

Annex K

ALTERNATE CARE SITE PLAN

I. PURPOSE

To reduce the morbidity, mortality, and the social and economic impact of an influenza pandemic in Alaska by establishing guidelines for communities to plan for and establish alternate sites of care when their local hospitals are no longer able to care for the number of patients that will need it.

This attachment is intended to assist local communities in developing the plans and procedures necessary to establish one or more sites that can house patients and provide a minimum level of “tertiary/comfort care.” This will likely be done in conjunction with activation of the Strategic National Stockpile and Mass Vaccination and/or Dispensing Sites. This attachment is intended to supplement other planning guides in the Division of Public Health’s Emergency Operations Plans.

Unlike Mass Dispensing Sites, which may or may not operate 24/7 for a short period of time, alternate care sites WILL need to operate 24/7 for an extended period of time. Community hospitals should be intimately involved in the planning process, but do not hold the primary responsibility for implementing, staffing or supplying the alternate care site. Community hospital leaders are the experts at 24/7 patient care operations and should be consulted in the planning and implementation process.

II. ASSUMPTIONS

- Alternate care sites may be in operation for up to two years in the event of an influenza pandemic. Sites need to be selected based on the ability to operate for this length of time
- The pandemic may occur in two or more phases and alternate care sites may open, close, and re-open depending on the community needs
- Selecting and staffing of the alternate care site should be done in conjunction with the local health care providers and hospitals, but it should not be assumed that the local providers will be able to totally staff the site- community members will have to be trained for this
- No assistance will be available outside the community or sub-regional level, and certainly not from any other state or the federal government
- Family members and well community members will be providing the care, and so plans need to include any specialized training the community might need in such an event

Checklists and planning guides are included in Sections 1-8 of this attachment.

III. ESSENTIAL COMPONENTS OF ESTABLISHING AN ALTERNATE CARE SITE

a. Site Selection and Design

Communities should consider spaces that will accommodate beds for up to 50% (1/2) of the local population. If there is no facility that can accommodate 50% of the population, then a plan needs to address caring for people in their homes. For rural

communities (pop. 5,000) experiencing a mild attack rate (30% become ill) this means finding a facility that can house up to 15 people. For more urban communities in Alaska, this means finding one or more locations that can house up to 240 people in Fairbanks/North Star Borough and Juneau, and 1050 beds in Anchorage. Patients will likely be in cohorts and private room accommodations will be limited. In all cases, the building selected should be code compliant for its currently designated building type.

Building requirements for Alternate Care Sites should consider the following:

- Patient care area/beds 3 feet part
- Accessibility
- Security
- Food/feeding
- Laundry
- Toileting/showers
- Waste disposal to include bio-hazardous material
- Water and heat
- Telephone
- Transportation
- Ventilation
- Storage
- Space for clerks/record keeping
- Lab specimen storage/processing
- Pharmacy
- Space for ancillary services, including case management, social workers and other mental health professionals

Site Selection Matrix in Section 1 (Electronic version also available)

Matrix to calculate/estimate number of beds needed in Section 2

b. Site Supplies

Equipment will be much the same as in a hospital setting to include appropriate personal protective equipment for care providers. Because of the widespread nature of a pandemic, the protocols, prioritization and use of ventilators need to be addressed by health care leaders and planners- there won't be enough and none will be forthcoming from other states.

Equipment considerations in Section 3

c. Site Staffing

Staffing considerations should be made using adjunct and non-professional care and comfort providers. In many rural communities, the care and comfort

providers are going to be the family members themselves. Other communities should consider including dentists and unlicensed assistive persons. Emergency Medical staff should not be considered as first line staff as they will be busy providing emergency medical services and patient transportation for the hospitals.

In situations in which immunization or prophylaxis is available, consideration should be given to community volunteers that have been trained to provide care/comfort at the alternate care sites.

Staffing considerations in Section 4

Model Organizational Chart in Section 5

Medications for consideration in Section 6

Communications tools samples in Section 7

Patient Care forms in Section 8

References and Resources:

ASTHO, Public Health Preparedness, *Special Needs Shelters are Key Component of the Public Health Response to the 2004 Hurricanes*.

Berga, S., et al. (2003). *The Merck manual of medical information*. Simon & Schuster, Inc.: NY.
British Columbia Pandemic Influenza Preparedness Plan: Annex J- Non-Traditional Sites.
(Version 3, August 2005).

CDC *Smallpox Planning Guide* (2002).

CDC *Interim Guidance for the use of masks to control influenza transmission* (2005).

CDC *Droplet Precautions* (1996).

CDC *Updated infection control measures for the prevention and control of influenza in health care facilities* (2005).

City of New Orleans, *Comprehensive Emergency Management Plan, Special Needs Shelter Plan*, accessed at <http://www.cityofno.com/portal.aspx?portal=46&tabid=28> November 23, 2005.

Denver Health and Rocky Mountain Region, *Regional Care Model for Bioterrorism Events-* (2004).

Ketchikan General Hospital disaster forms, provided by Bev Crum, RN, October 6, 2006, Ketchikan, Alaska.

Spratto, George, & Woods, A. (2000). *PDR Nurse's Drug Handbook*. Delmar Publishers and Medical Economics Co: Montvale, NJ.

State of Alaska *Pandemic Influenza Plan*, Annex C, Appendix 1, March 2005.

State of Alaska *Planning Guide for Local Mass Prophylaxis: Dispensing and Immunization*, version 2 (2005).

State of Florida, Florida Department of Health, *Action Plan for Pandemic Influenza*, Revision 5 (2004).

State of Florida, Florida Department of Health, *Public Health Nursing Disaster Resources Guide*, Chapter 2, *Special Needs Shelters* (2000).

State of Georgia, Department of Human Resources, Division of Public Health, *Pandemic Influenza Preparedness and Response, Standard Operating Plan*, Revised October 2005.

US Department of Health and Humans Services, *HSS Pandemic Influenza Plan*, November 2005.

World Health Organization, Ten things you need to know about pandemic influenza. (October 14, 2005), accessed December 5, 2005 at www.who.int/csr/disease/influnza/pandemic10things.en.index.htm.

WHO global influenza preparedness plan: The role of WHO and recommendations for national measures before and during pandemics (2005).

SECTION 1: Site Selection Matrix

| Potential Sites: | Aircraft Hangers | Churches | Community or Recreation Centers | Convalescent Care Facilities | Convention Facilities | Fairgrounds | Government Buildings | Hotels/Motels | Meeting Halls | Military Facilities | National Guard Armories | Same Day Surgical Centers/Clinics | Schools | Sports Facilities/Stadiums | Trailers/Tents (Military and other) | Other |
|---|------------------|----------|---------------------------------|------------------------------|-----------------------|-------------|----------------------|---------------|---------------|---------------------|-------------------------|-----------------------------------|---------|----------------------------|-------------------------------------|-------|
| | Factors: | | | | | | | | | | | | | | | |
| Infrastructure | | | | | | | | | | | | | | | | |
| Doors/corridors adequate size for gurneys | | | | | | | | | | | | | | | | |
| Floors | | | | | | | | | | | | | | | | |
| Loading dock | | | | | | | | | | | | | | | | |
| Parking for staff and visitors | | | | | | | | | | | | | | | | |
| Roof | | | | | | | | | | | | | | | | |
| Toilet facilities/showers (#) | | | | | | | | | | | | | | | | |
| Ventilation | | | | | | | | | | | | | | | | |
| Walls | | | | | | | | | | | | | | | | |
| Total Space and Layout | | | | | | | | | | | | | | | | |
| Auxiliary spaces (Rx, counselors, chapel) | | | | | | | | | | | | | | | | |
| Equipment/supply storage area | | | | | | | | | | | | | | | | |
| Family area | | | | | | | | | | | | | | | | |
| Food supply and prep area | | | | | | | | | | | | | | | | |
| Lab specimen handling area | | | | | | | | | | | | | | | | |
| Mortuary holding area | | | | | | | | | | | | | | | | |
| Patient decontamination areas | | | | | | | | | | | | | | | | |
| Pharmacy area | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Staff areas | | | | | | | | | | | | | | | | | | |
| Utilities | | | | | | | | | | | | | | | | | | |
| Air conditioning | | | | | | | | | | | | | | | | | | |
| Electrical power (backup?) | | | | | | | | | | | | | | | | | | |
| Heating | | | | | | | | | | | | | | | | | | |
| Lighting | | | | | | | | | | | | | | | | | | |
| Refrigeration | | | | | | | | | | | | | | | | | | |
| Water (hot?) | | | | | | | | | | | | | | | | | | |
| Communication | | | | | | | | | | | | | | | | | | |
| Communication (# phones, local/long distance, intercom) | | | | | | | | | | | | | | | | | | |
| Two-way radio capability to main hospital | | | | | | | | | | | | | | | | | | |
| Wired for IT and internet access | | | | | | | | | | | | | | | | | | |
| Other Services | | | | | | | | | | | | | | | | | | |
| Ability to lock down facility | | | | | | | | | | | | | | | | | | |
| Accessibility/proximity to public transportation | | | | | | | | | | | | | | | | | | |
| Biohazard and other waste disposal | | | | | | | | | | | | | | | | | | |
| Laundry | | | | | | | | | | | | | | | | | | |
| Ownership/other uses during disaster | | | | | | | | | | | | | | | | | | |
| Oxygen delivery capability | | | | | | | | | | | | | | | | | | |
| Proximity to main hospital | | | | | | | | | | | | | | | | | | |
| TOTAL RATING/RANKING (Largest number indicates best site) | | | | | | | | | | | | | | | | | | |
| Rating System <ul style="list-style-type: none"> 5 Equal to or same as hospital. 4 Similar to that of a hospital, but has SOME limitations (I.e. quantity/condition). 3 Similar to that of a hospital, but has some MAJOR limitations (I.e. quantity/condition). 2 Not similar to that of a hospital, would take modifications to provide. 1 Not similar to that of a hospital, would take MAJOR modifications to provide. 0 Does not exist in this facility or is not applicable to this event. | | | | | | | | | | | | | | | | | | |

This matrix/calculator is also available electronically.

Section 2: ESTIMATING POTENTIAL IMPACT OF PANDEMIC IN COMMUNITY

CDC has developed software to assist local pandemic planners in establishing estimated of the potential impact of the next pandemic in their community. This software may be downloaded from www2.cdc.gov/od/fluaid/default.htm.

Moderate attack rate of 30%

| HHS estimates of Percent of Population Affected by next Pandemic | Number affected in Example (Pop. 650,000) | Number affected in your Community (Pop. 350,000) | Number affected in your Community (Pop.80,000) | Number affected in your Community (Pop. 5,000) |
|--|---|--|--|--|
| Up to 30% of pop. will become ill with flu | 195,000 | 105,000 | 24,000 | 1,500 |
| Up to 15% of pop. will require out-patient visits | 97,500 | 52,500 | 12,000 | 750 |
| Up to 0.3% of pop. will require hospitalization | 1,950 | 1,050 | 240 | 15 |
| Up to 0.1% of pop. will die of flu related causes | 650 | 350 | 80 | 5 |

Severe attack rate of 50%

| HHS estimates of Percent of Population Affected by next Pandemic | Number affected in Example (Pop. 650,000) | Number affected in your Community (Pop. 350,000) | Number affected in your Community (Pop.80,000) | Number affected in your Community (Pop. 5,000) |
|--|---|--|--|--|
| Up to 50% of pop. will become ill with flu | 325,000 | 175,000 | 40,000 | 2,500 |
| Up to 25% of pop. will require out-patient visits | 162,500 | 87,500 | 20,000 | 1,250 |
| Up to 3% of pop. will require hospitalization | 19,500 | 10,500 | 2,400 | 150 |
| Up to 2.5% of pop. will die of flu related causes | 16,250 | 8,700 | 2,000 | 125 |

SECTION 3: EQUIPMENT CONSIDERATION FOR ALTERNATE CARE

- Equipment
- Patient related consumables
- Administrative consumables
- Oxygen/respiratory equipment

Durable Equipment considerations: 50 Bed Unit

| Equipment | Infectious | Non-Infectious | Quarantine |
|--|------------|----------------|------------|
| Beds/Cots (with extra) | 52 | 52 | 52 |
| Egg crate mattresses | 26 | 26 | 26 |
| Chairs correlation with staffing level | 12 | 12 | 4 |
| Desks correlation with staffing level | 6 | 6 | 2 |
| Fax Machine | 1 | 1 | ? |
| Housekeeping Cart with supplies | 1 | 1 | 1 |
| Internet email Access | 1 | 1 | 1 |
| IV Poles | 50 | 50 | 0 |
| Linens (sheets/pillows/pillow cases/hand towels/bath towels) | 100 | 100 | 100 |
| Patient Commodes | 4 | 4 | 1 |
| Pharmacy Carts | 2 | 2 | 1 |
| Privacy Dividers | 25 | 25 | 25 |
| Refrigerators (food/meds) | 3 | 3 | 1 |
| Stretchers | 2 | 2 | 0 |
| Supply Carts | 3 | 3 | 1 |
| Telephones | 5 | 5 | 5 |
| Treatment Carts | 2 | 2 | 0 |
| Washing Machine | 1 | 1 | 1 |
| Wheelchairs | 2 | 2 | 1 |

Patient Care-Related Consumables: 50 Bed Unit

| Item Description | Calculations of Quantities | Total Item Count | Unit of Issue | Total Units Required |
|---|---------------------------------------|---------------------------|---------------|----------------------|
| Alcohol pads (multiple widespread use) | 2-4 Boxes per 24 hours | 14-28 | Box | 1 Box |
| Catheters, intraosseous module blue (pediatric use) | May use 1/day max. | 6-7/wk of 1 standard size | Each | 7 Each |
| Intermittent IV access device (lock) | 50 pts initially (first day) then 10% | 250/wk | 50/Box | 5 Boxes |
| IV catheters, 18g with protectocath guard | 40% of pts req IVs | 150/wk | 50/Box | 3 Boxes |
| IV catheters, 20g with protectocath guard | 40% of pts req IVs | 150/wk | 50/Box | 3 Boxes |
| IV catheters, 22g with protectocath guard | 10% of pts req lvs | 25/wk | 50/Box | 0.5 Boxes |
| IV catheters, 24g with protectocath guard | 10% of pts req | 25/wk | 50/Box | 0.5 Boxes |
| IV fluid bags, NS, 1000cc (required by 60% of patients) | (50% of pts(25)/day x 3L/pt)x | 315 L/wk | 12/Case | 18 Cases |
| IV fluid bags, D5 1/2NS, 1000cc (required by 40% of patients) | (50% of pts(25)/day x 3L/9t)x | 210 L/wk | 12/Case | 18 Cases |
| IV start kits | Same # as intermittent access device | 60 | 25/Box | 2.5 Boxes |
| IV tubing w/ Buretrol drip set for peds | 10% peds/wk | 25/wk | 20/Case | 1.25 Cases |
| IV tubing w/ standard macro drip for adults | Same # as intermittent | 250/wk | 48/Case | 5 Cases |
| Needles, Butterfly, 23g | 10% peds/wk | 25/wk | 50/Box | 0.5 Boxes |

| | | | | |
|--|---|------------------|-----------------|------------|
| Needles, Butterfly, 25g | 10% ped/wk | 25/wk | 50/Box | 0.5 Boxes |
| Needles, sterile 18g | 1 box/day | 7 boxes/wk | 100/Box | 7 Boxes |
| Needles, sterile 21g | 1 box/day | 7 boxes/wk | 100/Box | 7 Boxes |
| Needles, sterile 25g | 1 box/day | 7 boxes/wk | 100/Box | 7 Boxes |
| Saline for injection 10cc bottle | 50 bottles/day | 350 bottles/wk | 24 /Box | 14.5 Boxes |
| ABD bandage pads, sterile | 10% pts/day = 5 pads/day+35 pads/wk | 7 boxes/wk | 50/Box | 7 Boxes |
| Band-Aids | 1 box/day | 7 boxes/wk | 50/Box | 7 Boxes |
| Basins, bath | 20 pts/day | 140/wk | 100/Case | 1.5 Cases |
| Bathing supply, prepackaged (e.g. Bath in a Bag (TM)) | 50 pts every day | 350/wk | | 350 |
| Bedpans – regular | 40 pts/day initially then 10% | 65/wk | 50/Case | 1.25 Cases |
| Toilet Paper | 25 rolls/day | 175 rolls/wk | | 175 Rolls |
| Blankets | 50 pts/day; changed daily | 50/day or 350/wk | | 350/Week |
| Carafes - 1 liter (for variety of uses) | 30/day | 210/wk | | 210/Week |
| Cart, supply | 3/unit (1 for IV's; 1 for Pt) | 3/unit | | |
| Chux protective pads (many uses) | 3/pt q3hrs = 24 chux/pt/day x 50 pts + 1200/day | 8400/wk | 50/Box | 168 Boxes |
| Cots (have extras available to replace broken equipment) | 50/unit plus 2 extra | 52/unit | | 52/Unit |
| Curtains, privacy (wheeled) | 25 (every other bed) | 25/unit | | 25/Unit |
| Diapers – adult | 10/day | 70/wk | 72/Case | 1 Case |
| Diapers – infant | 8/day/infant x 5 infants/day | 280/wk | 144/Case | 3 Cases |
| Diapers – pediatric | 5/day/ped x 5 peds/day = 25/day | 175/wk | 144/Case | 1.25 Cases |
| Emesis basins | 100/wk | 100/wk | 250/Case | 0.5 Case |
| Facial tissue, individual patient box | 1 box/pt/day | 350 boxes/wk | 200 Boxes | 1.75 Cases |
| Feeding tubes, pediatric | | | | |
| - 5 French | 10/wk | 10/wk | 10/Box | 1 Box |
| -8 French | 10/wk | 10/wk | 10/Box | 1 Box |
| Foley Catheters - 16F Kits (includes drainage bag) | >50% of pts wk | 100/wk | 10/Case | 10 Cases |
| Gloves non-sterile, small/medium/large (latex and non latex) | 6 boxes/day | 42 boxes/wk | 100/Box | 42 Boxes |
| Goggles / face shields, splash resistant, disposable | 6 boxes/day | 42 boxes/wk | 100/Box | 42 Boxes |
| Gown, splash resistant, disposable | 3/staff/shift = 36/day | 252/wk | Box | 42 Boxes |
| Mask, N95, for staff (particulate respirator) | 36/day | 252/wk | 210/Case | 1.2 Cases |
| Gown, patient | 75/day | 525/wk | | |
| Mask, 3M 1800 for patient | 150/day | 1050/wk | | |
| Gauze pads, non-sterile, 4x4 size, | 400/day | 2800/wk | | |
| Hand cleaner, waterless alcohol-based | 1 per hand wash station/day x | 28/wk | 25 Bottles/Case | 1 Case |
| Paper Towels | 25 rolls/day | 175 rolls/wk | | 175 Rolls |
| Lubricant, Water soluble | | 1-2 boxes wk | 25 Boxes | 0.5 Boxes |
| Medicine cups, 30ml, plastic | 2/pt/day = 100/day | 700/wk | | 700/Week |
| Morgue Kits | Tularemia: 15pt/day mortality | 300/wk | | 300/Week |
| Nasogastric tubes - 18F | | 25/wk | 50/Case | 0.5 Cases |
| OB Kits | | 1/wk | | 1/Week |
| Pen lights | | 12/unit | 6/Box | 2 Boxes |
| Povidone-iodine bottles, 12 oz | 2/day | 14/wk | 48 Bottles | 0.25 Cases |

| | | | | |
|---|-------------------------|--------------|---------------|------------|
| Restraints, Extremity, soft - adult | | 25/wk | 48/Case | 0.5 Cases |
| Sanitary pads (OB pads) | 2 women/wk; 10 pads/day | 20 pads/wk | 12 Pads | 2 Boxes |
| Sharps disposal containers - 2 gallon | 2-4/wk/unit | 2-4/wk | 20/Case | 0.25 Cases |
| Sheets, disposable, paper, for stretchers & cots | 100/day | 700/wk | | 700/Week |
| Syringes, 10cc, luer lock | 4 boxes/wk (100 ct box) | 400 wk | 100/Box | 4 Boxes |
| Syringes, 3cc, luer lock, w/ 21g 1.5" needle | 200/day | 1400/wk | 100/Box | 14 Boxes |
| Syringes, catheter tip 60cc | | 25/wk | 50/Box | 0.5 Boxes |
| Syringes, Insulin | 4/day | 28/wk | 100/Box | 0.25 Boxes |
| Syringes, TB | 2/day | 14/day | 100/Box | 0.4 Boxes |
| Tape, silk - 1 inch | 12/day | 96/wk | 12 Rolls/Box | 8 Boxes |
| Tape, silk - 2 inch | 6/day | 42/wk | 12 Bolls/Box | 3.5 Boxes |
| Toilet tissue | 25 rolls/day | 175 rolls/wk | | 175 Rolls |
| Tongue depressor | | 2 boxes/wk | 500/Box | 2 Boxes |
| Tubex [TM] pre-filled syringe holders | 1 per staff member plus | 12/sub-unit | 50/Case | 0.25 Cases |
| Urinals | | 50/wk | 50/Case | 1 Case |
| Washcloths, disposable | | 10/pt/day | 3500/Wk | 3500/Week |
| Water, bottled 1 liter (for mixing ORT) | 1/patient | 200/wk | | 200/Week |
| Water container, 1 gallon potable | | 125/wk | | 125/Week |
| Drinking cups | | | | |
| Diagnostic Supplies | | | | |
| Glucometer | | 1 per unit | Each | |
| Glucometer test strips | | 2 bottles/wk | 50 Strips/box | 2 boxes |
| Probe covers for thermometers | 4 boxes/day | 28 boxes/wk | 20/Box | 28 Boxes |
| Protocol unit (or other brand), O2 sat monitor, thermometer, BP, HR | | 4 per unit | Each | |
| Protocol unit, disposable plastic BP covers | 200/day | 1400/wk | | |
| Single Use Shielded Lancets | 25/day | 175/wk | | 1 Box |
| Stethoscopes | | 12/unit | Each | 12 |

Administrative Consumables: 50 Bed Unit

| Item Description |
|---|
| Pens – Black ballpoint |
| Pens – Red ballpoint |
| Stapler |
| Staples |
| Tape |
| Tape dispenser |
| Paper clips |
| Paper punch (3- or 5-hole based on chart holders) |
| Chart holders/Clip boards |
| File Folders - letter size, variety of colors |
| Name bands for Identification and Allergies |
| Batteries – 9V |
| Batteries – AA |
| Batteries – C |
| Batteries – D |
| Clipboards |
| Chalk or white boards |
| Dry-erase markers |
| Chalk |
| Trashcans and liners |
| Flashlights |
| Plastic bags for patient valuables |
| Floor lamps |
| Table lamps |
| Light bulbs |
| Plain paper |
| Filing cabinets – rolling |
| Black permanent markers |
| Yellow highlighter markers |
| Time cards |
| Generic sign-in, sign-out forms |
| Pre-printed admission Order forms |
| Blank physician order forms |
| Multidisciplinary progress notes |
| Nursing flow sheets |
| Admission history & physical forms (include area for Nrsg Hx) |
| Death certificates/Death packets |

Drug reference books:

Mosby's Nursing Drug Reference 2007 (or most current publication), Linda Skidmore-Roth, Ed., June 2006 (ISBN: 0323045901)

Critical Care Intravenous Infusion Drug Handbook, Gary J. Algozzine, Robert Algozzine, Deborah J. Lilly, Feb 2005. (ISBN: 0323031218)

2007 Intravenous Medications: A Handbook for Nurses and Health Professionals, Betty L. Gahart, Adrienne R. Nazareno, July 2006 (ISBN: 0323045529)

Oxygen and Respiratory-related Equipment Considerations for Alternative Care Site: 50 Bed Unit

| Item Description | Quantity |
|---|----------|
| Bag-Valve-Mask w/adult and peds masks – adult 1600 ml reservoir | 1 |
| Cascade gauge for oxygen cylinders | 14 |
| Catheters, suction | 20 |
| Connector, 5 in 1 | 8 |
| Cylinder holders for E Cylinder oxygen tanks | 4 |
| Mask, oxygen – nonrebreather, pediatric | 10 |
| Mask, oxygen – nonrebreather, adult | 20 |
| Nasal cannula, adult | 40 |
| Nasal cannula, pediatric | 10 |
| Regulator, Oxygen (Flow meter) | 14 |
| Suction unit – Collection System | 2 |
| Suction unit – Portable | 1 |
| Suction unit Battery | 1 |
| Tank, Oxygen "E" cylinder (700 L O ₂) | 4 |
| Tank, Oxygen "H" cylinder (7000 L O ₂) | 10 |
| Tubing, oxygen – with connector | 40 |
| Tubing – suction, connector | 10 |
| Tubing, suction, 10F | 10 |
| Wrench, Oxygen tank | 2 |
| Yankaur Suction Catheter | 10 |
| Intubation equipment with oral airways/ET tubes; adult & peds | 1 set |
| Ventilators | 1 |

First Aid supplies

In addition to above site supplies, consider supplies to be able to assess and conduct basic stabilization/treatment of a trauma victim that may present

- C-collar
- Backboard
- Sam Splints
- AED capability if site doesn't have a crash cart (see medications lists in Section 6)

Central Supply DISPOSABLES

| DESCRIPTION | QTY NEEDED PER DAY | UOM | ORDER QTY | UOM |
|-------------|-----------------------------|-----|--------------|-----|
| | | | | |

| | | | | |
|---|-------------|-----------|-----------|--|
| WIPE ALCOHOL | 4 | BX | | |
| CATHETERS, INTRAOSSEOUS MODULE BLUE (PED USE) | 1 | EA | | |
| INTERMITTENT IV ACCESS DEVICE (LOCK) | 50 | EA | | |
| IV CATHETER 18G | 25 | EA | | |
| IV CATHETER 20G | 25 | EA | | |
| IV CATHETER 22G | 10 | EA | | |
| IV CATHETER 24G | 10 | EA | | |
| IV SOL NS 1000CC | 45 | EA | | |
| IV COL D5 1/2NS 1000CC | 30 | EA | | |
| IV START KITS | 10 | EA | | |
| SET BURETROL | 5 | EA | | |
| SET IV TUBING STANDARD 60 DROP | 25 | EA | | |
| SET IV TUBING 10 DROP | 5 | EA | | |
| NEEDLE BUTTERFLY 23G | 5 | EA | | |
| NEEDLE BUTTERFLY 25G | 5 | EA | | |
| NEEDLE 18G X 1 | 100 | EA | | |
| NEEDLE 21G X 1 | 100 | EA | | |
| NEEDLE 25G X 1 | 100 | EA | | |
| DRESSING 8X10 ABD | 50 | EA | | |
| BANDAID 1" | 50 | EA | | |
| BASIN EMESIS | 15 | EA | | |
| BASIN WASH | 20 | EA | | |
| BEDPAN FRACTURE | 20 | EA | | |
| BEDPAN PONTOON | 20 | EA | | |
| TISSUE TOILET | 25 | EA | | |
| BLANKET/SLEEPING BAG | 50 | EA | | |
| CARAFE LINER | 3 | BG/25 | | |
| CARAFE PITCHER | 30 | EA | | |
| CHUX UNDERPAD | 1200 | EA | ?? | |
| BRIEF ADULT XL | 15 | EA | | |
| BRIEF ADULT L | 10 | EA | | |
| BRIEF ADULT MED | 10 | EA | | |
| DIAPER LG | 25 | EA | | |
| DIAPER MED | 25 | EA | | |
| DIAPER INFANT | 12 | EA | | |
| TISSUE FACIAL | 50 | EA | | |
| TUBE FEEDING PEDS 5FR X 16 | 2 | EA | | |
| TUBE FEEDING PEDS 8FR X 16 | 2 | EA | | |
| GLOVE EXAM LATEX SM | 6 | BX | | |
| GLOVE EXAM LATEX MED | 6 | BX | | |

| | | | | |
|--|------------|-----------|-----------|--|
| GLOVE EXAMLATEX LG | 6 | BX | | |
| GLOVE EXAM LATEX FREE SM | 6 | BX | | |
| GLOVE EXAM LATEX FREE MED | 6 | BX | | |
| GLOVE EXAM LATEX FREE LG | 6 | BX | | |
| CATH FOLEY 16F W/DRAIN BAG | 15 | EA | | |
| CATH FOLEY 16F W/DRAIN BAG I.C. | 15 | EA | | |
| GOGGLES SAFETY NO VENT | 100 | EA | | |
| MASK FACE SHIELD | 100 | EA | | |
| MASK N95 SMALL | 36 | EA | | |
| MASK N95 REG | 36 | EA | | |
| MASK 3M N95 REG | 36 | EA | | |
| MASK 3M N95 SMALL | 36 | EA | | |
| GOWN SPLASH RESISTANT | 36 | EA | | |
| GOWN PATIENT | 75 | EA | ?? | |
| MASK 3M 1800 FOR PATIENT | 150 | EA | | |
| GAUZE 4X4 NONSTERILE | 400 | EA | | |
| SOAP CAL-STAT 15OZ PUMP | 4 | EA | | |
| PAPER TOWELS | 25 | EA | | |
| LUBRICATING JELLY | 1 | BX | | |
| MEDICINE CUPS | 1 | TB | | |
| BAG POST MORTUM ADULT | 15 | EA | | |
| BAG POST MORTUM PEDS | 2 | EA | | |
| OB KITS | 1 | EA | | |
| NASOGASTRIC TUBES 18F | 20 | EA | | |
| PENLIGHTS | 12 | EA | | |
| POVIDONE-IODINE BOTTLES 12 OZ | 2 | EA | | |
| RESTRAINT EXTREMITY SOFT | 4 | EA | | |
| PAD SANITARY | 10 | EA | | |
| BELT SANITARY | 2 | EA | | |
| SHARPS CONTAINER 2GL | 2 | EA | | |
| SHEETS FOR STRETCHERS/COTS DISPOSABLE | 100 | EA | | |
| SYRINGE 10CC LL | 60 | EA | | |
| SYRINGE 3CC LL | 200 | EA | | |
| SYRINGE CATH TIP 60CC | 200 | EA | | |
| SYRINGE INSULIN | 400 | EA | | |
| SYRINGE TB | 200 | EA | | |
| TAPE SILK 1" | 12 | EA | | |
| TAPE SILK 2" | 6 | EA | | |
| TONGUE DEPRESSOR | 1 | BX | | |
| TUBEX PREFILLED SYRINGE HOLDERS | 12 | EA | | |
| URINAL | 10 | EA | | |

| | | | | |
|--------------------------------|----|-----|--|--|
| WASHCLOTH DISPOSABLE | | | | |
| WATER BOTTLED 1 LITER | | | | |
| WATER CONTAINER 1 GAL PORTABLE | | | | |
| DRINKING CUPS | | | | |
| LANCET UNISTIK | 25 | EA | | |
| TEST STRIP GLUCOMETER | 2 | EA | | |
| CONTROL HIGH | 2 | EA | | |
| CONTROL LOW | 2 | EA | | |
| COVER PROBE for thermometers | 4 | box | | |
| BP CUFFS DISPOSABLE ADULT REG | 40 | EA | | |
| BP CUFFS DISPOSABLE ADULT LG | 40 | EA | | |
| BP CUFFS DISPOSABLE ADULT SM | 40 | EA | | |
| BP CUFFS DISPOSABLE CHILD | 20 | EA | | |
| BATH IN A BAG OR SOAP & CLOTH | 50 | EA | | |
| BLOOD TUBES | | | | |

Ketchikan General Hospital, Ketchikan, Alaska

EQUIPMENT TO TRANSPORT

| DESCRIPTION | QTY NEEDED PER DAY | UOM | | |
|---|-----------------------------|-----|--|--|
| COTS | 52 | EA | | |
| PRIVACY CURTAINS | 25 | EA | | |
| SUPPLY CART | 3 | EA | | |
| GLUCOMETER | 2 | EA | | |
| THERMOMETERS | 2 | EA | | |
| 02 SAT MONITOR,TERMOMETER BP,HR | 4 | EA | | |
| CHAIRS | 12 | EA | | |
| DESKS | 6 | EA | | |
| FAX MACHINE | 1 | EA | | |
| HOUSEKEEPING CART W/SUPPLIES | 1 | EA | | |
| INTERNET EMAIL ACCESS | 1 | EA | | |
| IV POLES | 50 | EA | | |
| LINENS (SHEETS, PILLOWS & CASES, BATH TOWELS & WASHCLOTHS) | 100 | EA | | |
| PATIENT COMODES | 4 | EA | | |
| PHARMACY CARTS | 2 | EA | | |
| PRIVACY DIVIDERS | 25 | EA | | |
| REFRIGERATORS FOOD/MEDS | 3 | EA | | |
| STRETCHERS | 2 | EA | | |
| TELEPHONES | 5 | EA | | |
| TREATMENT CARTS | 2 | EA | | |
| WASHER & DRYE | 1 | EA | | |

| | | | |
|---|----|----|--|
| WHEELCHAIRS | 2 | EA | |
| STAPLER | 2 | | |
| TAPE DISPENSER | 2 | | |
| PAPER PUNCH 3 HOLE | 1 | | |
| CHART HOLDERS | 2 | | |
| CLIP BOARDS | 6 | | |
| WHITE BOARDS OR CHALK | | | |
| DRY-ERASE MARKERS | | | |
| TRASH CANS & LINERS | | | |
| FLOOR LAMPS | | | |
| TABLE LAMPS | | | |
| LIGHTBULBS | | | |
| COPY PAPER | | | |
| ROLLING FILE CABINETS | | | |
| TIME CARDS | | | |
| GENERIC SIGN-IN & OUT FORMS | | | |
| PRE-PRINTED ADMISSION ORDER FORMS | | | |
| NURSING FLOWSHEETS | | | |
| ADMISSION HISTORY & PHYSICAL FORMS(INCLUDE AREA FOR NRSG Hx) | | | |
| DEATH CERTIFICATES/DEATH PACKETS | | | |
| | | | |
| CASCADE GAUGE FOR OXYGEN CYLINDERS | | | |
| CONNECTOR 5 IN 1 | | | |
| E CYLINDER HOLDERS | | | |
| SUCTION UNIT COLLECTION SYSTEM | | | |
| SUCTION UNIT PORTABLE | | | |
| SUCTION UNIT BATTERY | | | |
| SUCTION TUBING WITH CONNECTOR | | | |
| OXYGEN TUBING WITH CONNECTOR | 4 | EA | |
| H CYLINDER | 10 | EA | |
| WRENCH OXYGEN TANK | 2 | EA | |
| INTUBATION EQUIP W/ORAL AIRWAYS/ET TUBES - ADULT & PEDS | | | |
| VENTILATORS | 1 | EA | |

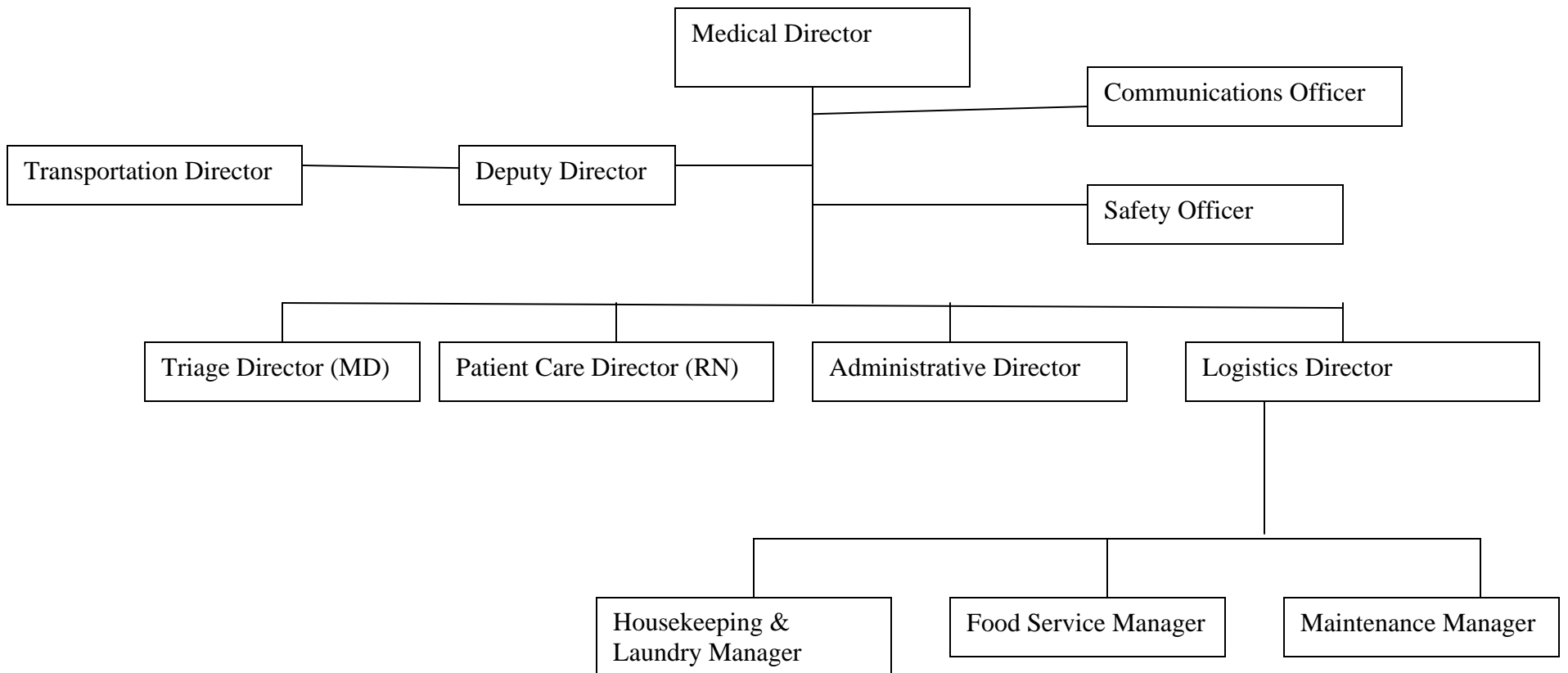
Ketchikan General Hospital, Ketchikan, Alaska

SECTION 4: Staffing Considerations for Alternative Care Sites

Suggested Minimum per 12-Hour Shift for 50 Bed Units

| Class | Infectious | Non-infectious | Quarantine |
|----------------------------|-------------------|-----------------------|-------------------|
| Physician | 1 | 1 | 0 |
| Physician extender (PA/NP) | 1 | 1 | 0 |
| RNs or RNs/LPNs | 6 | 6 | 2 |
| Health technicians | 4 | 6 | 1 |
| Unit secretaries | 2 | 2 | 1 |
| Respiratory Therapist | 1 | 1 | 0 |
| Case Manager | 1 | 1 | 0 |
| Social Worker | 1 | 1 | 1 |
| Housekeepers | 2 | 2 | 1 |
| Lab Personnel | 1 | 1 | 0 |
| Medical Asst/Phlebotomy | 1 | 1 | 0 |
| Food Service | 2 | 2 | 2 |
| Chaplain/Pastoral | 1 | 1 | 1 |
| Day care/Pet care | 0 | 0 | 1 |
| Volunteers | 4 | 4 | 4 |
| Engineering/Maintenance | 0.25 | 0.25 | 0 |
| Biomed-to set up equipment | 0.25 | 0.25 | 0 |
| Security | 2 | 2 | 2 |
| Patient transporters | 2 | 2 | 0 |

Section 5: Model Organization Plan



Section 6: Medications to include at the Alternate Care Site

| Purpose/Condition | Medications |
|------------------------|--|
| Anaphylactic reactions | Epinephrine aqueous adrenalin chloride 1:1000 amps |
| Antibiotics | Cephalosporin (3 rd and 4 th generation), floroquinolones |
| Antivirals | oseltamivir or zanamivir |
| Antipyretics | Tylenol (acetaminophen) 500mg tabs (100 tabs for 100 people for 3 days) Tylenol pediatric drops 80 mg/0.8 ml; syrup/elixir 160 mg/5ml, tabs 325 mg Ibuprofen 200mg tabs |
| Asthma | Albuterol- Metered Dose Inhaler, solution for inhalation, capsule for inhalation, syrup, tablets Theophylline-capsules, tablets, elixir, oral solution, syrup Beclomethasone-Metered Dose Inhaler, nasal spray Saline |
| Blood pressure- high | Diuretics- lasix-oral solution, tablets, IV, IM potassium sparing diuretics, thiazide (HCTZ) – Oral solution, tablets Adrenergic blockers- alpha and beta blockers- atenolol-tablets, IV propranolol – tablets, oral solution, IV ACE inhibitors- captopril, lisinopril –tablets, Angiotensin II blockers Calcium channel blockers- Nifedipine-capsule, extended release tablets Verapamil-tablet, IV |
| Blood pressure- low | Dobutamine-IV Dopamine-IV Milrinone-IV |
| Diabetes Mellitus | Glucose tabs for insulin reactions Glucagon- IM, IV, sub-cutaneous Regular, NPH and Lente , and long acting (Ultra-Lente) insulins sub-cutaneous Metformin –syrup, tablets Glipizide-tablet, extended release tablet Gluburide- tablets |
| General use | Isopropyl alcohol Antibiotic ointment Antiseptic/betadine scrub solution Petroleum/A&D ointment Desitin ointment Antacid, low sodium tabs Hydrocortisone, 0.5% ointment Pedialyte 12-12 oz bottles (100 people for 3 days) |

| | |
|----------------|--|
| Heart disease | Nitro sub-lingual tabs Digoxin-capsule, elixir, IV Heparin- IV, sub-cutaneous Coumadin-tablets, IV Procardia- capsule, extended release tablets Morphine-capsules, tablets, oral solution, syrup, IV, IM, suppositories |
| Thyroid | Synthroid-tablets, IV, IM |
| Antiemetics | Phenergan Compazine zofran |
| Antidiarrheals | Imodium |

Patients' own medications should be brought with them to the alternate care site, or acquired from their dispensing pharmacy. The medications listed above are for use in patient care protocols until patient's own medications arrive, or in emergency situations when the bio-physiological reactions to influenza infection threaten the life of the patient.

Consider duplicate CRASH CART from the local hospital

Section 7: Communications Tools

DISASTER Communication Map

Date: _____ Estimated Time of Disaster: _____ Time Announced @ KGH _____

(to be established by Disaster Command Center & distributed within 30 minutes of the 'overhead DISASTER page')

| Disaster Areas/Patient Treatment/Support Staff | Communication Options: | | | Location |
|--|------------------------|--------------------|--------|----------|
| | Ext: | Radio- /Channel | Other: | |
| Disaster Command Center | | | | |
| Medical Staff Support Center | | | | |
| Personnel Pool Control Center | | | | |
| Media Support Center | | | | |
| Family & Public Waiting Center | | | | |
| Supplies Center | | | | |
| Food & Nutrition Center | | | | |
| Child Care Center | | | | |
| Lab | | | | |
| Pharmacy | | | | |
| Radiology | | | | |
| | | | | |
| House Supervisor | | | | |
| Disaster Chairperson | | | | |
| Communications Support Staff | | | | |
| Security & Traffic Control | | | | |
| Housekeeping | | | | |
| Respiratory | | | | |
| | | | | |
| Triage | | | | |
| Red | | | | |
| Surgery | | | | |
| Yellow | | | | |
| Green | | | | |
| Patient Discharge | | | | |
| Black | | | | |
| Morgue | | | | |
| | | | | |
| | | | | |
| | | | | |

COMMUNICATION with DISASTER COMMAND CENTER

Keep messages & requests Brief, to the Point, & very Specific

(Initial update within 30 minutes....then hourly updates)



Time: _____ Person completing form: _____

| Designated Disaster Area (circle) | Area: | Staffing: | | | Problems: | | |
|--|-------|---------------------------|----------------------|---------------------------|---------------|-----------------------|--------------------------------------|
| | | # of staff now ON duty | # of staff needed | # of staff can release | OK for now | Potential Problems | HELP needed from Disaster Command |
| Black Area Child Care Center Communications center Discharge of Patients Family Waiting Center Food & Nutrition Center Green Area Housekeeping House Supervisor Lab Media Support Center Medical Staff Center Morgue Personnel Pool Center Pharmacy Plant Operations/Security/Traffic Radiology Red Area Respiratory Supplies Surgery Triage Yellow Area <u>Call Back Number:</u> _____ | | | | | | | |

Patient Treatment Areas : (circle) Red....Yellow....Green....Black....Discharge

(Disaster Command needs the following additional information communicated :)

| | |
|--|--|
| # of patients in area: _____ # of Beds available: _____ # of potential discharges: _____ | Do you need Disaster Command Center assistance? (circle) YES NO |
| | Comments: |

Ketchikan General Hospital, Ketchikan, Alaska

Section 8: Samples of Patient/Client care forms

Department of Health
Public Health Nursing Disaster Resource Guide
August, 2000

| | |
|---|---|
| <p>SPECIAL NEEDS SHELTER INITIAL TRIAGE ASSIGNMENT</p> | <p>Name: _____ Address: _____ Phone: _____ SS#: _____ DOB: _____</p> |
| <p>Date _____ Arrival Time _____ Age _____ M F PMD _____ PHARMACY _____ English Spoken Yes No If No, Language _____</p> <p>SUBJECTIVE TRIAGE DATA _____ HPI _____ _____ _____ _____ _____ _____</p> <p>PAST MEDICAL HISTORY Diabetes Hypertension Kidney Disease Pulmonary Disease Arthritis Asthma M.I. Cardio-Vasc Vasc. Disease Psych Disorder CVA Substance Abuse Migraine Headache Seizure Disorder Other _____</p> <p>CURRENT MEDICATIONS (with strength and freq.) _____ _____ _____ _____ _____ _____ _____</p> | <p>ALLERGIES _____ _____ _____</p> <p>Ambulatory Status: <input type="checkbox"/> No Limitations <input type="checkbox"/> Walk but can't climb stairs <input type="checkbox"/> Confined to wheelchair <input type="checkbox"/> Confined to bed</p> <p>Accompanied by Caregiver Yes No Name _____ Last DT _____</p> <p>OPERATIONS Yes No</p> <p style="text-align: center;">VITAL SIGNS</p> <p>T _____ P _____ R _____ B/P _____</p> <p>OBJECTIVE TRIAGE DATA _____ _____ _____</p> <p>SHELTEREE'S EQUIPMENT Foley Catheter Ostomy Care Glucose Monitor Feeding Pump IV Pump O2 Walker Wheelchair Cane Dressing Splint/Sling Other _____</p> <p>PRESCRIBED TREATMENT _____ _____ _____ _____ _____ _____ _____</p> <p>Nurse Signature _____</p> |
| <p>Additional Comments _____ _____ _____ _____</p> | |

Discharge Statement _____
Date _____ Time _____ Signature _____

SPECIAL NEEDS SHELTER

**SPECIAL NEEDS SHELTER
REGISTRANT COMPREHENSIVE INFORMATION REPORT**

ADMITTING CLERK COMPLETE BELOW

ARRIVAL DATE: _____ TIME: _____ AGE: _____ SEX: _____
LAST: _____ FIRST: _____ MIDDLE: _____
STREET ADDRESS: _____
CITY/STATE: _____ ZIP/COUNTY: _____

SS# _____ MEDICARE/MEDICAID #: _____

ADMITTING DIAGNOSIS: _____

LIVING SITUATION: ALONE RELATIVE OTHER

ASSISTING AGENCIES:

HOME HEALTH _____ OTHER _____

NURSE COMPLETE BELOW

Check Appropriate Conditions

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Stroke | <input type="checkbox"/> Speech Impaired | <input type="checkbox"/> Special Dietary Needs |
| <input type="checkbox"/> Diabetes/Insulin Dependent | <input type="checkbox"/> Cancer | <input type="checkbox"/> Sight Impaired | <i>Discharge Issues:</i> |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Hearing Impaired | |
| <input type="checkbox"/> Angina Pectoris | <input type="checkbox"/> Oxygen Dependent | <input type="checkbox"/> Walker/Cane | <input type="checkbox"/> Med. Dep. on Electricity |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Memory Impaired | <input type="checkbox"/> Wheelchair Bound | <input type="checkbox"/> Other (see comments) |
| | <input type="checkbox"/> Mental Health Impaired | <input type="checkbox"/> Incontinence | |

EMERGENCY CONTACTS:

NAME: _____ RELATIONSHIP: _____ PHONE: _____
NAME: _____ RELATIONSHIP: _____ PHONE: _____

OTHER IMPORTANT MEDICAL INFORMATION:

DOCTOR'S NAME: _____ PHONE: _____

PHARMACY NAME: _____ PHONE: _____

ALLERGIES: _____

MEDICATIONS (dose/frequency): _____

COMMENTS: _____

DISCHARGE PLANNER COMPLETE BELOW

- Returning Home
 To Another Family
 To Other (Family, Friend, Hotel, Hospital, Nursing Home, etc.)
NAME: _____ PHONE: _____
- Will Need Transportation How Did Resident Arrive At The Shelter? _____

COMMENTS: _____

DISCHARGE PLANNER: _____ DATE/TIME: _____

SPECIAL NEEDS SHELTER REGISTRATION

NAME: _____ PHONE: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 D.O.B. ____/____/____ IS THIS A MOBILE HOME? Y N
 DIRECTIONS TO HOME: _____

WHO WILL STAY WITH YOU AT THE SHELTER? _____ PHONE: _____
 EMERGENCY CONTACT (NOT LIVING WITH YOU): _____ PHONE: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHYSICIAN NAME: _____ PHONE: _____
 HOME HEALTH AGENCY: _____ PHONE: _____
 OTHER AGENCIES THAT HELP YOU: _____ PHONE: _____

TRANSPORTATION INFORMATION

If in an emergency situation you were instructed to leave your home and move to an emergency shelter, how would you get there?
 Your own car
 Neighbor
 Do not have a way

CITIZEN MOBILITY

Ambulatory
 Wheelchair
 (Do you have your own? Y N)
 Bedridden
 (If bedridden, can you be moved in a wheelchair? Y N)

TRANSPORTATION NEEDS:

Ambulance
 Van with wheelchair lift
 Walker Assistance
 Regular car or van
 Other: _____

MEDICAL INFORMATION

Check all disabilities that you may have:
 Arthritis, Severe
 Heart Condition
 Diabetes ____ Oral ____ Insulin
 Complete Paralysis
 Partial Paralysis
 Blind (Guide Dog? Y N)
 Dialysis

Memory Impairment
 Ostomy
 Any Open Wounds
 Any Tuberculosis
 Hearing Impaired
 Back Injury
 Incontinence
 Breathing Impaired
 Oxygen Supported: L/Min. _____ Tank _____ O2 Converter _____

Anxiety / Nerves
 Do you have TTD?
 Seizures
 Any Hepatitis
 Do you use electrically dependent life support?
 Other: _____

WHAT CARE OR TREATMENT ARE YOU CURRENTLY RECEIVING (BE SPECIFIC):

CURRENT MEDICATIONS

Pharmacy Name: _____ Location: _____

Please list all medications that you are currently taking:

| TYPE | DOSE | HOW OFTEN? |
|------|------|------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
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| | | |

PET INFORMATION

Do you have a pet? Yes _____ No _____
 If so, what kind? Dog _____ Cat _____ Other _____
 Have you made arrangements for sheltering your pet? Yes _____ No _____
 What arrangements? _____

AUTHORIZATION FOR SEARCH AND RESCUE

I, _____, authorize emergency response personnel to enter my home at _____ during search and rescue operations if necessary to insure my safety and welfare following a declared state of emergency.

SIGNATURE: _____ DATE: ____/____/____
 (You are not required to sign this statement)

RELEASE OF INFORMATION

I, _____, GIVE MY AUTHORIZATION FOR THE MEDICAL INFORMATION CONTAINED HEREIN TO BE RELEASED TO THE COUNTY HEALTH DEPARTMENT. I UNDERSTAND THAT THIS INFORMATION WILL BE USED SOLELY FOR THE PURPOSE OF EVALUATING MY NEEDS IN A TIME OF DECLARED STATE OF EMERGENCY AND WILL BE MAINTAINED AS CONFIDENTIAL. I PROVIDE THIS INFORMATION ON A VOLUNTEER BASIS.

SIGNATURE: _____ DATE: ____/____/____
 MAILING ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 WITNESS: _____ DATE: ____/____/____

INSTRUCTIONS: This form is created to aid the County Health Department in providing assistance to those citizens of this county who would have a special need during a declared state of emergency. If you are a citizen with a special need and are a client of a local health care agency, you may wish to coordinate the completion of this form with your assigned visiting professional.

Initial Patient Assessment

Patient - Initial Disaster Assessment

Date _____ Time _____

| <p>Initial Assessment-Major deviations from normal require immediate intervention:</p> <p>A=Airway and cervical spine stabilization B=Breathing C=Circulation D=Disability (neurologic status)</p> | <p>Secondary Assessment-'Identify <u>All</u> injuries' in order to determine the priorities for the planning and intervention phases of the nursing process:</p> <p>E=Expose patient for Exam F=Fahrenheit-Keep patient warm G=Get vital signs H=History/Head to toe examination I=Inspect posterior surfaces</p> | <p>Patient Care Notes</p> |
|---|--|----------------------------------|
| <p>Exam Components Neurological - Level of consciousness: eye opening, motor response, mental orientation, speech, movement, sensation</p> | <p>Criteria for Normal Limits Patient alert, oriented to person, place and time. Behavior appropriate to situation. Peds LOC appropriate for age</p> | |
| <p>Cardiovascular - Heart rate, rhythm, blood pressure, edema.</p> | <p>HR and BP are within patients normal limits. Regular rhythm. No edema. No chest pain.</p> | |
| <p>Respiratory - Inspect chest: symmetry, observation of accessory muscles. Auscultate lungs. Respiratory rate. Color. Presence of cough, sputum.</p> | <p>Airway clear. Respirations quiet and regular, breath sounds clear, no cough. Absence of SOB on exertion.</p> | |
| <p>Gastrointestinal - Abdominal appearance, palpation, and auscultation of bowel tones. Diet tolerance and bowel tones.</p> | <p>Abdomen soft and nontender. Bowel sounds active. No pain w/ palpation. No nausea, vomiting. Normal bowel movements.</p> | |
| <p>Genitourinary - Voiding patterns, bladder distention, and urine characteristics.</p> | <p>Voiding adequate amount of clear, amber urine w/o frequency, urgency, dysuria, hematuria, or nocturia. No bladder distention after voiding.</p> | |
| <p>Musculoskeletal - Ability to perform activities of daily living, range of motion, muscle strength, condition of tissues.</p> | <p>Gait, posture and ROM within normal limits with symmetrical movement and strength of extremities. Peds-appropriate for age.</p> | |
| <p>Neurovascular - Neurovascular integrity; including color, temp, cap refill, edema, peripheral pulses, sensation, motion, and pain of affected extremity.</p> | <p>Pt's extremities are pink and warm with capillary refill <2 seconds. Peripheral pulses palpable and equal bilaterally. No edema. Sensation and movement intact.</p> | |
| <p>Psychosocial - Communication patterns, mood, and affect, coping mechanism, behavior.</p> | <p>Thought processes intact. Realistic perception of what is happening. Perceives adequate support systems. Verbalizes basic understanding of current condition.</p> | |
| <p>IV Sites - Inspection of solution/container, admin set, flow rate, and pump. Inspection of site. Inspection of dressing. Determination of gauge of catheter.</p> | <p>Equipment is set up correctly and functioning properly. IV site is without redness, swelling, drainage, or pain. IV cath is changed q 72 hrs. Dressing clean, dry, intact.</p> | |

Notify MD for:
Systolic BP <90 or >160, Diastolic BP >90; Heart Rate <60 or >120
Temperature >100 ; Blood Sugar <80 or >120

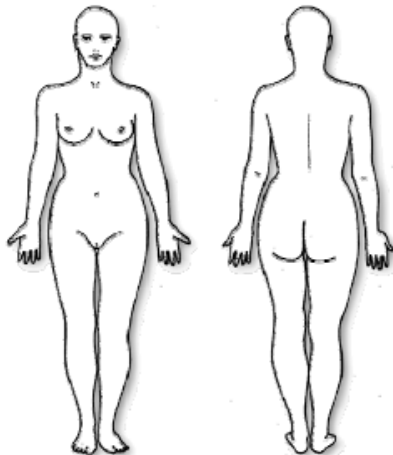
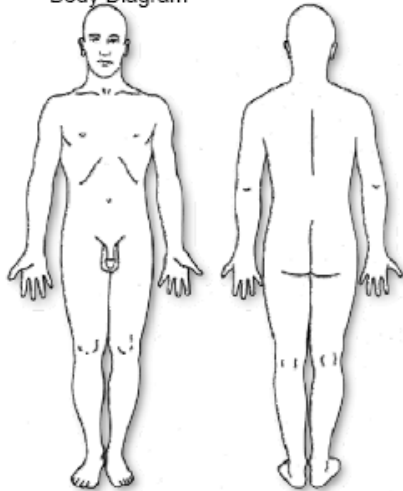
Disaster Triage Form

Ketchikan General Hospital
DISASTER -- TRIAGE FORM

Disaster
 Patient ID #

| | | | | | |
|---|---|----------|-----------|------------|---------------|
| PRE-HOSPITAL | Date: / / | Time In: | Time Out: | Sex: M / F | Patient Name: |
| | Brought by: KFD NT ST Airlift Guardian SEARHC OTHER | | | | |
| | Chief Complaint: _____ | | | | |
| | Assessment: _____ | | | | |
| | Treatment: _____ | | | | |
| V. S. _____ | | | | | |
| UPDATES: _____ | | | | | |
| DISPOSITION: RED YELLOW GREEN BLACK SURGERY <small>Immediate Delayed Minor Grave Prognosis Immed surgery</small> | | | | | |

Body Diagram



| | | | | |
|-----------------|---|---|---|-----|
| Vital Signs: BP | P | R | T | GCS |
|-----------------|---|---|---|-----|

| |
|-------|
| HEAD: |
|-------|

| |
|-------|
| NECK: |
|-------|

| |
|--------|
| CHEST: |
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| |
|----------|
| ABDOMEN: |
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| |
|-------|
| BACK: |
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| |
|-------------|
| GENITO-URO: |
|-------------|

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|------------------|
| UPPER EXTREMITY: |
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|------|
| LEFT |
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|-------|
| RIGHT |
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|------------------|
| LOWER EXTREMITY: |
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|------|
| LEFT |
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|-------|
| RIGHT |
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