clinics, and community health centers, we *can* take steps to control the extent of damage an earthquake will cause. For example, during the 1994 Northridge earthquake, falling furniture or objects caused 55 percent of the injuries. Only 1 percent of injuries were caused by building damage. Other injuries were due to people falling or behaving dangerously. Many of these injuries could have been prevented through actions taken before the earthquake. That is why the California Primary Care Association (CPCA) and the National Association of Community Health Centers, Inc. (NACHC) have teamed up to provide this webinar on earthquake preparedness for emergency planners in community clinics/health centers.

Goals and Objectives

The goals of this webinar are to:

- increase awareness about the need to prepare for earthquakes, both at home and at our centers
- improve overall clinic/health center emergency preparedness to include strengthening relationships with partners and other community clinics/health centers

The objectives of the webinar are to ensure that participants will:

- explain emergency preparedness issues that are unique to earthquake
- identify steps that should be taken by center staff to improve emergency preparedness in regard to earthquakes
- describe plans to assure business continuity at centers and clinics during an earthquake
- list actions they intend to take to improve earthquake preparedness at their clinics/health centers

We hope this webinar will equip you with at least three actionable items that you and your center's staff will be able to identify and complete within three months from today.

Speakers and Content

To meet these goals and objectives, CPCA and NACHC are pleased to present to you:

- Ana-Marie Jones, Executive Director of *Collaborating Agencies Responding to Disasters* (CARD), who will explain the importance of earthquake preparedness and present basic earthquake preparedness activities for the home and family.
- Krista Bringley, MPH, Program Manager for EOC, EM, and Special Projects with Northeast Valley Health Corporation, who will discuss “Lessons Learned from the Northridge Earthquake of 1994,” focusing on business continuity for community clinics/health centers.
- Barbara Morita, PA, Emergency Preparedness Coordinator with the Alameda (California) Health Consortium, who will describe methods for evacuation/sheltering-in-place and medical surge strategies centers can use in case of an earthquake.

Webinar Packet

As part of this webinar, we have developed a packet of materials, tools, and links to other resources that will assist you and other staff in preparing your community clinics/health center for an earthquake.

Materials and tools for community clinics/health centers include:

- Earthquake Hazard Assessment Checklist
- Key Points on Business Continuity
- Reprioritization of Services, Staffing, and Space
- Disaster Supplies
- Stages of Evacuation
- Sample Employee Day-of-Disaster Plan
- What to Do During an Earthquake

All materials and tools are available for viewing and downloading at http://www.nachc.com/EM_Webinars.cfm. The “Earthquake Hazard Assessment Checklist,” “Stages of Evacuation,” and “Disaster Supplies” are provided in Word, so that your community clinics/health care centers can adapt these documents to meet your unique needs, resources, and circumstances. All other documents are provided in PDF format.

Links to other resources include:

- *Putting Down Roots in Earthquake Country*: http://www.earthquakecountry.info/roots/download_eng.html
- Dare to Prepare: <http://www.daretoprepare.org>
- Emergency Survival Program (ESP): <http://www.espfocus.org/>
- Central United States Earthquake Consortium: <http://www.cusec.org>
- U.S. Geological Survey National Seismic Hazard Maps: <http://earthquake.usgs.gov/hazards/products/conterminous/2008/maps/>

Earthquake Hazard Assessment Checklist for Community Clinics and Health Centers

Identify Falling/Toppling Hazards

- Conduct a walk-through of your entire facility to identify heavy pieces of equipment, furniture, or objects that are vulnerable to falling, sliding, toppling over, or colliding with other items.

Secure Items That Present a Falling/Toppling Hazard

All Areas

- Ensure that large, heavy items are away from doorways and exit routes.
- Install anchor bolts and restraining straps on heavy pieces of equipment, furniture, carts, tanks, or objects, etc.
- Install wall restraints on taller items, including furniture, bookcases, filing cabinets, shelf-mounted equipment, refrigerators, freezers, medical records, and photocopiers.
- Install restraints, such as flexible, nylon straps and buckles, on mounted, desktop, or tabletop equipment (computer monitors, televisions in waiting areas, etc.).
- Secure oxygen tanks to the wall with easily removable chains.
- Install latches on cabinet and cupboard doors and other storage areas. (Lock cabinets and storage when not in use.)
- Store heavy items and any hazardous and/or flammable materials on lower shelves.
- Store forms and educational materials in upright holders or in some way that will prevent them from falling.
- Secure smaller items such as desktop or countertop items using Velcro, earthquake putty, gel, or microcrystalline wax.
- Hang art or other wall items on closed hooks.

Medical Records Area

- Install mechanisms to prevent Medical Records storage systems from falling, bending, or breaking.
- Consider flexible cords or other physical blocks to keep individual records on shelves.

Pharmacy/Dispensary

- Store medications in areas where they will not fall.

Laboratory

- Store chemicals, sharps, and breakable items, such as glass, in areas where they will not fall. Ensure spill kits are available.

Housekeeping Closet

- Store chemicals in areas where they will not fall (e.g., bottom cabinets).
- Keep separate any chemicals that, if mixed, could produce a hazard.

Building Exterior

- Look for items that could fall, including pieces of the building and signage. Repair, remove, or secure falling hazards.

Identify Utility Risks

- Conduct a walk-through of the facility to identify vulnerable gas, water, and electrical lines. (For example, damage to non-structural walls could rupture water lines and cause a power outage.)
- Label and map all utility shutoff locations.
 - Ensure appropriate employees know the location of—and how to turn off, if necessary—all utilities.

Secure Vulnerable Utility Lines

- Secure gas pipes and water heaters, using flexible connections.
- Install flexible and/or telescoping connections in any other vulnerable lines.

Ensure Source of Emergency Power

- Purchase sources of emergency power. This may include:
 - Sufficient numbers of portable generators to provide light and sustain critical operations
 - Battery-operated emergency lighting
 - Portable, emergency lighting
 - Flashlights
- Keep flashlights and fire extinguishers in easily accessible areas.

Review Structural Building Code

- Check to ensure the design and construction of the clinic meet seismic safety codes. In particular, consider the foundation, walls, “soft” first stories, and unreinforced masonry. Bring in assistance from structural engineers and/or your local fire marshal, if necessary.
- If seismic safety codes are not met, determine what needs to be done to retrofit the facility.

- If buildings are leased, work with the landlord to make building improvements.
- If retrofit is too costly or the landlord will not make improvements, consider the alternatives (e.g., relocation).

Key Points on Business Continuity for Community Clinics and Health Centers

Once you have conducted the earthquake hazard assessment for your clinic, develop a continuity of operations plan. A continuity of operations plan can be used for any type of emergency, but can be particularly important after an earthquake. In general, this process includes:

- Identifying staff, functions, materials, and equipment that are essential to keeping the health center operating.
- Identifying suppliers, shippers, resources, and others that the clinic must interact with on a daily basis.
- Planning what to do if the health center's building is not accessible. For example, can payroll be prepared from another business location? If not, what space is accessible? Could any work be done from employees' homes? What activities can be conducted in the parking lot? Which areas have the capacity to be IT hubs or data centers? Which departments can absorb extra staff and equipment? Which departments can be displaced? What supplies, programs, and personnel are necessary to conduct work from a different location? How will those supplies, programs, and personnel be accessed from a different location?
- Preparing for continuity of support functions including payroll, human resources, IT, and supply.

To help you in this process, here are some "lessons learned" on business continuity from the 1994 Northridge earthquake.

Create a Planning Team

- In order to develop a continuity of operations plan, create a team responsible for developing the plan. Include co-workers from a broad cross-section and from *all* levels of the clinic's organization (the CEO, IT, finance, purchasing, operations, facilities, medical administration, clinic administration, clinical staff, janitorial staff, etc.).
- Ensure the team "owns" the need for developing a continuity of operations plan.
- Determine the clinic's philosophy in a disaster. This philosophy requires buy-in from all levels: the board of directors, CEO, business and medical leadership, providers, and staff. For example, under what circumstances will you close? Under what circumstances will you try to remain open? If you remain open, which services will be prioritized? Will you cancel preventive care and focus on first aid instead?
- Identify the minimal resources that will be required to get up and running (staff, medical equipment, business equipment, forms, etc.).

Key Points on Business Continuity, continued

Address Clinical Services

- Develop a plan for tracking patients when “everything” (treatment location, assigned staff, etc.) is different.
- Ensure that clinical staff are operating in an environment that allows coverage by insurance or the Federal Tort Claims Act (FTCA).
 - Know the limitations of the FTCA.
- Keep your employees working within their scope of practice.
- Credential any volunteers.
- Continue protecting your business by keeping a focus on risk management.

Protect the Business

- Identify documentation forms for reimbursement and have them accessible for immediate use.
- Develop a plan to meet payroll and pay bills. ***Do you have a checkbook?***
- Have petty cash on hand at each site.
- Make each site as self-sufficient as possible.
- Consider obtaining a line of credit.
- Have two weeks of supplies, if possible.
- Develop relationships and mutual aid agreements (MAAs) with other clinics, hospitals, government associations, local businesses, nonprofits, etc.
- Create a backup list of (and relationships with) vendors.
- Have redundant backup systems (such as generators, remote access, data storage systems, etc.).
- Identify alternate or back-up work locations.

Develop a Communications Plan

- Determine how you will get in touch with employees. For example, telephone trees, automated messaging systems, employee hotline with a recorded message, etc.
- Determine options for communication between sites.
- Identify how you will convey whether you’re open or closed, hours of operation, possible new location, etc., to patients.

Key Points on Business Continuity, continued

Address Behavioral Health

Crowded work conditions, long hours, and fear of aftershocks are likely to increase levels of stress.

- Know your staff and guide them to the most appropriate tasks.
 - Flexible staff will be better able to adapt; less flexible staff may have difficulty with changed/reduced structure.
- Plan for increased behavioral health needs among staff—and patients.
 - Consider providing in-house counseling to staff.
 - Create a list of local behavioral health resources. This may include internal resources, other clinics, independent professionals, and community- or faith-based organizations.
 - Create a list of local resources for other assistance including food, water, shelter, and state/federal assistance. Meeting daily needs helps address behavioral health.

Plan on Reimbursement Delays

- Both state and federal assistance may be cumbersome to apply for and slow in arriving.
- Recognize that FEMA's focus will likely be on physical damage.
- Keep detailed records on emergency response activities, including employee and volunteer response time (as opposed to normal, routine activities).
- ***Use proper documentation forms!***

Support Individual and Family Preparedness

Studies have shown that when emergency responders and others know that their families are safe and taken care of, they are more likely to show up for work as scheduled.

- Provide staff with information on personal preparedness, including earthquake preparedness, and sample family emergency plans (including backup childcare).
- Encourage staff to have emergency supply kits at home, work, and in their cars.
- Train staff on duck, cover, and hold in various locations (in the car, in a high-rise building, on a sidewalk, etc.), so they can teach their families.

Be Able to Serve Coffee

- Recognize the importance of creating a sense of normalcy. Small things help people carry on in an emergency.

Reprioritization of Services, Staffing, and Space

Sample Reprioritization of Services

Services As Usual <ul style="list-style-type: none"> • Triage/Phone Advice • Family Medicine • Pediatrics • Women’s Health • Dental • Behavioral and Mental Health • Health Education • Registration/Billing • WIC/Nutrition Program 	Disaster Response Services (All Urgent Care) <ul style="list-style-type: none"> • Triage • Red Team • Yellow Team <ul style="list-style-type: none"> • Wound Care Team • Green Team • Patient Flow Monitors • Patient Tracking and Registration • Mental Health and Psychological Support • Community Information
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Sample Reassignment of Staffing

(This chart is provided as an example of how staffing might be reassigned during a disaster response. Decisions regarding reassignment of staffing will be specific to your facility.)

Staffing As Usual <ul style="list-style-type: none"> • Staffing assignments commonly grouped by specialty. 						Disaster Response Staffing <ul style="list-style-type: none"> • Teams formed across departments might be based on skills in trauma and urgent care. • In this example dental was converted to a suture/wound care area. MDs anchor the Red team, NP/PAs the Yellow team. • WIC and HE staff were assigned to support patient tracking and community information. 					
Triage			RN	MA		Triage		RN	MA	MA	
Family Medicine	MD MD MD	NP PA PA	RN	MA MA	MA	Patient Flow			RN RN		REG
Pediatrics	PED PED	NP PA	RN	MA MA	MA	Red Team	MD MD PED	PA	RN	MA	
Women’s Clinic	OB	NP NP	RN	MA		Yellow Team	PED	NP PA	NP NP	MA	
						Wound Care Subgroup	OB	DDS DDS	DA DA		REG
Dental	DDS DDS	DH	DA	DA		Green Team	MD	NP PA	MA MA	MA MA	REG

Behavioral/ Mental Health		MH	MH	MH	MH	Patient Tracking	REG			WIC	WIC
Health Education		HE	HE	HE		Mental Health	MH	MH	MH	WIC	WIC
Registration and Billing		REG	REG	REG	REG	Community Information	MH	HE	HE	HE	
WIC Program		WIC	WIC	WIC	WIC						

Reprioritization of Space

(These charts are provided as examples of how space might be reprioritized during a disaster response. Decisions regarding reprioritization of space will be specific to your facility.)

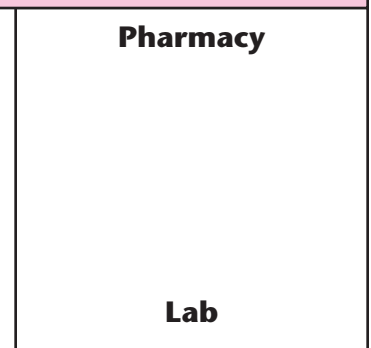
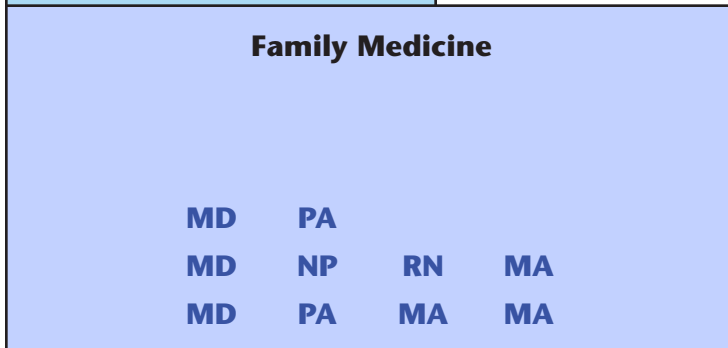
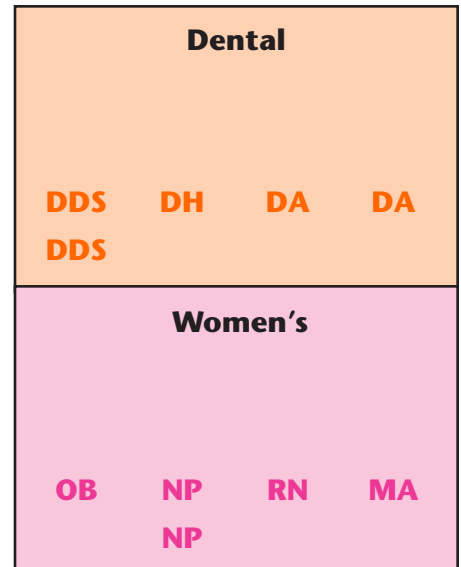
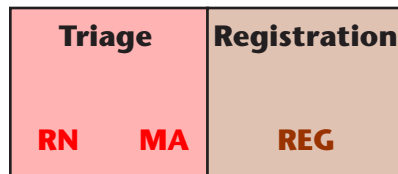
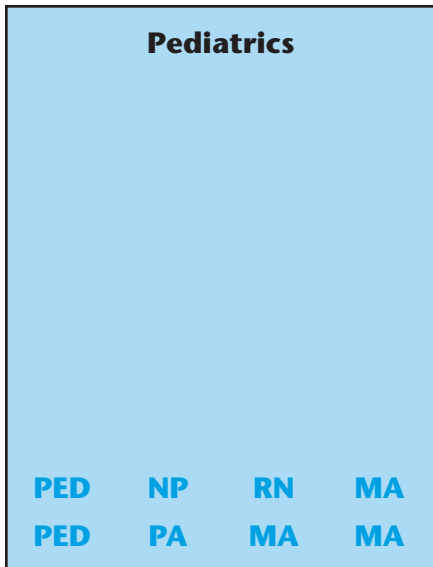
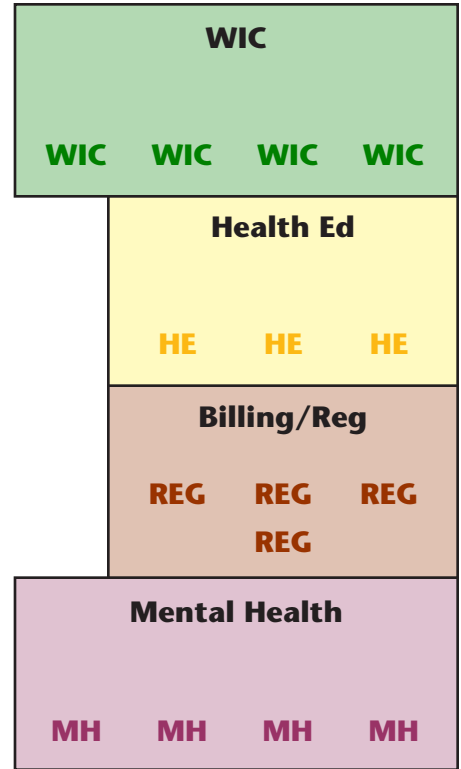
Use of Space: As Usual* <i>(*See layout.)</i>	Use of Space: Disaster Response* <i>(*See layout.)</i>	
<ul style="list-style-type: none"> In this example, triage, family medicine, pediatrics, ob/gyn, and dental services provided in main building 	<ul style="list-style-type: none"> Triage conducted outside (at the door) 	Completely rethink the use of your facilities, based on treatment areas and patient flow
<ul style="list-style-type: none"> Services for mental health, the WIC/Nutrition program, and health education provided next door 	<ul style="list-style-type: none"> Acute medical care provided in main building 	
	<ul style="list-style-type: none"> Procedures located in dental area 	
	<ul style="list-style-type: none"> Quiet area for staff and mental health services located next door 	

Acronym List

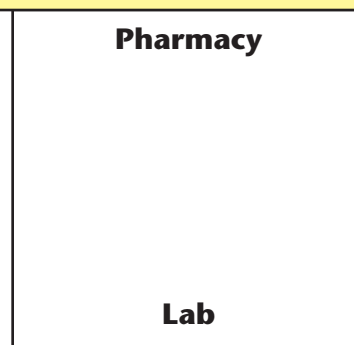
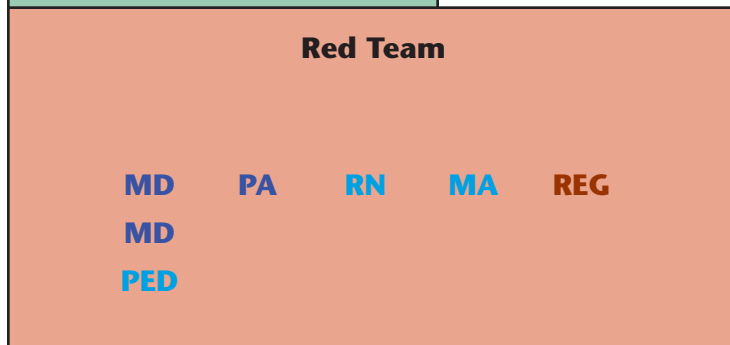
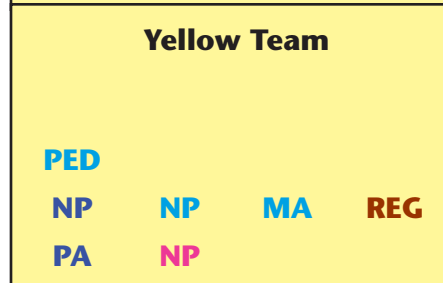
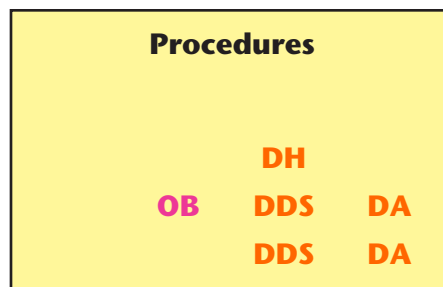
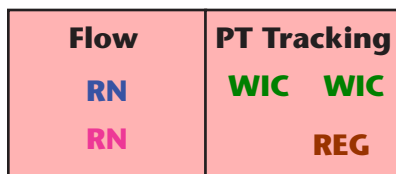
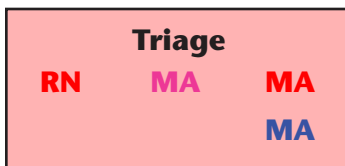
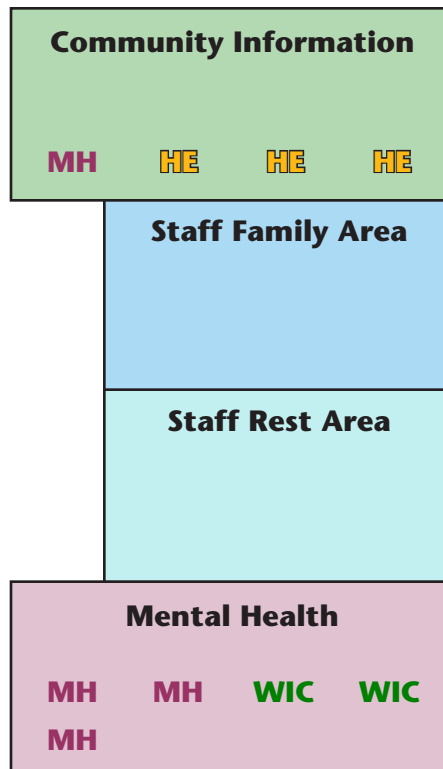
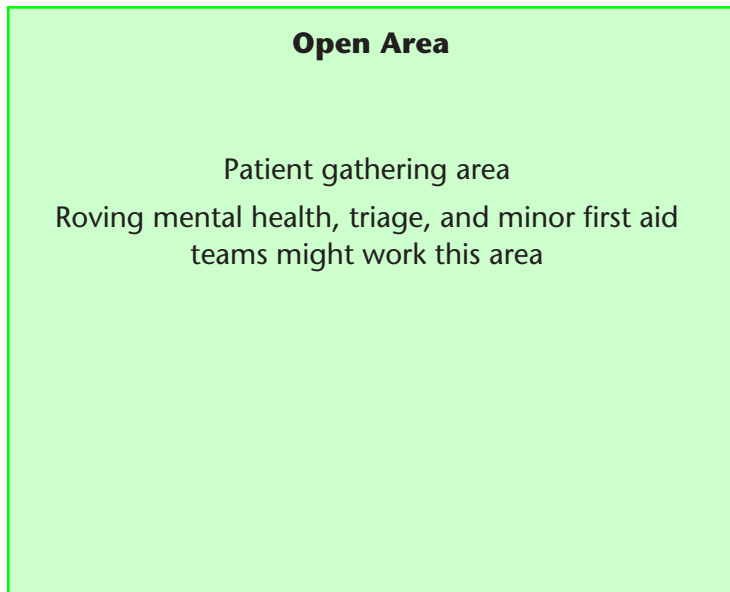
DA	Dental Assistant	MH	Mental Health Worker	REG	Intake Worker (Billing Office, Receptionist, and Registration)
DDS	Dentist	NP	Nurse Practitioner		
DN	Dental Hygienist	OB/GYN	Obstetrician	WIC	Women, Infants, and Children
HE	Health Educator	PA	Physician's Assistant		
MA	Medical Assistant	PED	Pediatrician		
MD	Physician	RN	Registered Nurse		

2010, Developed by Barbara Morita, PA Alameda Health Consortium, Alameda, CA

Use of Space: as Usual



Use of Space: Disaster Response



Disaster Supplies for Community Clinics and Health Centers

This list was adapted from a disaster supplies list developed for the Berkeley Unified School District. Although developed for schools, this list is appropriate for community clinics and health centers and can be tailored for your clinic's needs. The cache of supplies is designed to meet the needs for the first 72 hours after a disaster strikes, and it focuses on first aid, fire suppression, search and rescue, ICS organization, and short-term sheltering in place.

Basic First Aid		
Item Description	Unit Packaging	Quantity Suggested
Basic Supplies		
Clean sheets for bandages (wash in bleach seal in plastic bags)		Lots
Spring water, 16-oz bottles (wound irrigation)	Case of 35	2
Band-aids, 3/4" x 3" flexible fabric	Box of 100	1
Band-aids, extra-large 2" x 4 1/2"	Box of 50	1
Instant cold packs (5" x 7")	Each	10
Dressing, non-adhering (telfa) 3" x 4"	Box of 100	2
Elastic bandage (ACE), 2" budget	Rolls	10
Elastic bandage (ACE), 3" budget	Rolls	20
Elastic bandage (ACE), 4" budget	Rolls	----
Forceps & scissors (suture removal kit)	Each	1
Gauze (non-sterile), conforming/stretch 3"	Box/12	1
Gauze sponge (non-sterile), 4" x 4" 12-ply	Pkg/200	5
Gloves (latex, powder-free), small	Box/100	1
Gloves (latex, powder-free), medium	Box/100	1
Gloves (latex, powder-free), large	Box/100	1
Gloves (Triflex synthetic powdered), medium	Box/100	
Hand-sanitizing gel (SAFETEC)	4-oz bottle	2
Waste bags (infectious), 10-gallon red	Bags	10
Poly-lined "sta dri" towels, 13" x 18" blue (cs=500)	Box/25	1
Saline, dual top (all extras go in basic first aid box)		All extras
Sanitary pads (use as compression dressings)	Box/24	1
Scissors, bandage economy 5 1/2"	Each	1
Scissors, EMT (serrated blade)	Each	1
Tape (paper), 1" x 10 yds	Box/2 rolls	1
Tape (paper), 2" x 10 yds	Box/6 rolls	1
Tape (cloth), 1" x 10 yds	Box/2 rolls	1
Tape (cloth), 2" x 10 yds	Box/6 rolls	2

2010, Developed for Berkeley Schools by Barbara Morita, PA Alameda Health Consortium, Alameda County, CA

Triple antibiotic ointment (polysporin), indiv foil packs	Box/gross	1
Patient tracking/first aid records	Each	100
Blood pressure cuff set (anaeroid), adult	Each	1
Blood pressure cuff set (anaeroid), child	Each	1
Stethoscope (nurse), red	Each	1
Triage Tagging and Team Supplies		
Security tapes for triage (to mark treatment areas), R/Y/G/W/B	Each color	1 set
Triage tags or masking tape R/Y/G/B	Pkg/50	1
Duct tape (white, for triage tagging), 2" x 20 yds	Roll	1
Markers (e.g., Sharpies), black, twin-tip	Each	1
Dust masks, blue	Each	7
Flash lights (team members' individual use), AA-cells	Each	7
Flash lights or lanterns, base station	Each	2
Headlamp, top spot II (optional)	Each	1
Helmets, white	Each	6
Safety vests (mesh), orange	Each	6
Walkie-talkies (short-range), for team and to IC (recommended)	Matching	<3>
Fractures (Training recommended)		
Instant cold packs, 5" x 7"	Each	12
Box cutters	Each	1
Corrugated cardboard, trimmed (for splints)		Ad lib
Duct tape (grey), 2" x 60 yds	Rolls	2
Elastic bandage (ACE), 4" budget	Rolls	10
Hand-sanitizing gel (SAFETEC)	4-oz bottle	1
Padded board splints (foam/cardboard), 12"	Each	12
Padded board splints (foam/cardboard), 18"	Each	6
Scissors, EMT (serrated blade)	Each	1
Towels for padding (donated)		Ad lib
Burns (Training highly recommended)		
Burn dressing (waterJel), 4" x 4"	Each	6
Burn dressing (waterJel), 4" x 16"	Each	2
Cotton-tipped applicators, sterile	Pkg/10	2
Forceps & scissors (suture removal kit)	Each	1
Gauze sponge (non-sterile), 4" x 4" 12-ply	Pkg/200	1
Gauze sponge (sterile), 4" x 4" 8-ply	Pkg/500	1
Hand-sanitizing gel (SAFETEC)	4-oz bottle	1
Kerlix rolls, 4 1/2" x 4.1' 6-ply	Rolls	4
Poly-lined "sta dri" towels, 13" x 18" blue (pull from basic first aid)		
Saline 0.9% irrigation, 1000 ml	Sq. bottles	2
Scissors (bandage economy), 5 1/2"	Each	1

Eye		
Water (pull from basic first aid)		
Eye wash (irrigation solution), 4 oz	Each	5
Saline 0.9% irrigation, 1000 ml	Sq. bottles	4
Cotton-tipped applicators, sterile	Pkg/10	20
Hand-sanitizing gel (SAFETEC)	4-oz bottle	1
Laceration Repair (Training Required)		
Cotton-tipped applicators, sterile	Pkg/10	2
Gauze sponge (non-sterile), 4" x 4" 12-ply	Pkg/200	2
Gauze (non-sterile), conforming/stretch 3"	Box/12	2
Hand-sanitizing gel (SAFETEC)	4-oz bottle	1
Waste bags (infectious), 10-gallon red	Bags	10
Poly-lined "sta dri" towels, 13" x 18" blue	Box/25	1
Povidine swabstick, singles	Box/50	1
Scissors (bandage economy), 5 1/2"	Each	1
Sharps container, pint	Each	1
Steri-Strips (DermaSeal), 1/4" x 4" 10 strips x 50 envelopes	Envelope	10
Steri-Strips (DermaSeal), 1/2" x 4" 6 strips x 50 envelopes	Envelope	10
Steri-Strip compound (benzoin vials)	Box/40	20 vials
Tape (cloth), 1" x 10 yds	Box/12 rolls	6 rolls
Triple antibiotic ointment (polysporin), indiv foil packs	Box/gross	1
Saline, dual top	Each	12
Command Structure (ICS/NIMS)		
<i>Item Description</i>	<i>Unit Packaging</i>	<i>Quantity Suggested</i>
Portable file box (to store items)	Each	1
Name tags	Pkg/100	1
White paper (ruled), letter size	Pads	1
Pencils, No 2	Box/12	1
Ballpoint pens (black ink), medium point	Box/12	1
Stapler, desk model		1
Staples	Box	1
Tape (magic mending), 3/4"	Roll	1
Tape (masking), 3/4"	Roll	1
Transistor radio with batteries	Each	1
Disaster Plan (binder)	Each	1
Disaster volunteer registration forms	Set/50	1
ICS plan	Each	1
ICS logistical aids (mounted boards, etc.)	Set	1
Clip boards (plastic), letter size	Each	2
Easel pad 27" x 34"	Each	1
Marks-A-Lot markers	Each	2

Megaphone	Each	
Batteries, size C	Pkg/6	1
Utility table with folding legs, 4' x 2'	Each	1
Team Supplies		
Dust masks (blue)	Each	7
Flash lights (high-power beam), D-cell and AA-cell	Each	2 of each
Helmets (yellow), for IC positions/team leads	Each	7
Traffic vests (orange CLOTH with reflective tape, no labels)	Each	7
Walkie-talkies (short range FRS), to communicate with onsite teams	Each	<4>
400-Mhz radio (tie into higher-level ICS structure)	Each	1
Backup battery and charger	Set	1
Student-Tracking Team		
White paper (ruled), letter size	Pads	1
Dust masks	Each	5
Flashlights (team members' individual use), AA-cells	Each	5
Flashlights or work station lantern	Each	1
Helmets (white)	Each	4
Safety vest (orange mesh)	Each	5
Sheltering-in-Place		
<i>Item Description</i>	<i>Unit Packaging</i>	<i>Quantity Suggested</i>
Activities for children (selected by school staff)	Ad lib	
Drinking water, 16-oz bottles	35/cs	20
Blankets (donated)		Lots
Blankets ("thermal" polyester or acrylic)	Box/10	5
Blankets (survival/mylar)	Each	50
Cups (white plastic), 3 1/2-oz	1000/cs	1
Duct tape (grey), 2" x 60 yds	Roll	1
Eating utensils, etc.	B0x/120	2
Glo-sticks (6"), last for 12 hrs	Each	10
Flashlight (lantern, rubber)	Each	2
Rope (medium weight), 50'	Roll	4
Scissors, EMT serrated blade	Each	1
Tarps, approx. 12' x 16'	Each	2
Trash bags (medium-duty), 45-gal	Box/50	1
Tissue, standard facial	Box/100 sheets	4
Toilet Set-Up		
Portable toilet (alum legs, plastic seat, plastic bags, folds flat)	Each	2
Replacement bags	Pkg/12	10
PETT "Pooh Powder" 120 scoops/gels 60-oz	container	1
Opaque plastic sheeting		1
Rope (light weight, poly), 50' (privacy with sheeting)		4

Hand-sanitizing gel (SAFETEC)	4-oz bottle	1
Duct tape (grey), 2" x 60 yds	Roll	1
Wet wipes, jumbo box	Each	2
Toilet paper	Case/24	1
Additional Water		
Water drums, 30-gal containers	Each	1
Water drum pump and stands	Each	1
Collapsible water containers	Each	2
Water preserver for 30 gallons	Each	1
Food (expect donations from neighbors)		
Team Supplies		
Dust masks (blue)	Each	5
Flash lights (individual use), AA-cell	Each	5
Helmets (white)	Each	4
Safety vests (orange mesh)	Each	4
Walkie-talkies (short range), for team and to IC (recommended)	Matched	<2>
Fire Suppression (Formal Training Recommended)		
<i>Item Description</i>	<i>Unit Packaging</i>	<i>Quantity Suggested</i>
<i>Team of four</i>		
Portable fire extinguishers (medium capacity), 10 lbs	Each	4
Grounds map (laminated)	Each	2
Caution tape (red), 3" x 200'	Short roll	1
Duct tape (grey), 2" x 60 yds	Roll	1
Dust masks, N95 with exhalation valve	Each	5
Flashlights (high-power beam), 3 or 4 D-cell (pass on to grounds safety team or first aid team after fire response)	Each	2
Extra batteries	Sets	2
Headlamp, Top Spot II (optional)	Each	
Helmets (white)	Each	4
Safety vest (cloth, orange with reflective tape, add label)	Each	1
Safety vests (orange mesh with reflective tape)		6
Work gloves (leather palms)	Pairs	5
Walkie-talkies (short range for team and to IC), recommended	Matching	<3>
Grounds Safety		
<i>Item Description</i>	<i>Unit Packaging</i>	<i>Quantity Suggested</i>
<i>Team of two</i>		
Push broom	Each	Onsite
Shovel (straight blade)	Each	1
Caution tape (yellow), long roll 3" x 1000'	Roll	Short
Dustpan (metal, wide)	Each	Onsite
Trash bags (heavy-duty), 45-gal	Box/25	1

Team Supplies		
Flashlights, 3 D-cell (passed on from fire team)	Each	()
Dust masks, N95 with exhalation valve	Each	3
Extra batteries	Sets	2
Helmets (white)	Each	2
Safety vests (orange mesh with reflective tape, no labels)		2
Work gloves (leather palms)	Pairs	3
Walkie-talkies (short range for team and to IC), recommended	Matching	<3>
Mental Health Team		
Dust masks (blue)	Each	5
Flashlights (individual use), AA-cell	Each	5
Helmets (white)	Each	4
Safety vests (orange mesh)	Each	4
Walkie-talkies (short range for team and to IC), recommended	Matching	<2>
Light Search and Rescue		
<i>Item Description</i>	<i>Unit Packaging</i>	<i>Quantity Suggested</i>
<i>Team of four</i>		
Grounds map (laminated)	Set	1
Caution tape (to lead to victims), short roll	Roll	1
Crow bar (long gooseneck), 48"	Each	1
Cow bar (short gooseneck), 24"	Each	1
Cribbing, 4' x 4' blocks	Ad lib	---
Dust masks N95 w exhalation valve - for victims	Each	4
Latex gloves (heavy-duty), medium	Box/100	1
Latex gloves (heavy-duty), large	Box/100	1
Glo-Sticks (6" to last 12 hrs), to mark or comfort unmovable victims	Pkg/10	1
Marker ("China"/grease), black	Each	6
Pickaxe (long handle), fireman's style	Each	1
Pry bar – (pinch point crowbar 60")	Each	1
Scissors (EMT), serrated edge	Each	1
Sledge hammer (small/med), 3-lb w/wood handle	Each	1
Sledge hammer (large), 8-lb with hickory handle	Each	1
Stretcher (flexible, roll-up type)	Each	0
Misc. tools (such as pliers, bolt cutters, hammers, screwdrivers, utility knife, utility shut-off wrench)	Set	1
Team Supplies		
Dust masks, N95 with exhalation valve	Each	5
Eye goggles	Each	5
Flashlights (high-power beam), 3 or 4 D-cell	Each	2
Extra batteries	Sets	2
Headlamp, Top Spot II (optional)	Each	<5>

Helmets (white)	Each	4
Safety vests (orange mesh with reflective tape)		4
Work gloves (leather palms)	Pairs	5
Walkie-talkies (short range for team and to IC), recommended	Matching	<3>
Mobile First Aid		
<i>Item Description</i>	<i>Unit Packaging</i>	<i>Quantity Suggested</i>
<i>Team of four</i>	(X4)	
Daypack	Each	1/team member
Adhesive bandages flexible fabric), 3/4" x 3" (in Ziploc bag)	Each	10
Adhesive bandages (extra-large), 2" x 4 1/2" (in Ziploc bag)	Each	5
Ammonia aromatic ampules, 0.33 ml	Each	5
Instant cold packs (5" x 7")	Each	5
CPR tri-seal adult mask	Each	1
PR valve (one-way)	Each	1
Elastic bandage (ACE), 2" budget	Each	2
Elastic bandage (ACE), 3" budget	Each	2
Gauze (non-sterile), conforming/stretch 3" (in Ziploc bag)	Roll	3
Gauze sponge (non-sterile), 4" x 4" 12-ply (in Ziploc bag)	Pad	10
Gauze (sterile) packaged, 4" x 4" (in Ziploc bag)	Each	6
Gloves (latex, powder-free), small (in Ziploc bag)	Pair	3
Gloves (latex, powder-free), medium (in Ziploc bag)	Pair	3
Gloves (latex, powder-free), large (in Ziploc bag)	Pair	3
Hand-sanitizing (Vionex No-Rinse Gel), 1/8-oz. (in Ziploc bag)	Uni-dose packets	6
Saline irrigation, 100 ml dual-top bottle	Each	6 bottles
Splint (cardboard), padded 12"	Each	4
Cloth tape, 2" x 10 yds	Roll	2
Cloth tape, 3" x 10 yds	Roll	1
Triangular bandages	Each	4
Triple antibiotic ointment (individual foil packets)	approx	14 packets
Team Supplies		
Flashlights, 2 or 3 D-cell	Each	1
Helmets (white), attach to outside of bag	Each	1
Safety vests (orange mesh with reflective tape)		1
Walkie-talkies (short range for team and to IC), recommended	Matching	<4>

2010, Developed for Berkeley Schools by Barbara Morita, PA Alameda Health Consortium, Alameda County, CA

Stages of Evacuation for Community Clinics and Health Centers

Stage 1: Alert

- Make certain that everyone in the building has been notified that the decision to evacuate has been made.
 - The executive director of the health center, onsite staff, fire department, or other authority may make the decision to evacuate.

Stage 2: Evacuation

Evacuation may need to proceed in stages. The first steps should focus on evacuating those who are in immediate danger and moving the largest numbers to safety quickly. Then focus on conducting more complex searches and evacuations.

- Move anyone who is in immediate danger to safety.
- Conduct general evacuation of ambulatory patients, using staff to guide patients.
- Conduct evacuation of non-ambulatory patients, using teams of staff who have been trained in evacuation techniques.
- Sweep each area, checking for people who have been trapped, injured, or left behind.

Stage 3: Assemble and Report

- Assemble *all* staff, patients, and visitors in the area designated for this purpose.
- Account for those who are present, missing, or injured in a systematic way.
- Report the evacuation status of each area to the health center's leadership.

Stage 4: Leadership Assessment and Direction

- Based upon reports, leadership will assess the situation and:
 - Determine whether to activate additional ICS functions.
 - Consider activating teams (such as first aid, light search and rescue, shelter/staff support, communications, etc.).
 - Decide on next steps.

Stage 5: Demobilization

Just as you built your response, systematically demobilize section by section.

- Debrief.
 - Before staff disperses, engage them in a nonjudgmental discussion on how they were affected emotionally by the day's events.
- Conduct evaluation. (This process can be done at a later date.)
 - Identify lessons learned to improve future responses.

2010, Developed by Barbara Morita, PA Alameda Health Consortium, Alameda, CA

Sample Employee Day-of-Disaster Plan

This table provides guidance to employees on what to do on the day of the disaster, such as an earthquake or other widespread emergency, focusing on immediate steps to take at home and at work.

If at home ...	If at work ...
<ul style="list-style-type: none"> Take care of family first. 	<ul style="list-style-type: none"> Ensure that all staff and patients are accounted for and safe.
<ul style="list-style-type: none"> Attempt to communicate with the clinic for instructions. <p><i>(In a major disaster, it is likely that all communications channels will be down. Listen to local news reports and do what is safe and makes sense.)</i></p>	<ul style="list-style-type: none"> Reassure and keep staff together while waiting for decisions about the next steps. <ul style="list-style-type: none"> Provide first aid, as needed.
<ul style="list-style-type: none"> Travel to the worksite if it makes sense and you can do so safely. <p><i>(Take into consideration the time of day, day of the week, and road conditions, etc.)</i></p>	<ul style="list-style-type: none"> Plan to stay at work for at least several hours to ensure the well-being of other staff members and to support the initial response.
<ul style="list-style-type: none"> Volunteer where you are and document your service, if it is unsafe or you are unable to travel. 	<ul style="list-style-type: none"> Plan to be released from work on a “needs basis,” depending on the status of staff member’s families.
<ul style="list-style-type: none"> Post a note on your door stating that you are all right and where you are going, if you leave your house. 	<ul style="list-style-type: none"> Recognize that family support, such as onsite child/dependent care and a family communication hub, will be provided to the extent possible.
Human Resources Issues	
<ul style="list-style-type: none"> Staff typically are paid for: <ul style="list-style-type: none"> Time worked, including overtime Documented volunteer work at another location when the health center could not be reached Approved alternate work arrangements Travel time to reach the health center if roads and other conditions make travel difficult 	<ul style="list-style-type: none"> If you come to work, you will be given a task and will be paid. <ul style="list-style-type: none"> While at work, you can expect to be provided with food, water, shelter, and psychological support. You can choose to stay home, but do not expect to count that time as hours worked. You will be able to use paid leave, such as family leave, based on your human resources policy.

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What to Do During an Earthquake

“Duck, Cover, and Hold”

It's important to know what to do *during* an earthquake.

- **Duck** under a desk or sturdy table.
Move only as far as necessary to reach a safe place. Most people who get injured in earthquakes move more than five feet during the shaking.
- Stay under **cover** until the shaking stops.
- **Hold** onto the desk or table.
 - If the desk or table moves, *move with it*.



Expect aftershocks. Aftershocks often occur minutes, days, or weeks following an earthquake. When aftershocks occur, drop, cover, and hold.

When You Can't “Duck, Cover, and Hold”

- If you're **outdoors**, find a clear spot away from buildings, trees, streetlights, power lines, and overpasses.
Drop to the ground and stay there until the shaking stops. Injuries can occur from falling trees, street lights and power lines, or building debris.

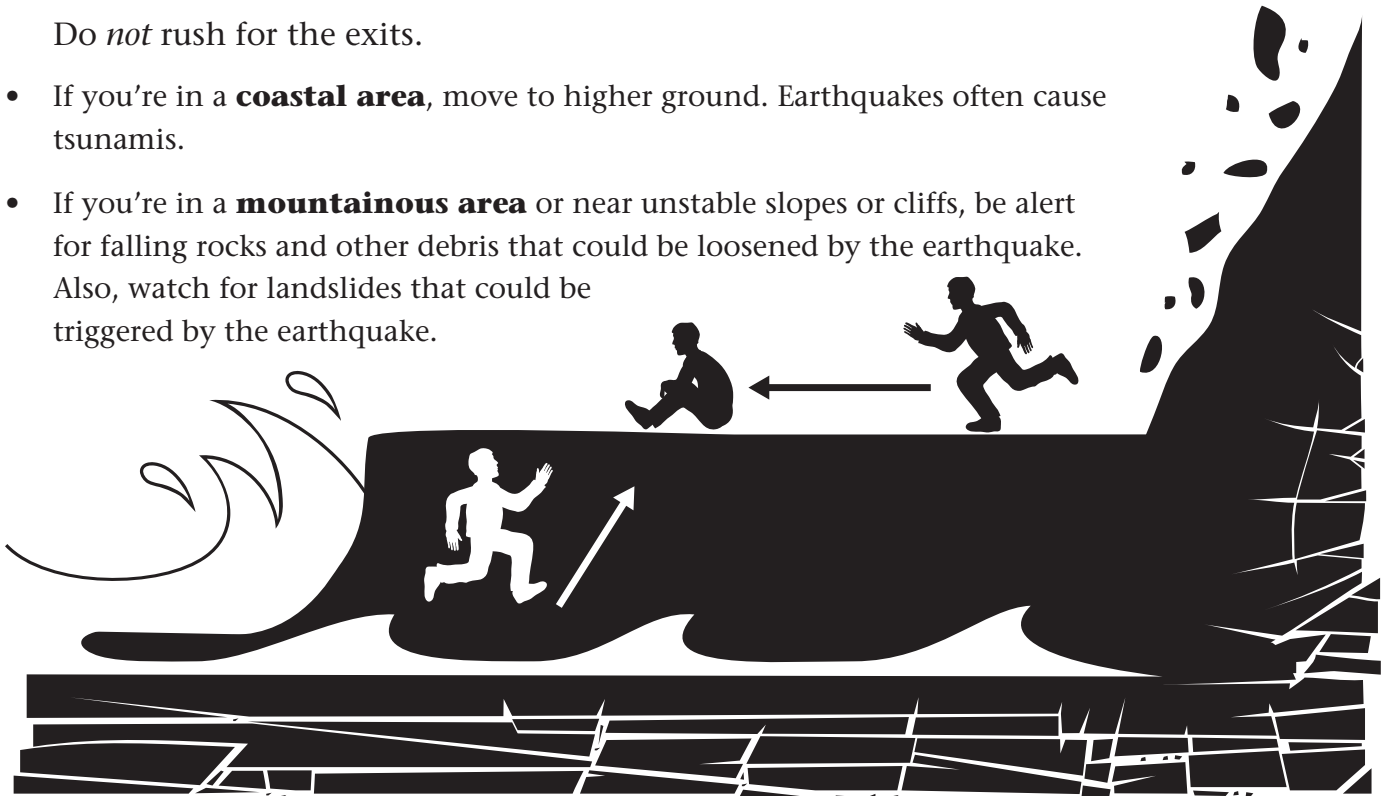


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What to Do During an Earthquake, continued

- If you're in a **vehicle**, pull over to a clear spot on the side of the road and stop. Avoid overpasses, power lines, trees, and other hazards. Stay in the vehicle with seatbelt fastened until the shaking stops.
- If you're in a **high-rise building** and you are not near a sturdy desk or table, move to an interior wall and protect your head with your arms. Expect the fire alarms and sprinklers to go off during an earthquake. Do *not* use the elevators.
- If you're on a **sidewalk** near buildings, duck into a doorway to protect yourself from falling bricks, glass, or other debris.
- If you're in the **kitchen**, move away from the refrigerator, stove, and overhead cupboards.
- If you're in a **wheelchair**, stay in it. Move to cover, if possible, lock the wheels, and protect your head with your arms.
- If you're in a **stadium or theater**, stay in your seat and protect your head with your arms. Do not try to leave until the shaking stops. Then leave in a calm, orderly manner.
- If you're in a **crowded store** or other public place, move away from display shelves containing objects that could fall. Do *not* rush for the exits.
- If you're in a **coastal area**, move to higher ground. Earthquakes often cause tsunamis.
- If you're in a **mountainous area** or near unstable slopes or cliffs, be alert for falling rocks and other debris that could be loosened by the earthquake. Also, watch for landslides that could be triggered by the earthquake.



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