| Insurance and Vital Records | |
|---|------------|
| Location of insurance documents and vital records (could include company names/ | numbers, |
| web addresses with log-on information, etc): | |
| | |
| | |
| | |
| | |
| | |
| Special Needs | |
| Family's special needs (medical needs, equipment, medication – be special | cific with |
| names/amounts): | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Care for Pets/Animals | |
| | |
| Pet Name: Type: | |
| Indoor/Outdoor: | |
| Microchip Company and Number: | |
| Vet Name, Location, Phone: | |
| Pet Name: Type: | |
| Indoor/Outdoor: | |
| Microchip Company and Number: | |
| Vet Name, Location, Phone: | |
| 0.64.01.11 | |
| Safety Skills | |
| Fire extinguisher location: | |
| First-Aid Materials location: | |





Hello,

As we all know, emergencies happen. In the wake of September 11 and Hurricane Katrina, emergency preparedness has become a significant issue nationwide. Minnesota is not exempt from these situations, as we remember local tragedies such as the I-35W bridge collapse, Hugo tornado, and spring flooding.

Planning now will make it easier for you and your family during an emergency situation. One simple action you can take to reduce the impact and stress of an emergency is to stock up on supplies and have a plan in place for response. This will make it easier to stay at home for an extended period of time and will be helpful in the event that you are unable to get to a store (or if stores are out of supplies). You will need to store at least a five-day supply of non-perishable food and water, prescription drugs, non-prescription drugs, first-aid supplies, battery operated radio, a flashlight, and any other necessary items.

Another way you can reduce the impact of an emergency situation is to make a communication plan with your family. Designate meeting places near your home and outside of your neighborhood in case of an evacuation. Talk to the schools about their communication plans with parents. Make sure everyone in your family has emergency contact information with them at all times.

For more information visit www.fema.gov/areyouready.



Tool: PowerPoint Presentation, "Psychological First-Aid"

Psychological First-Aid

A Community Support Model

No one who experiences a disaster is untouched by it.

Psychological First-Aid Resources

- American Red Cross
- American Psychological Association
- Centers for Disease Control & Prevention (CDC)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- National Institute for Mental Health (NIMH)
- Minnesota Department of Health (MDH)
- Minnesota Department of Human Services
- Minnesota Hospital Association (MHA)
- National Center for PTSD, Terrorism & Disaster Branch

Psychological First-Aid

A set of skills that helps community residents care for their families, friends, neighbors, and themselves by providing basic psychological support in the aftermath of traumatic events.

Guidelines

A normal reaction to an abnormal situation

- · Expect and promote normal recovery
- Assume survivors are competent
- · Recognize survivor strengths
- Promote resiliency
- · Support survivors to master the disaster experience

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Psychological First-Aid

- A model that:
 - Integrates public health, community, and individual psychology.
- Includes preparedness for communities, work places, schools, faith communities, and families.
- Does not rely on direct services by mental health professionals.
- Uses skills you probably already have.

What is a Disaster?

A disaster is an occurrence that causes human suffering or creates human needs that the victim cannot alleviate without assistance.



All Disasters Begin Locally. Get Prepared Locally!

What is a Critical Incident?

A natural or man-made event or situation that has the potential to temporarily overwhelm the ability to maintain psychosocial equilibrium. Restoring physical safety and diminishing the physiological stress response.

Function

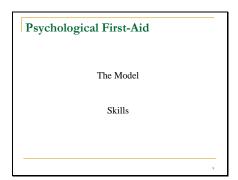
Facilitating psychological function and perceived sense of safety and control.

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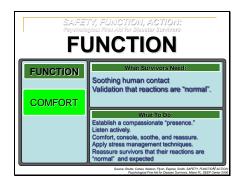
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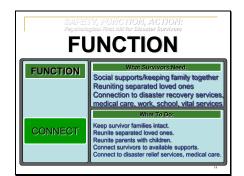


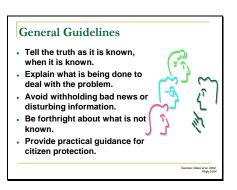


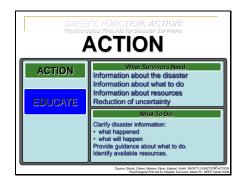


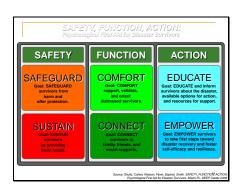












SKILLS: Stress

Stress is:

- Normal
- Productive or destructive
- Acute or chronic
- Cumulative over time
- Preventable
- Manageable

The Stress Response

- Physical Body Reactions
- Emotional Feelings
- Cognitive Thinking and decision making
- Behavioral Actions
- Spiritual Beliefs and values

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Life is inherently stressful



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Common <u>Physical</u> Reactions to Traumatic Stress in Adults

- □ Elevated heart rate
- □ Elevated blood pressure
- □ Elevated blood sugar
- Stomach upset, nausea
- □ Gastrointestinal problems (diarrhea, cramps)
- □ Sleep difficulties
- With extended stress, suppression of immune system functioning

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Stressors

Events or situations that produce physical or psychological reactions

Stressors can be:

Real or imagined Internal or external Absolute or perceived

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Common <u>Physical</u> Reactions to Traumatic Stress in Children

- Headaches
- Stomachaches
- Nausea
- Eating problems
- Other physical reactions

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Common Emotional Reactions to Traumatic Stress in Adults

- □ Fear and anxiety
- Sadness and depression
- Anger and irritability
- □ Feeling numb, withdrawn, or disconnected
- □ Feeling a lack of involvement or enjoyment in
- □ Feeling a sense of emptiness or hopelessness about the future

Common Cognitive Reactions to Traumatic Stress in Children

- Confusion and disorientation
- Particularly difficult symptom for school-age children
- Difficulty concentrating
- May appear as behavioral problems in classroom

*Note that school may be place where child functions best:

- Continuing structure, predictability
- Child may retain a sense of control

Common Emotional Reactions to Traumatic Stress in Children

- Anxiety, fear, vulnerability
- □ Fear of reoccurrence
- Fear of being left alone
- Especially if separated from family during event
 May seem like an exaggerated reaction to adults
- Loss of "Sense of Safety"

- AngerGuilt

Common Behavioral Reactions to **Traumatic Stress in Adults**

- □ Family challenges (physical, emotional abuse)
- Substance abuse
- Being overprotective of family
- Keeping excessively busy
- Isolating self from others
- Being very alert at times, startling easily
- □ Problems getting to sleep or staying asleep
- Avoiding places, activities, or people that bring

Common Cognitive Reactions to Traumatic Stress in Adults

- Difficulty concentrating
- □ Difficulty with memory
- Intrusive memories
- Recurring dreams or nightmares
- Difficulty communicating
- Difficulty following complicated instructions

Common Behavioral Reactions to Traumatic Stress in Children

- "Childish" or regressive behavior
- May not be deliberate acting out
- □ Bedtime problems
- Sleep onset insomnia
- Midnight awakening
- Fear of dark
- Fear of event reoccurrence during night

Common Reactions to Traumatic Stress -Faith & Spirituality in Adults & Children

- Reliance upon faith
- Questioning values and beliefs
- Loss of meaning
- Directing anger toward God
- Cynicism

SKILLS: Active Listening

- Eye contact
- Facial expression
- Tone of voice
- Head movement

Event is more traumatic when...

- Event is unexpected
- Many people die, especially children
- Event lasts a long time
- The cause is unknown
- Event is poignant or meaningful
- Event impacts a large area

Active Listening

- Verbal Support
 - Tone of voice
 - Not too loud
 - Encouraging prompts/head movement
 - Support personal pacing
- Physical Contact
- Pat on back
- Hug
- Follow lead of person

Factors that make traumatic events less stressful...

- Preparation
- Training
- Teamwork, cooperation, camaraderie

Active Understanding

- Try not to interrupt
- Ask questions to clarify
- Occasionally restate a part of the story in your own words to make sure you understand
- Establish sequence
 Avoid "Why?" and "Why not?"
- Avoid "I know how you feel"
- Avoid evaluation of their experience and their reactions in the event
- Silence is OK



Basic Principle of Helping: WHEN IN DOUBT... REFER TO A PROFESSIONAL!

Basic principles...

- Privacy
- Respect
- Non-judging
- Impartial
- Equal care for all
 - Gender, age,ethnicity, religion, political perspective, and culture

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Specific reactions that MAY indicate additional needs

- Difficultly thinking clearly or acting logically
- Bizarre behavior
- Lacking awareness of reality
- Extreme stress reactions or grief
- Confusion
- Inability to concentrate or make decisions
- Haunted by images or memories of the event
- Complaining of physical symptoms after reassurance that there are none

Your Role

A Compassionate Presence

Referrals for Additional Care and Support (IMMEDIATE)

- Disorientation
- Psychotic behavior
- Inability to care for self
- Suicidal/homicidal thoughts, talk, or plans
- Inappropriate anger or reactions to triggers
- Excessively "flat" emotions
- Regression
- Problematic alcohol or drug use
- Flashbacks, excessive nightmares, or crying

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Self-Care: Are You Ready...Really?

- Evaluate your level of readiness to respond
- Do not assume that because you are experienced you must be ready to respond
- Give consideration to your physical and emotional health
- If you have recently encountered a major life stressor it may be better for you and those who need assistance for you to NOT to respond

Personal Resiliency Plan

- Focus beyond short-term
- Know your unique stressors and Red Flags
- Know unique stressors of the event: extent of damage, death, current suffering
- Demystify/de-stigmatize common reactions
- Select from menu of coping responses
- Monitor on-going internal stress



What is Resilience?

- Positive adaptation in the face of adversity
- Ordinary--not extraordinary
- People commonly demonstrate resilience
- The "rule" not the exception



Building Responder Resilience Pre-event

- Educate and train
- · Build social support systems
- · Instill sense of mission and purpose
- · Create family communications plan

Promote Resiliency

- Everyone who experiences a disaster is touched by it
- We have the ability to "bounce back" after a disaster to a "New Normal"
- Resilience can be fostered
- One goal of Psychological First-Aid: support resiliency in ourselves and others

Response

- If possible deploy as a team or use the buddy system
- Focus on immediate tasks at hand
- Monitor occupational safety, personal health, and psychological well-being
- Know your limits
- Activate family communication plans

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Post-event (Recovery)

Monitor health and well-being

- Delayed reactions with increased demand for services seen in general public and emergency responders (onset >5 wks later)
- · Give yourself time to recover
- · Seek support when needed

Self Care After Support Work

- Expect a reintegration period upon returning to your usual routine
- Pay attention to cues from your family that you are becoming too involved

En.



Activity: Self-Assessment Questionnaire of Readiness

Evaluate your capabilities, limitations, and needs to be able to respond to an emergency at work.

| ⊏vai | uale | e your capabilities, ilmitations, and needs to be able to respond to an emergency at work. | | | |
|--------|-------------------------|---|--|--|--|
| Abilit | Abilities/ Preparedness | | | | |
| Yes | No | Do you know the location of all fire alarms and extinguishers? | | | |
| Yes | No | - Are you able to activate the fire alarms? | | | |
| Yes | No | Can you operate a fire extinguisher? | | | |
| Yes | No | - Have you practiced? | | | |
| Yes | No | Do you know the location of ALL exits? | | | |
| Yes | No | - Have you evaluated your ability to use them? | | | |
| Yes | No | Have you determined how you may be of assistance to others in an emergency? (i.e. guiding people through darkened spaces and exits if you have no or low vision, offering emotional or calming support) | | | |
| Yes | No | Do you keep critical carry-with-you supplies? (Medication, small flashlight, fully charged portable devices, paper/pen/pencil, emergency health information) | | | |

| Evac | cuatio | on |
|------------|--------|--|
| Yes Yes | | Would you be able to evacuate after normal business hours? - Do you know how to reach emergency personnel and facility response staff in case of an emergency after normal business hours? |
| Yes Yes | | Do you know where the facility's designated meeting place is located? - Have you practiced? |
| Yes Yes | | Do you know how you would be signaled/told to evacuate the building? - Have you practiced? |
| Yes | No | Have you determined how you may be of assistance to others during an evacuation? (i.e. guiding people through darkened spaces and exits if you have no or low vision, offering emotional or calming support) |

| Pers | onal | Preparedness |
|------|------|---|
| Yes | No | If you wear contact lenses, what will you do if and when smoke, dust, or fumes become painful or dangerous. Do you keep glasses with you? |
| Yes | No | Do you know the location of telephones throughout the facility? |
| Yes | No | Do emergency alarm systems have audible and visible features? |
| Yes | No | If you are hard of hearing, will you be able to hear over the sound of very loud emergency alarms? How will you understand emergency information and directions that are usually given verbally? Tell your support network how to help you. |
| Yes | No | Do you have a personal support network? (Those that will help you if you are sick or unable to respond in an emergency.) |
| Yes | No | Have you anticipated the types of reactions you may have in an emergency situation and planned for coping with them? (i.e. stress, confusion, fear) |
| Yes | No | Do you know how to assist with a wheelchair? What will it take to evacuate a person in a wheelchair from the building? |
| Yes | No | Have you labeled essential equipment or documents that you may need and kept them in a place where they can be removed from the facility during an evacuation? Are these documents backed-up at any other location? |
| Yes | No | Do you carry supplies with you based on your worst days? (asthma inhalers, gloves, nicotine gum, etc) |
| Yes | No | Does your emergency health information card clearly explain your sensitivities and reactions, helpful treatments, doctors' information, insurance information, etc? |
| Yes | No | Do you have emergency basic supplies with you at work in case you have to 'shelter in place'? (food, water, clothes, etc) |
| Yes | No | Do you have a family emergency communication plan so that you can be assured of your family's safety during an emergency? |



Activity: Individual Job Continuity Planning

Planning to continue operations during an emergency helps to identify your critical job functions and how you plan to carry them out under unusual circumstances. You should think about what your specific job functions are, how they are done normally, how they could be performed outside of the norm, and how you would communicate with your organization.

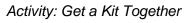
Your personal planning (done on this worksheet) will be a complement to your community-based organization's continuity of operations plan. Making a plan for yourself will help you and your organization react to an emergency in a timely manner. Remember, this document may cover more than you need to plan for, or it may not have all that you need to plan. This is just a "jumping off point" for planning. You can make your plans anything you want as long as they work for you and your organization.

| Job Function | Comments |
|---|----------|
| What are your overall job functions? | |
| What are your most critical job functions? (What do you have to do to keep the organization running?) | |
| Prioritize these critical job functions: | |
| Modify your list if necessary to take seasonal circumstances into account. | |
| What do you absolutely need/require to do your job? | |
| Dependencies | |
| What other jobs or job functions do you absolutely need to do your job? | |
| Are there alternatives to these needs/functions? | |

| Do you rely on another person (either internally or externally) to do your job? Do they have a plan? | |
|---|--|
| Do others rely on you to do their jobs? Are you making these functions a priority for you? (Work with these other people to help create a larger plan.) | |
| Alternatives | |
| Can you do your job from a different location? (i.e. home, a different office) | |
| How would you do your job from a different location? Do you have the equipment at home that is necessary? | |
| Can you do your job without electricity? How? | |
| Are your alternatives realistic? If not, can you make them more feasible? | |
| Is there a time limit for being able to perform your job under different conditions? | |
| Communication | |
| What communication methods do you use externally and internally now? | |
| Will you be able to maintain these lines of communication in an emergency? | |
| Prioritize your communication methods: | |

| Will you be able to maintain communication if lines are limited (no phone, no electricity)? How? | |
|---|--|
| Organization Level | |
| Do your answers (your plan) align with your organization's priorities, mission, people, and property? | |
| Do your answers (your plan) align with your organization's Continuity of Operations Plan? | |
| Who will be receiving this plan? (Everyone should know what the plans are.) | |
| In the event of an emergency, could you take on another role with your organization? | |
| What other role? | |
| Can someone take on your job functions (if you are unable to perform it)? Who could? (Talk with them and work together on this plan.) | |
| You should review and update your plan annually – make a date now. | |

Additional Notes:





The following list will help you determine what to include in your disaster supplies kit that will meet your family's needs. This list may have a LOT more than you need or it may not have enough. Every individual and family is different and will have different needs during an emergency. Create your kits to fit your own needs.

There are two ways you can go about creating a kit: (1) purchase "one extra" and (2) stockpiling. Purchasing "one extra" means that a person has not created a separate stockpile of emergency supplies, but rather, essential items are purchased and rotated in a quantity that allows a family to survive for five days at home. These supplies are usually kept as part of the food and daily use items in the home. The stockpile philosophy means that a person buys supplies which are usually kept in the basement or other storage area and are not used until there is an emergency.

Do not forget family members with special needs who may require extra items to survive (i.e. hearing aid batteries, prescription medications, diapers, baby formula, etc) and your pets.

Remember to rotate your supplies occasionally so they do not expire. There are some large barriers to people and families making these kits. If you can, donate your time and resources to assist others once you have begun.

One great way to motivate your entire organization to stock up is to put one item on display every week for everyone to purchase. For example, the first week you could display a manual can opener and encourage everyone to make that purchase over the week. During the next week, display a gallon of water and so on. You may want to see if a store close by will partner with you to offer your display items on sale the week everyone should buy it.

First Aid Supplies

| Supplies | Home | Vehicle | Work |
|--|------|---------|------|
| Adhesive bandages, various sizes | | | |
| 5" x 9" sterile dressing | | | |
| Conforming roller gauze bandage | | | |
| Triangular bandages | | | |
| 3" x 3" & 4" x 4" sterile gauze pads | | | |
| Germicidal hand wipes or waterless, alcohol-based hand sanitizer | | | |
| Antiseptic wipes | | | |
| Large, medical grade, non-latex gloves | | | |
| Tongue depressor blades | | | |
| Adhesive tape, 2" width | | | |
| Antibacterial ointment | | | |
| Cold pack | | | |
| Scissors (small, personal) | | | |

| Supplies | Home | Vehicle | Work |
|--|------|---------|------|
| Tweezers | | | |
| Assorted sizes of safety pins | | | |
| Cotton balls | | | |
| Thermometer | | | |
| Tube of petroleum jelly or other lubricant | | | |
| Sunscreen | | | |
| CPR breathing barrier, such as a face shield | | | |
| First-aid manual | | | |

Non-Prescription and Prescription Medicine Kit Supplies

| Supplies | Home | Vehicle | Work |
|---------------------------------------|------|---------|------|
| Aspirin and non-aspirin pain reliever | | | |
| Anti-diarrhea medication | | | |
| Antacid (for stomach upset) | | | |
| Laxative | | | |
| Vitamins | | | |
| Prescriptions | | | |
| Extra eyeglasses/contact lenses | | | |

Sanitation and Hygiene Supplies

| Item | Item | | |
|----------------------------------|--|--|--|
| Washcloth and towel | Heavy-duty plastic garbage bags and ties for personal sanitation uses and toilet paper | | |
| Towelettes, soap, hand sanitizer | Medium-sized plastic bucket with tight lid | | |
| Toothpaste, toothbrushes | Disinfectant and household chlorine bleach | | |
| Shampoo, comb, and brush | Small shovel for digging a latrine | | |
| Deodorants, sunscreen | Toilet paper | | |
| Razor, shaving cream | Contact lens solutions | | |
| Lip balm, insect repellent | Mirror | | |
| Feminine supplies | | | |

Equipment and Tools

| Tools | Kitchen items | |
|---|--|--|
| Portable, battery-powered radio or TV | Manual can opener | |
| NOAA Weather Radio, if appropriate for your area | Mess kits or paper cups, plates and plastic utensils | |
| Flashlight and extra batteries | All-purpose knife | |
| Signal flare | Household liquid bleach to treat drinking water | |
| Matches in a waterproof container (or waterproof matches) | Sugar, salt, pepper | |
| Shut-off wrench, pliers, shovel, and other tools | Aluminum foil and plastic wrap | |
| Duct tape and scissors | Resealable plastic bags | |
| Plastic sheeting | Small cooking stove and a can of cooking fuel (if food must be cooked) | |
| Whistle | Batteries | |
| Small canister, ABC-type fire extinguisher | Comfort Items | |
| Tube tent | Games | |
| Compass | Cards | |
| Work gloves | Books | |
| Paper, pens and pencils | Toys for kids | |
| Needles and thread | Food | |
| Battery-operated travel alarm clock | | |

Food and Water

| Supplies | Home | Vehicle | Work |
|---|------|---------|------|
| Water | | | |
| Ready-to-eat meats, fruits and vegetables | | | |
| Canned or boxed juices, milk and soup | | | |
| High-energy foods such as peanut butter, jelly, low-sodium crackers, granola bars and trail mix | | | |
| Special foods for infants or persons on special diets | | | |
| Cookies, hard candy | | | |
| Instant coffee | | | |
| Cereals | | | |
| Powdered milk | | | |

Clothes and Bedding Supplies

| Item | | |
|------------------------------------|--|--|
| Complete change of clothes | | |
| Sturdy shoes or boots | | |
| Rain gear | | |
| Hat and gloves | | |
| Extra socks | | |
| Extra underwear | | |
| Thermal underwear | | |
| Sunglasses | | |
| Blankets/sleeping bags and pillows | | |

Documents and Keys

| Item | Stored |
|--|--------|
| Personal identification | |
| Cash and coins | |
| Credit cards | |
| Extra set of house keys and car keys | |
| Prayer book and/or other important faith-related items | |
| Copies of the following: | |
| Birth certificate | |
| Marriage certificate | |
| Driver's license | |
| Social Security cards | |
| Passports | |
| • Wills | |
| Deeds | |
| Inventory of household goods | |
| Insurance papers | |
| Immunization records | |
| Bank and credit card account numbers | |
| Stocks and bonds | |
| Emergency contact list and phone numbers | |
| Map of the area and phone numbers of places you could go | |