San Luis Obispo County
Medical Reserve Corps
ORIENTATION
medical
reserve
corps
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TRAINING OBJECTIVES

- Define Public Health Emergency
- Define MRC Roles and Responsibilities
- Define Disaster Service Worker Volunteers
- Explain Emergency Management Systems

PUBLIC HEALTH EMERGENCY

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PUBLIC HEALTH EMERGENCY

NATURAL DISASTERS

- **WEATHER RELATED**
  - **FLOODS**
  - **TORNADOES**
  - **WILDFIRES**
  - **ETC.**
- **DISEASE OUTBREAKS**
  - **COVID-19**
  - **PANDEMIC INFLUENZA**
  - **SARS**
  - **ETC.**

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PUBLIC HEALTH EMERGENCY

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PUBLIC HEALTH EMERGENCY

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PUBLIC HEALTH EMERGENCY IMPACTS

- Large numbers of ill and deceased
- Spread of disease
- Water quality
- Food quality
- Access to healthcare
- Behavioral health issues
- Hazardous material exposure
- And even more

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OUR MISSION

To empower and organize community volunteers to support local response efforts during a public health emergency through education, training, and exercising.

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MRC VOLUNTEERS ARE ESSENTIAL

- During an emergency, local emergency service agencies, hospitals, and other healthcare organizations may not have the resources to care for an increased number of patients and may need to rely on healthcare volunteers for assistance.
- MRC provides a group of organized and trained volunteers to fill gaps.

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DISASTER SERVICE WORKER VOLUNTEERS (DSWV)

- MRC volunteers are sworn DSWV
- The California DSWV Program was created in order to provide workers' compensation and liability benefits to sworn volunteers during participation in disaster-related activities.
  - Good Samaritan Laws in all states and US Volunteer Protection Act of 1997 (42 U.S.C. § 14501 - § 14505)
  - California has stronger protection for volunteers in the Disaster Service Worker Program (Emergency Services Act, CA Gov Code § 8657). Provides a limited immunity from liability for volunteers who are registered as DSWV while providing care during a disaster. It also provides workers compensation.
  - CA Gov Code §8623 and CA Gov Code § 8659 provide protection.

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EFFECTIVE MRC VOLUNTEERS

Ensure	Know	Prepare
Ensure competency in “all-hazards” basic emergency preparedness	Know how the system works and where they fit in	Prepare themselves and their families for emergencies

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MRC PROCEDURES & PERSONAL LIMITS

You must only perform the role that you are assigned

Volunteers will always receive training in their role

Sign in when you begin a shift, sign out at the end

“Freelancing” is not helpful to the MRC or anyone else

You must know your limits in regards to your skills, knowledge, and abilities as they pertain to MRC roles.

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MRC VOLUNTEER ROLES

Pharmaceutical Distribution	Immunization / Mass Prophylaxis	EMS & Mass Casualties	Mass Fatality Management
Warehouse operations	General staff	Operations	Planning
	Operations	Logistics	

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STRATEGIC NATIONAL STOCKPILE PLAN

- Activate and staff Receipt, Stage and Store Site
- Activate First Responder Point of Distribution (FRPOD) sites
  - Grover Beach Fire Station
  - San Luis Fire Station #1
  - Morro Bay Fire Station
  - Paso Robles Fire Station #1
- Activate and staff General Population POD sites
  - Multiple locations throughout county

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PANDEMIC INFLUENZA PLAN

- Develop Case Definition
- Provide Disease Surveillance
- Activate Surge Standard Operating Procedure (SOP)
- Activate Isolation and Quarantine SOP
- Activate Triage SOP
- Provide Risk Communication
- Activate FRPOD and PPOD

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YOU AND YOUR FAMILY COME FIRST

- Develop a personal / family emergency preparedness plan and an emergency kit to ensure that your family will be prepared in the event of an emergency.

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FAMILY EMERGENCY PLAN

- Escape routes out of your home and away from your home with predetermined meeting points.
- Family communications
- Utility shutoff and safety
- Caring for animals
- Learn safety skills: First Aid and CPR
- Location of your disaster supply kit

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FAMILY EMERGENCY KIT

- Three-day supply of nonperishable food.
- Three-day supply of water: one gallon of water per person, per day.
- Pet food, water and medicines.
- Flashlight and extra batteries.
- First aid kit.
- Sanitation and hygiene items (moist towelettes and toilet paper).
- Matches and waterproof container.
- Extra clothing.
- Photocopies of credit, identification cards, insurance paperwork and other important documents.
- Cash and coins.
- Special needs items; prescription medications, eye glasses, contact lens, hearing aid batteries.
- Other items to meet your unique family needs

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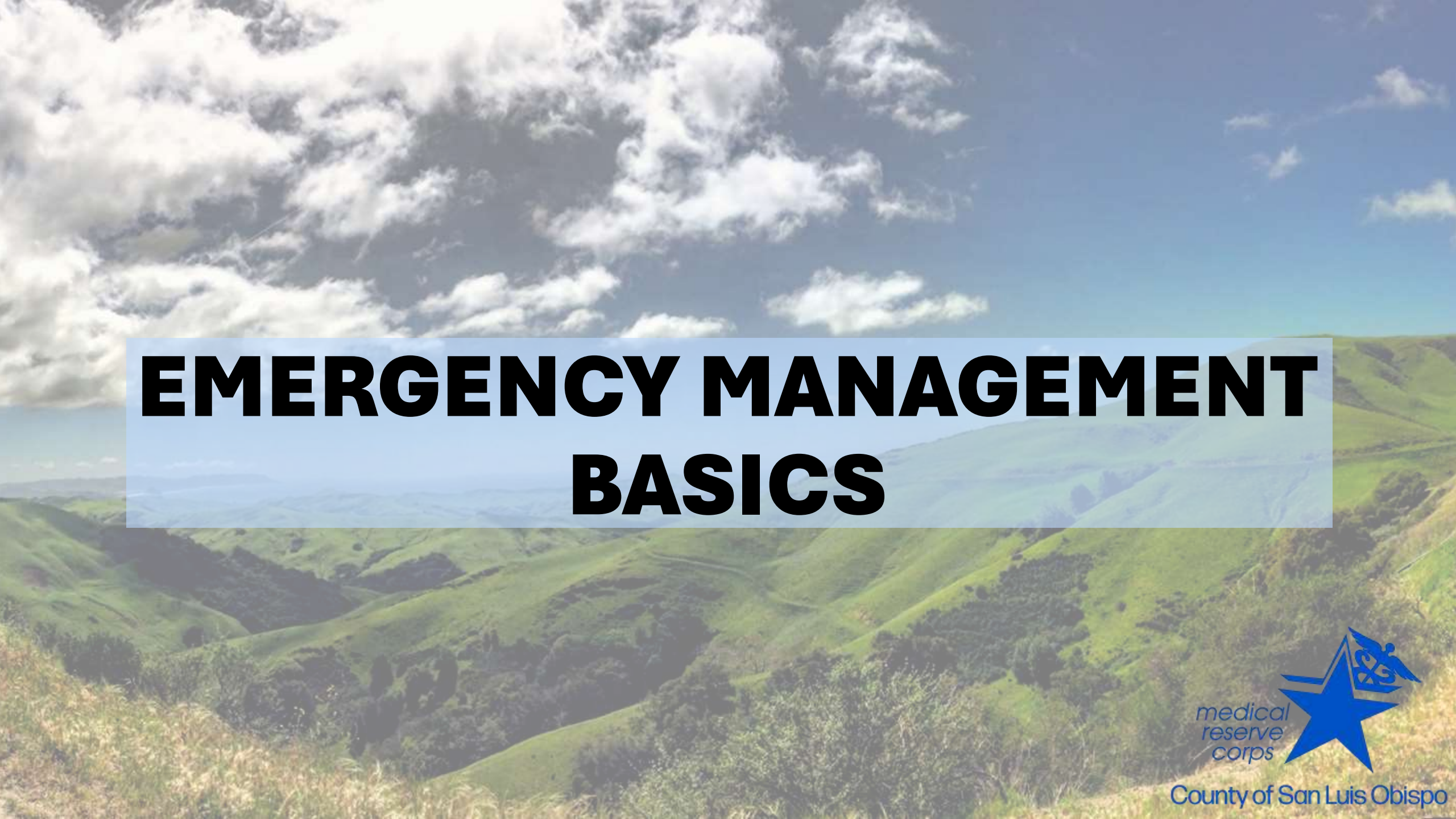
EMERGENCY MANAGEMENT BASICS



EMERGENCY MANAGEMENT SYSTEMS

- All are integrated and share:
  - Flexibility
    - Tailored
      - Jurisdiction
      - Presenting Scenario
      - Mission (i.e. mass vaccination, fire suppression, hazardous material spill)
  - Expand and contract based on the “span of control”
  - Structure
  - Terminology

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NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)

- Nationally Approved Response Management Structure
- Developed in response to 9/11
- Utilizes SEMS/ICS Structure as foundation
- Requires all Federal departments and agencies to adopt the NIMS.
- Requires all state and local agencies to utilize NIMS.

Requires all DSW to complete IS 100 and 700 training.

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STANDARDIZED EMERGENCY MANAGEMENT SYSTEM (SEMS)

- California's Emergency Response System
- Developed in 1993 to improve:
  - Flow of information and resources
  - Coordination of state and local emergency response efforts
  - Mobilization, deployment and resource tracking

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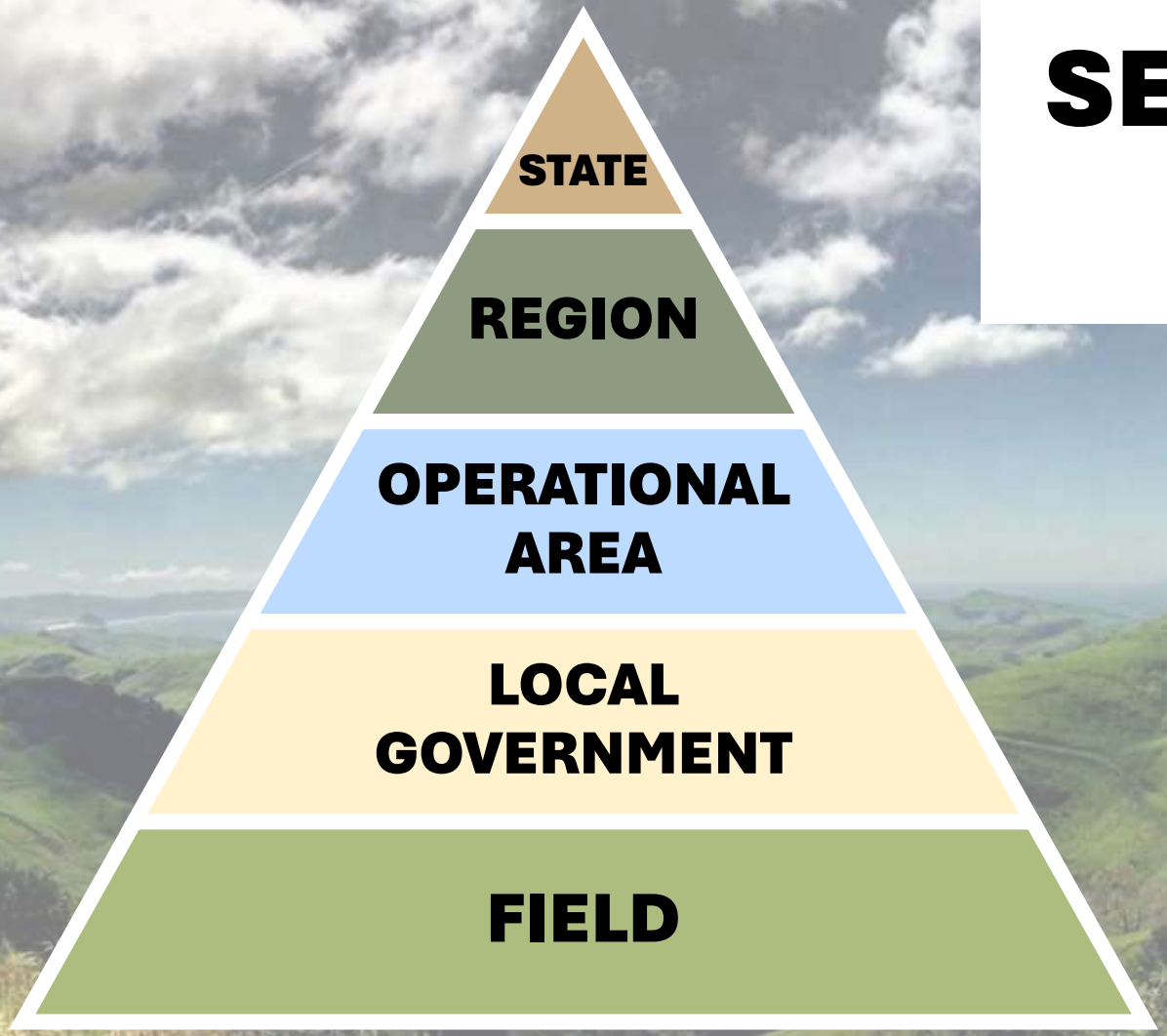
SEMS FIVE LEVELS OF GOVERNMENT



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SEMS: FIELD LEVEL

- “Where the rubber meets the road.”
- Public works crews clearing roadways
- Fire engines and firefighters putting out fires
- Law enforcement officers evacuating people
- Ambulances taking people to hospitals

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SEMS: LOCAL LEVEL

- Cities and special districts
- Manage and coordinate response and recovery activities
- Jurisdictional authority of field response resources

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SEMS: OPERATIONAL AREA LEVEL

- Manage and/or coordinates
  - Information
  - Resources
  - Priorities
- Coordinates and communicates with
  - Local
  - State
  - Federal

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SEMS: OPERATIONAL AREA LEVEL

- An Operational Area is: ALL local governments within the geographical boundary (our county)
  - County Government
  - Seven Incorporated Cities
  - Over thirty special districts
- Plus we also have locally based State agencies we interact with as an “informal” part of our Op Area, such as:
  - Cal Poly
  - California Men’s Colony
  - Atascadero State Hospital

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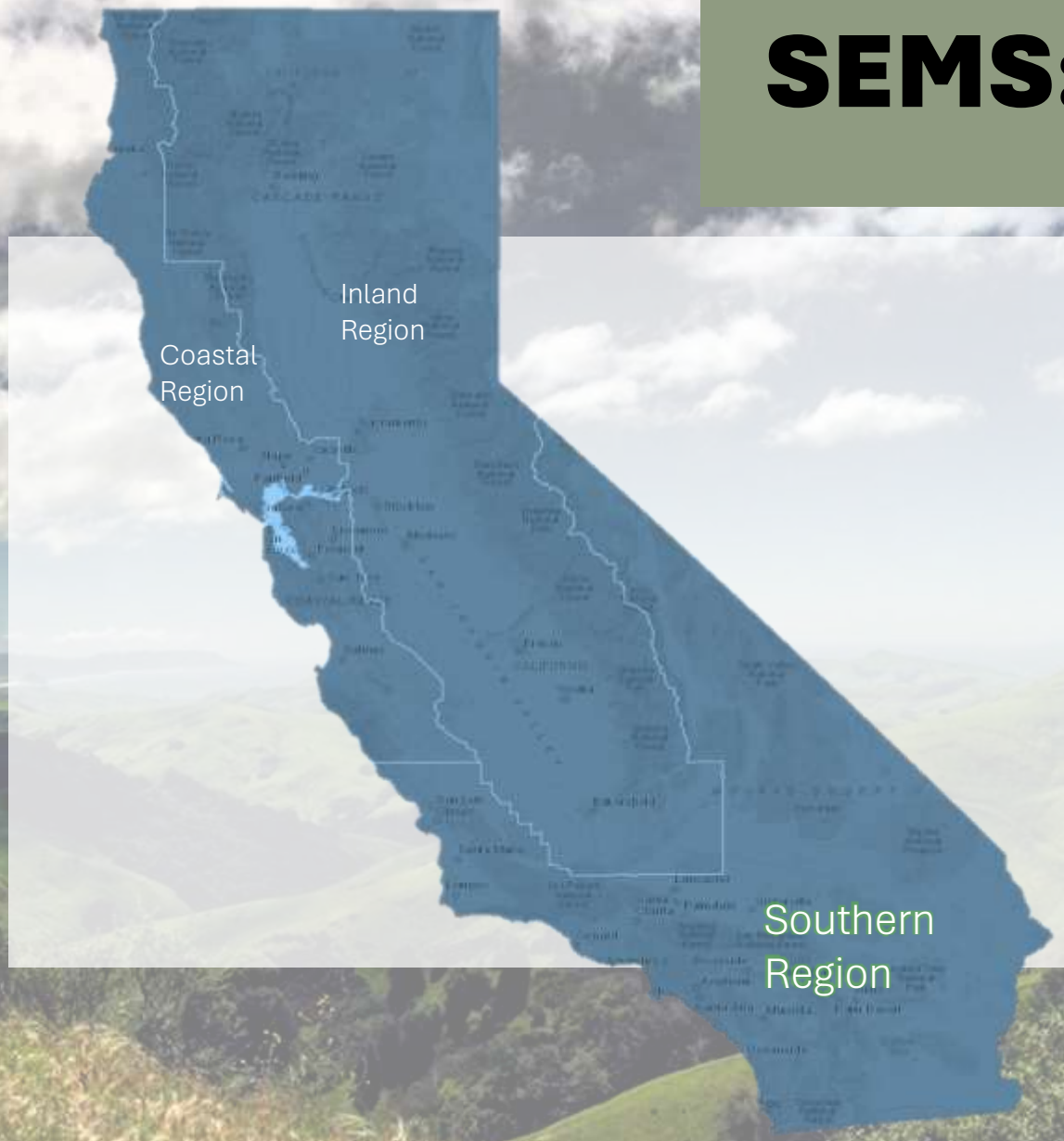
SEMS: REGIONAL LEVEL



- OES Administrative Regions
  - Southern Region
- 6 Mutual Aid Regions
  - Region I (SLO, SB, Ventura, LA & OC)

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SEMS: STATE LEVEL

- CAL OES:
  - Receive & provide notification
  - Activate REOC & SOC
  - Provide support and resources
  - Coordinate with other State & Federal Agencies
- Other State Agencies will:
  - Activate DOC
  - Provide support and resources

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INCIDENT COMMAND SYSTEM (ICS)

Appropriate for all types of situations	Management by Objectives	Chain of Command
Organization is flexible & adaptable	Effective span of control	Common terminology

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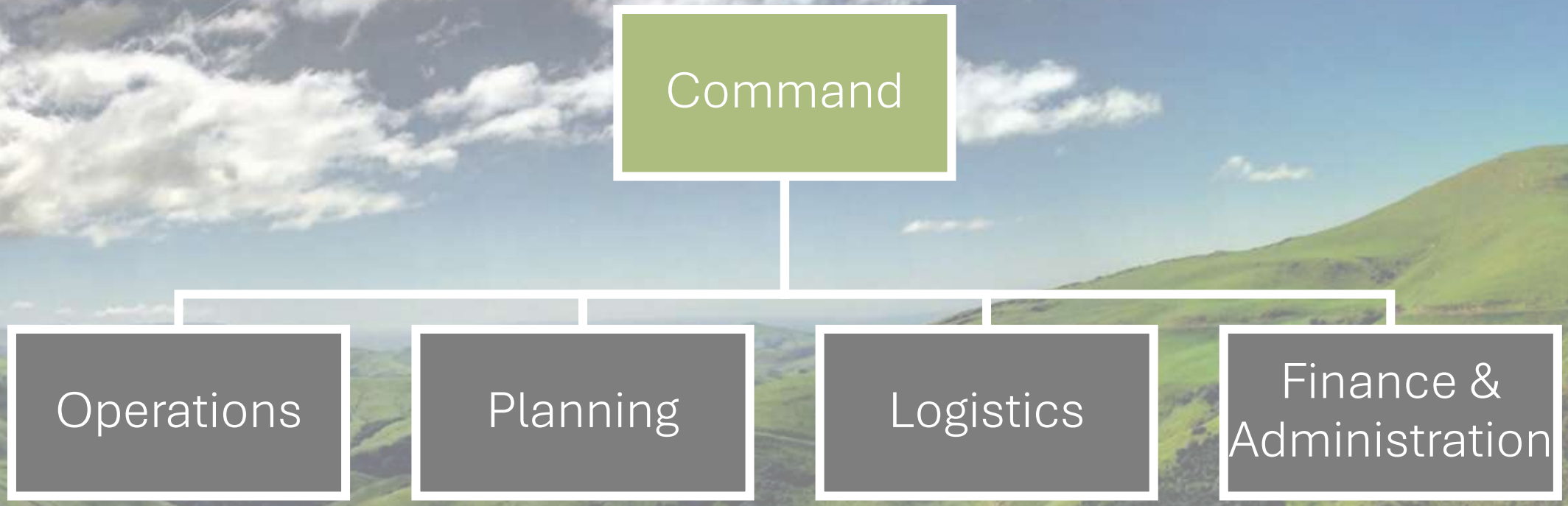
ICS ORGANIZATION



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COUNTY HEALTH AGENCY ROLES

Coordinate Health Agency response to incident(s)	Other Incidents – Support Role
• Public Health Emergency – Primary Role • Communicable Disease Outbreak • Multi-Casualty Incident	• Nuclear Power Plant Incident • Earthquake • Flood

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COUNTY HEALTH AGENCY RESPONSIBILITIES

- Activate County Health Agency Department Operations Center (CHADOC)
  - Manage Health Agency Response and Resources
  - Communicate with hospitals, EOC, Special Care Facilities, CHCC, pharmacies, etc.
  - Coordinate with EOC for additional resource needs
- Communicate with California Department of Public Health (CDPH) and CDC, as appropriate
- Activate Strategic National Stockpile (SNS) and Pandemic Flu Plans as appropriate

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FURTHER INFORMATION

- SLO MRC Coordinators:
  - Maya Craig-Lauer
  - Sara Schwall
- Contact Us: volunteers@slomrc.org

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American Red Cross
Disaster Health Services

Gayle Robinson, RN – Volunteer
Disaster Health Services
Pacific Coast Chapter - ARC

Type of disaster factors into sheltering decision

Evacuation Center

General Population Shelter

A safe, dry place to stay

Food

Basic medical or mental health needs

Evacuation Center/General Population Shelter

- Everyone is Welcome!
- Service Animals are Welcome – Pets cannot be accommodated within the shelter
- Zero Tolerance for alcohol, illegal drugs, and weapons (including concealed weapons)

- Once evacuations lifted, there will be a 24 hour notice that the center will be closing
- If unable to return pre-disaster living situation, the client will be offered resources from various partners
- Basic medical and mental health services

Medical Shelter

- Opened by PHD-EMSA – may be a separate facility or co-located with GP shelter
- For people in need of 24/7 licensed professional care or supervision

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What kinds of clients are seen in a Red Cross shelter?

- Generally, only 5-10% of the disaster-affected population will go to a shelter
- Many will have access and functional needs(AFN)
- Family may be the caregiver for those with functional needs
- Red Cross strives to obtain resources and staff to address the needs of shelter residents, keeping important support elements together

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Role of Red Cross Disaster Health Services

- Provides health assessment and care for disaster related health needs
- Coordinates with local public health authorities and local health resources
- In rare instances, may supplement the existing community health care delivery system

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Red Cross Community Nursing Health Model

- People living within the community as opposed to a facility
- 20-50% of the population has access and functional needs
- Assist shelter residents with their self-directed medical care and assist with replacement of medications or DME
- Make referrals as needed for acute care

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Resources

- Shelter Trailer
- Nursing/DHS Kit/Trunk

  on every shelter trailer

- Medication Duffel

  request from Red Cross warehouse

- Durable & consumable medical supplies

  i.e wheelchairs, adult diapers, walkers, etc.

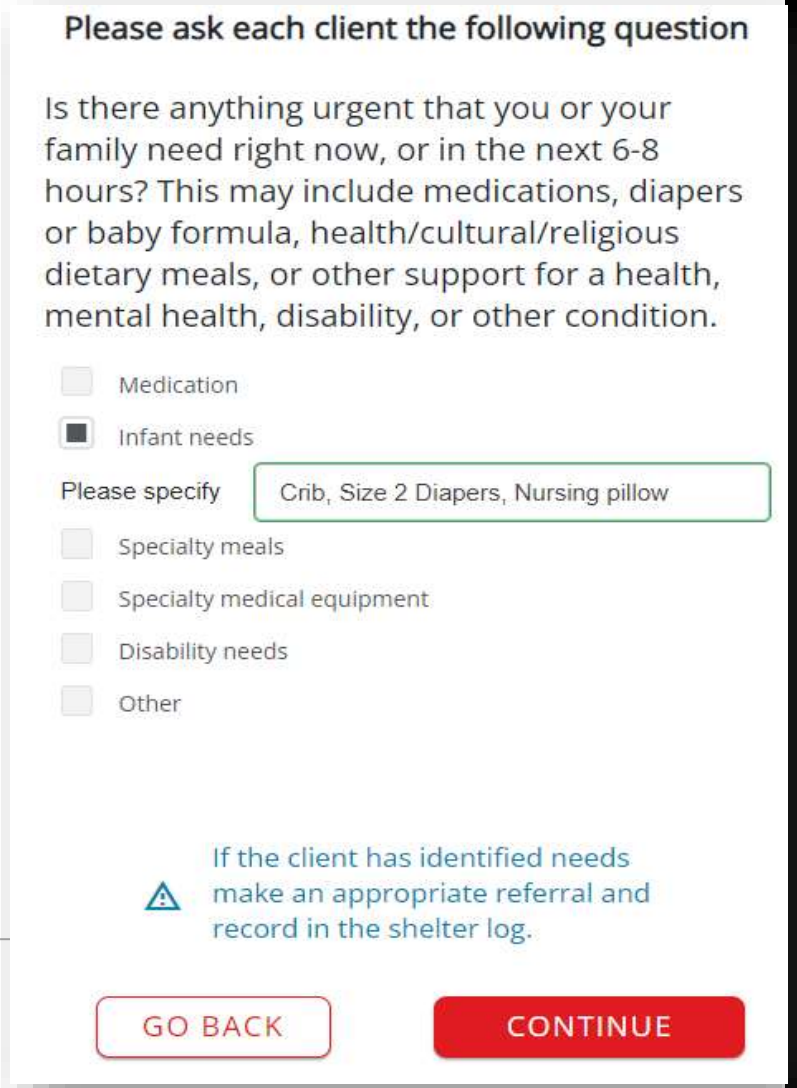
- Paperwork-can be found in DHS Kit
- Supervisors
  - Shelter
  - Technical

Shelter Registration

- SCIA [Shelter Client Information App]

Used for client Intake at Shelter's front registration desk via a computer laptop or mobile web-based site

- Records client's name, names of family members, and possible health needs in addition to other info.
- *To the right is an example of one screens that is part of the intake app*.



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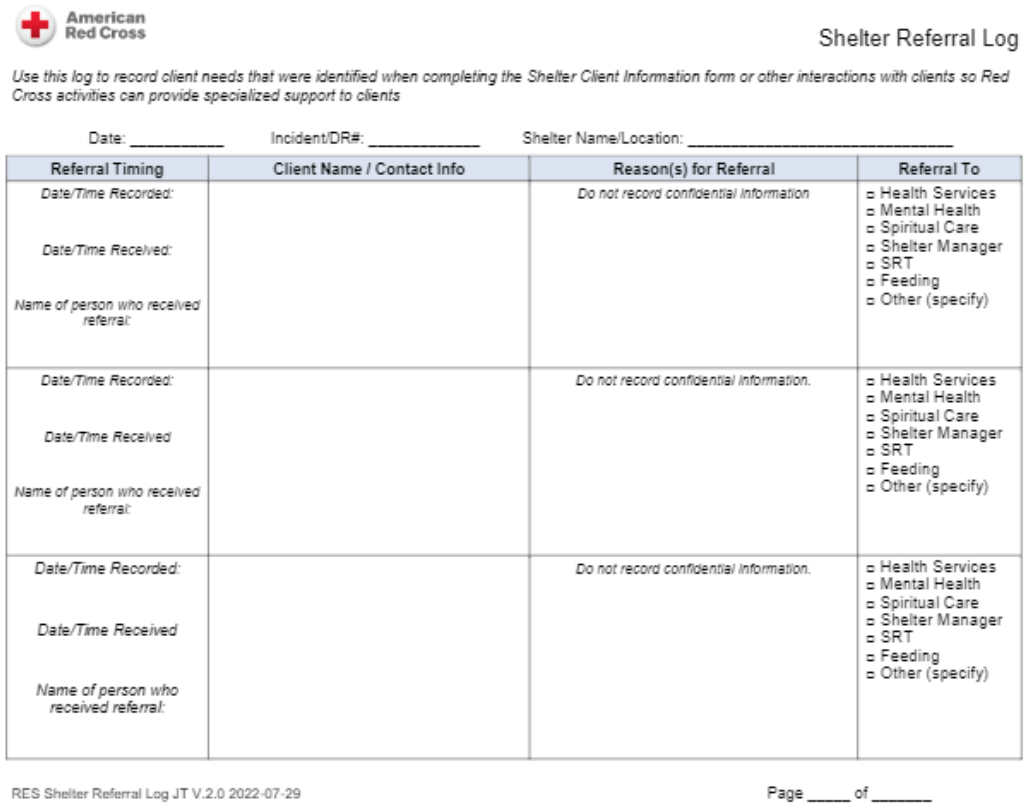
Shelter Referral Log

- Check with the Registration desk if you are the first Health Services person arriving at shelter for any notations on the Shelter Referral Form



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Shelter Referral Log

Use this log to record client needs that were identified when completing the Shelter Client Information form or other interactions with clients so Red Cross activities can provide specialized support to clients

Date: _____ Incident/DR#: _____ Shelter Name/Location: _____

Referral Timing	Client Name / Contact Info	Reason(s) for Referral	Referral To
Date/Time Recorded: *Date/Time Received:* *Name of person who received referral:*		*Do not record confidential information*	▫ Health Services ▫ Mental Health ▫ Spiritual Care ▫ Shelter Manager ▫ SRT ▫ Feeding ▫ Other (specify)
Date/Time Recorded: *Date/Time Received* *Name of person who received referral:*		*Do not record confidential information.*	▫ Health Services ▫ Mental Health ▫ Spiritual Care ▫ Shelter Manager ▫ SRT ▫ Feeding ▫ Other (specify)
Date/Time Recorded: *Date/Time Received* *Name of person who received referral:*		*Do not record confidential information.*	▫ Health Services ▫ Mental Health ▫ Spiritual Care ▫ Shelter Manager ▫ SRT ▫ Feeding ▫ Other (specify)

RES Shelter Referral Log JT V.2.0 2022-07-29 Page _____ of _____

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Triage/Prioritizing

- Immediate medical concerns identified by registration
- Clients with access and functional needs
- Clients who left medications or Durable or Consumable Medical Equipment/Supplies (DME or CMS) at home when they evacuated.

Additional shelter screening

May not occur for about 6-12 hours, but needs to be done within first 24-48 hours

- Cot-to-Cot assessment
- CMIST worksheet
- Continued daily surveillance

Cot to Cot

- Health Service personnel walks through the shelter dormitory cot to cot
- Assessing shelter residents for unreported health problems
- Monitor clients for signs and symptoms of communicable diseases
- Assess dormitory for a safe environment
- Facilitate, assist, and support clients to promote a healthy surrounding

What We See: **Common Illnesses and Injuries**

- Sudden onset of injuries and illnesses: wounds, respiratory problems, rashes, burns, bone, muscle and joint injuries.
- Aggravation of chronic health conditions: cardiac issues, hypertension, diabetes, allergies, gastrointestinal problems, dementia
- Stress-related symptoms: headache, gastrointestinal upset, fluctuation in normal vital signs, malaise, irritability, early labor

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Access & Functional Needs - AFN

The phrase “access and functional needs” is used to describe those who under usual circumstances are able to function on their own or with support in areas of:

- **C** Communication : Hearing, vision or language barriers?
- **M** Maintaining Health: Assistance with osotomy care
- **I** Independence: What do they need to be independent? a walker, wheelchair, “Medical” cot?
- **S** Support Services/Self-Determination: Assistance with cognitive issues, a less stimulating area for autism issues?
- **T** Transportation: Doctor’s appt, Dialysis?

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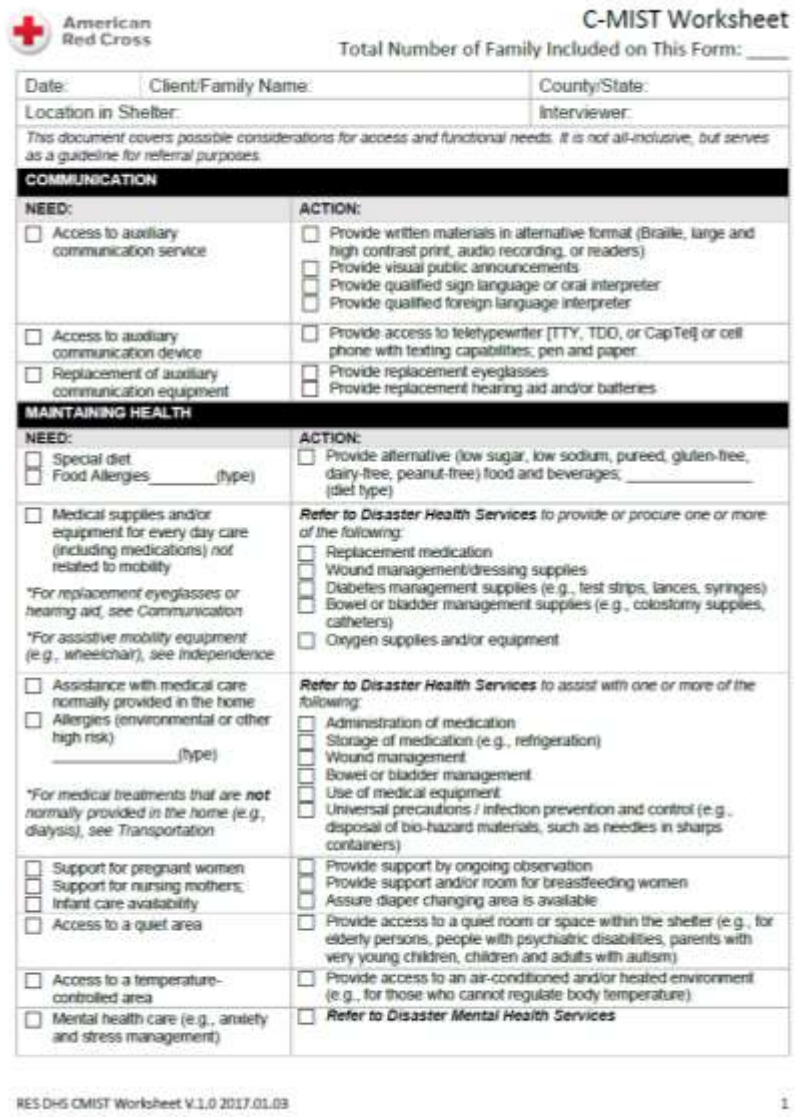
C-MIST Worksheet



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C-MIST Worksheet

Total Number of Family Included on This Form: ____

Date:	Client/Family Name:	County/State:
Location in Shelter:		Interviewer:

This document covers possible considerations for access and functional needs. It is not all-inclusive, but serves as a guideline for referral purposes.

COMMUNICATION

NEED:	ACTION:
☐ Access to auxiliary communication service	☐ Provide written materials in alternative format (Braille, large and high contrast print, audio recording, or readers) ☐ Provide visual public announcements ☐ Provide qualified sign language or oral interpreter ☐ Provide qualified foreign language interpreter
☐ Access to auxiliary communication device	☐ Provide access to teletypewriter [TTY, TDD, or CapTel] or cell phone with texting capabilities; pen and paper
☐ Replacement of auxiliary communication equipment	☐ Provide replacement eyeglasses ☐ Provide replacement hearing aid and/or batteries

MAINTAINING HEALTH

NEED:	ACTION:
☐ Special diet ☐ Food Allergies_____(type)	☐ Provide alternative (low sugar, low sodium, pureed, gluten-free, dairy-free, peanut-free) food and beverages; _____ (diet type)
☐ Medical supplies and/or equipment for every day care (including medications) *not* related to mobility **For replacement eyeglasses or hearing aid, see Communication* **For assistive mobility equipment (e.g., wheelchair), see Independence*	***Refer to Disaster Health Services*** *to provide or procure one or more of the following:* ☐ Replacement medication ☐ Wound management/dressing supplies ☐ Diabetes management supplies (e.g., test strips, lances, syringes) ☐ Bowel or bladder management supplies (e.g., colostomy supplies, catheters) ☐ Oxygen supplies and/or equipment
☐ Assistance with medical care normally provided in the home ☐ Allergies (environmental or other high risk) _____(type) **For medical treatments that are* ***not*** *normally provided in the home (e.g., dialysis), see Transportation*	***Refer to Disaster Health Services*** *to assist with one or more of the following:* ☐ Administration of medication ☐ Storage of medication (e.g., refrigeration) ☐ Wound management ☐ Bowel or bladder management ☐ Use of medical equipment ☐ Universal precautions / infection prevention and control (e.g., disposal of bio-hazard materials, such as needles in sharps containers)
☐ Support for pregnant women ☐ Support for nursing mothers; ☐ Infant care availability	☐ Provide support by ongoing observation ☐ Provide support and/or room for breastfeeding women ☐ Assure diaper changing area is available
☐ Access to a quiet area	☐ Provide access to a quiet room or space within the shelter (e.g., for elderly persons, people with psychiatric disabilities, parents with very young children, children and adults with autism)
☐ Access to a temperature-controlled area	☐ Provide access to an air-conditioned and/or heated environment (e.g., for those who cannot regulate body temperature)
☐ Mental health care (e.g., anxiety and stress management)	☐ ***Refer to Disaster Mental Health Services***

RES DHS CMIST Worksheet V.1.0 2017.01.03 1

INDEPENDENCE

NEED:	ACTION:
☐ Durable medical equipment for individuals with conditions that affect mobility	☐ Provide assistive mobility equipment (e.g., wheelchair, walker, cane, crutches) ☐ Provide assistive equipment for bathing and/or toileting (e.g., raised toilet seat with grab bars, handled shower, bath bench) ☐ Provide accessible cot (may be a crib, inclined head or other bed type)
☐ Power source to charge battery-powered assistive devices	☐ Provide power source to charge battery-powered assistive devices
☐ Bariatric accommodations	☐ Provide bariatric cot or bed
☐ Service animal accommodations	☐ Provide area where service animal can be housed, exercised, and toileted ☐ Provide food and supplies for service animal
☐ Infant supplies and/or equipment	☐ Provide infant supplies (e.g., formula, baby food, diapers, crib)

SERVICES, SUPPORT AND SELF-DETERMINATION

NEED:	ACTION:
☐ Adult personal assistance services ☐ Child personal assistance services **Incl. general observation and/or assistance with* ***non-medical*** *activities of daily living, such as grooming; eating; bathing; toileting; dressing and undressing; walking; etc.*	☐ Identify family member or friend caregiver ☐ Assign qualified shelter volunteer to provide personal assistance services ☐ Contact local agency to provide personal assistance services ☐ Coordinate childcare support such as play areas; age-appropriate activities; equal access to resources.

TRANSPORTATION

NEED:	ACTION:
☐ Transportation to designated facility for medical care / treatment ☐ Transportation for non-medical appointment	☐ Coordinate provision of accessible shelter vehicle and driver for transportation ☐ Contact local transit service to provide accessible transportation

Housing Challenges			
Pre-disaster homeless	Yes	No	
Pre-Disaster Precariously housed	Yes	No	
Pre-Disaster HUD housing occupant	Yes	No	Pre-disaster Address:

Actions:

☐ No needs identified
☐ Contact Shelter Manager
☐ Contact Disaster Mental Health Services
☐ Agency, *please provide agency name*_____

☐ Other_____

Follow-up/Resolution/date_____

Disaster Health Services (name/signature/date)_____

RES CMIST Worksheet V.1.0 2017.01.03 2

What We Do

- Provide care for disaster-caused, related or aggravated injuries or illnesses
- Assist client with replacing immediate-need prescriptions
- Assist with obtaining essential eyeglasses, prosthetic devices, hearing aids and other equipment lost as a result of the disaster
- Help replace medical supplies and durable medical equipment for health maintenance
- Assist with payments or referrals for disaster-related medical care
- Provide referrals to other health care services (e.g., public health, mental health, clinics and community agencies)
- Assist with activities of daily living that includes hands-on care especially if caregiver is not available

What We Do, Continued

- Surveillance and disease health event reporting
- Health Education
- Provide for staff wellness
- Ensure a healthy environment
  - Promote good hygiene
    - Cleanliness of children's toys
    - Hand sanitation
    - Kitchen conditions
  - Monitor environmental safety
    - Check for site hazards
    - Safely secure medications
- County Health inspections

American Red Cross

Red Cross HS Paperwork

- The Client Health Record
- DHS log
- Aggregate Morbidity Report Form
- *Client Consent to Share Information*
  (*Form requiring a signature specific to Red Cross Health and Mental Health Services)*
- CMIST Form

Client Health Record

- Confidential Health Record utilized by Health Services to document all care provided, including referrals and education
- Documentation should include a statement related to the disaster and their health-related needs [SOAP documentation encouraged - S (subjective), O (Objective, A (Assessment), and P (Plan)]
- Documentation on this record continues until health needs are met (several visits may be included)

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CONFIDENTIAL HEALTH RECORD

- Information is confidential and kept by only health service
- Client Health Records are kept at the local Red Cross office in a locked location for 15 years (remember confidentiality)

Client Health Record

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Client Health Record | CONFIDENTIAL

Fill in ONLY information that applies to the type of interaction. DAT response may not require all fields.

DRO #	DRO Name	DRO Date
Service Delivery Site	City/County/State	CAS #

Client Information

Name (Last, First)		Primary Language	
Age	Date of Birth	☐ Male ☐ Female ☐ Other	Veteran ☐ Yes ☐ No
Pre-Disaster Address			
Current Address			Phone #
Alternate Contact Name			Phone #
Caregiver: ☐Home Health Provider ☐Parent ☐Spouse ☐Friend ☐None ☐Other			
	Name:		Phone #

Allergies

List all medication, environmental, and food allergies, including type of reaction.

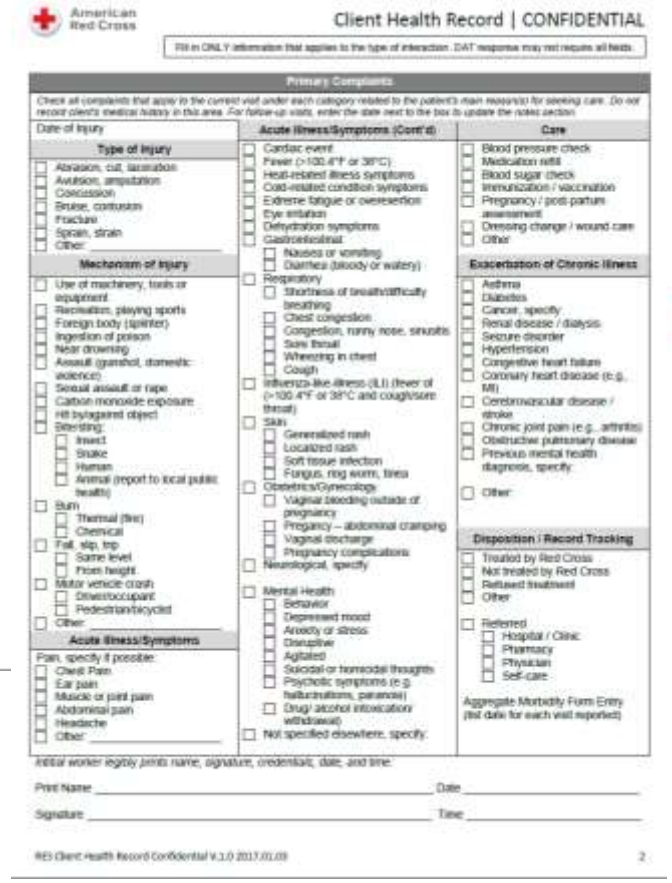
Insurance Information and Medical History

Policyholder Name	Policy Phone #	Policy #
Health Care Provider		Provider Phone #

Medical History

Current Medication	Dosage	Last Dose	Current Medication	Dosage	Last Dose

Pharmacy Name / Phone #



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Client Health Record | CONFIDENTIAL

Fill in ONLY information that applies to the type of interaction. DAT response may not require all fields.

Primary Complaint(s)

Check all complaints that apply to the current visit under each category related to the patient's main reason(s) for seeking care. Do not record client's medical history in this area. For follow-up visits, enter the date next to the box to update the notes section.

Date of Injury

Type of Injury

- ☐ Abrasion, cut, laceration
- ☐ Avulsion, amputation
- ☐ Concussion
- ☐ Bruise, contusion
- ☐ Fracture
- ☐ Sprain, strain
- ☐ Other: _____

Mechanism of Injury

- ☐ Use of machinery, tools or equipment
- ☐ Recreation, playing sports
- ☐ Foreign body (splinter)
- ☐ Ingestion of poison
- ☐ Near drowning
- ☐ Assault (gunshot, domestic violence)
- ☐ Sexual assault or rape
- ☐ Carbon monoxide exposure
- ☐ Hit by/against object
- ☐ Bite/sting:
  - ☐ Insect
  - ☐ Snake
  - ☐ Human
  - ☐ Animal (report to local public health)
- ☐ Burn
  - ☐ Thermal (fire)
  - ☐ Chemical
- ☐ Fall, slip, trip
  - ☐ Same level
  - ☐ From height
- ☐ Motor vehicle crash
  - ☐ Driver/occupant
  - ☐ Pedestrian/bicycled
- ☐ Other: _____

Acute Illness/Symptoms

Pain, specify if possible:

- ☐ Chest Pain
- ☐ Ear pain
- ☐ Muscle or joint pain
- ☐ Abdominal pain
- ☐ Headache
- ☐ Other: _____

Acute Illness/Symptoms (Cont'd)

- ☐ Cardiac event
- ☐ Fever (>100.4°F or 38°C)
- ☐ Heat-related illness symptoms
- ☐ Cold-related condition symptoms
- ☐ Extreme fatigue or overexertion
- ☐ Eye irritation
- ☐ Dehydration symptoms
- ☐ Gastrointestinal
  - ☐ Nausea or vomiting
  - ☐ Diarrhea (bloody or watery)
- ☐ Respiratory
  - ☐ Shortness of breath/difficulty breathing
  - ☐ Chest congestion
  - ☐ Congestion, runny nose, sinusitis
  - ☐ Sore throat
  - ☐ Wheezing in chest
  - ☐ Cough
- ☐ Influenza-like illness (ILI) (fever of (>100.4°F or 38°C and cough/sore throat)
- ☐ Skin
  - ☐ Generalized rash
  - ☐ Localized rash
  - ☐ Soft tissue infection
  - ☐ Fungus, ring worm, tinea
- ☐ Obstetrics/Gynecology
  - ☐ Vaginal bleeding outside of pregnancy
  - ☐ Pregancy – abdominal cramping
  - ☐ Vaginal discharge
  - ☐ Pregnancy complications
- ☐ Neurological, specify
- ☐ Mental Health
  - ☐ Behavior
  - ☐ Depressed mood
  - ☐ Anxiety or stress
  - ☐ Disruptive
  - ☐ Agitated
  - ☐ Suicidal or homicidal thoughts
  - ☐ Psychotic symptoms (e.g. hallucinations, paranoia)
  - ☐ Drug/ alcohol intoxication withdrawal)
- ☐ Not specified elsewhere, specify:

Care

- ☐ Blood pressure check
- ☐ Medication refill
- ☐ Blood sugar check
- ☐ Immunization / vaccination
- ☐ Pregnancy / post-partum assessment
- ☐ Dressing change / wound care
- ☐ Other

Exacerbation of Chronic Illness

- ☐ Asthma
- ☐ Diabetes
- ☐ Cancer, specify
- ☐ Renal disease / dialysis
- ☐ Seizure disorder
- ☐ Hypertension
- ☐ Congestive heart failure
- ☐ Coronary heart disease (e.g., MI)
- ☐ Cerebrovascular disease / stroke
- ☐ Chronic joint pain (e.g., arthritis)
- ☐ Obstructive pulmonary disease
- ☐ Previous mental health diagnosis, specify:
- ☐ Other:

Disposition / Record Tracking

- ☐ Treated by Red Cross
- ☐ Not treated by Red Cross
- ☐ Refused treatment
- ☐ Other
- ☐ Referred
  - ☐ Hospital / Clinic
  - ☐ Pharmacy
  - ☐ Physician
  - ☐ Self-care

Aggregate Morbidity Form Entry (list date for each visit reported)

Initial worker legibly prints name, signature, credentials, date, and time:

Print Name _____ Date _____

Signature _____ Time _____

American Red Cross

Client Health Record | CONFIDENTIAL

Fill in ONLY information that applies to the type of interaction. DAT response may not require all fields.

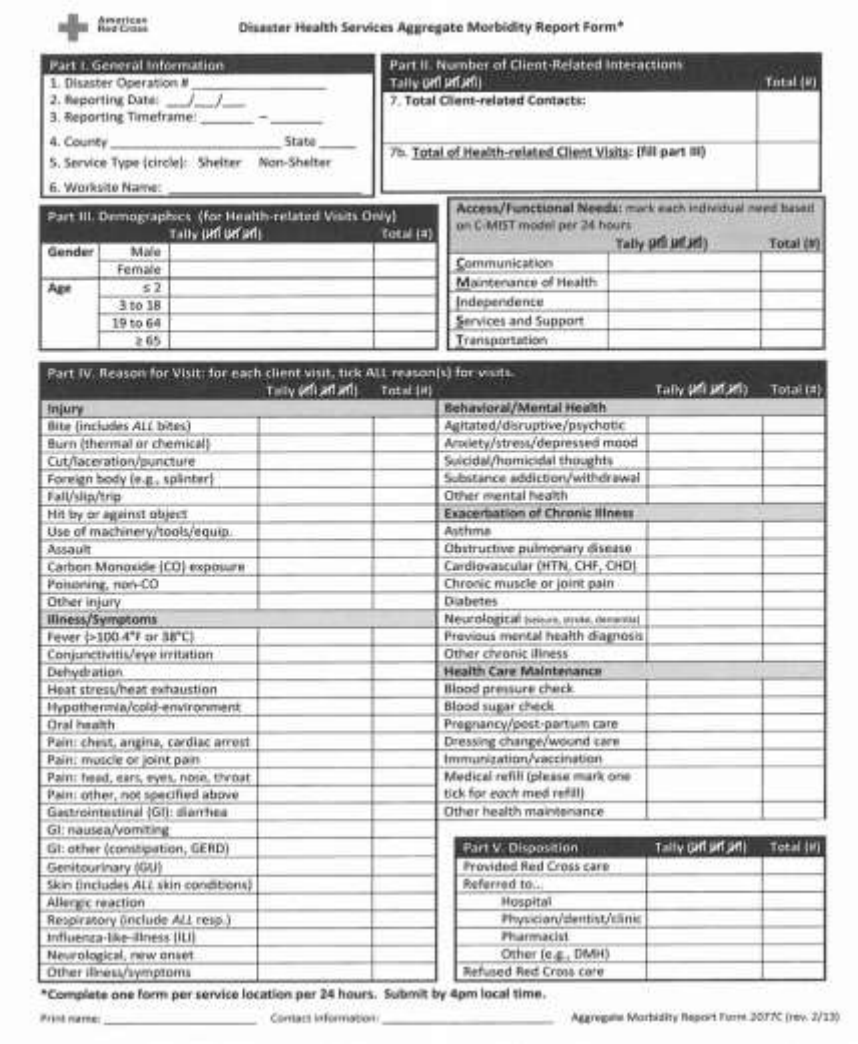
Client Name (Last, First) _____ CAS # _____

Notes (at time of visit, sign each entry with a date/time, print name, signature, credentials, and position)

Legibly document initial visit and each follow-up visit. Use concise language and standard medical terms; include referral information, phone contacts, and/or services provided. Check appropriate complaints, and add a dated note next to the complaint. Document each follow-up visit on the daily Aggregate Morbidity Report Form. Disaster Health Services manager/supervisor review each Client Health Record for completeness and legible signatures before the record is forwarded to the disaster relief operation headquarters or chapter.

Aggregate Morbidity Form

- Records information concerning disaster-related injuries and illness for the CDC
- Data is used by CDC to make recommendations on preparedness and response
- Should reflect anything we do to assist clients



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Disaster Health Services Aggregate Morbidity Report Form*

Part I. General Information
1. Disaster Operation #: _____
2. Reporting Date: ___/___/___
3. Reporting Timeframe: _____ – _____
4. County _____ State ____
5. Service Type (circle): Shelter Non-Shelter
6. Worksite Name: _____

Part II. Number of Client-Related Interactions	Tally (𝍸 𝍸 𝍸)	Total (#)
7. Total Client-related Contacts:		
7b. Total of Health-related Client Visits: (fill part III)		

Part III. Demographics (for Health-related Visits Only)		Tally (𝍸 𝍸 𝍸)	Total (#)
Gender	Male		
	Female		
Age	≤ 2		
	3 to 18		
	19 to 64		
	≥ 65		

Access/Functional Needs: mark each individual need based on C-MIST model per 24 hours	Tally (𝍸 𝍸 𝍸)	Total (#)
Communication		
Maintenance of Health		
Independence		
Services and Support		
Transportation		

Part IV. Reason for Visit: for each client visit, tick ALL reason(s) for visits.	Tally (𝍸 𝍸 𝍸)	Total (#)
Injury		
Bite (includes ALL bites)		
Burn (thermal or chemical)		
Cut/laceration/puncture		
Foreign body (e.g., splinter)		
Fall/slip/trip		
Hit by or against object		
Use of machinery/tools/equip.		
Assault		
Carbon Monoxide (CO) exposure		
Poisoning, non-CO		
Other injury		
Illness/Symptoms		
Fever (>100.4°F or 38°C)		
Conjunctivitis/eye irritation		
Dehydration		
Heat stress/heat exhaustion		
Hypothermia/cold-environment		
Oral health		
Pain: chest, angina, cardiac arrest		
Pain: muscle or joint pain		
Pain: head, ears, eyes, nose, throat		
Pain: other, not specified above		
Gastrointestinal (GI): diarrhea		
GI: nausea/vomiting		
GI: other (constipation, GERD)		
Genitourinary (GU)		
Skin (includes ALL skin conditions)		
Allergic reaction		
Respiratory (include ALL resp.)		
Influenza-like-illness (ILI)		
Neurological, new onset		
Other illness/symptoms		

	Tally (𝍸 𝍸 𝍸)	Total (#)
Behavioral/Mental Health		
Agitated/disruptive/psychotic		
Anxiety/stress/depressed mood		
Suicidal/homicidal thoughts		
Substance addiction/withdrawal		
Other mental health		
Exacerbation of Chronic Illness		
Asthma		
Obstructive pulmonary disease		
Cardiovascular (HTN, CHF, CHD)		
Chronic muscle or joint pain		
Diabetes		
Neurological (seizure, stroke, dementia)		
Previous mental health diagnosis		
Other chronic illness		
Health Care Maintenance		
Blood pressure check		
Blood sugar check		
Pregnancy/post-partum care		
Dressing change/wound care		
Immunization/vaccination		
Medical refill (please mark one tick for *each* med refill)		
Other health maintenance		

Part V. Disposition	Tally (𝍸 𝍸 𝍸)	Total (#)
Provided Red Cross care		
Referred to...		
Hospital		
Physician/dentist/clinic		
Pharmacist		
Other (e.g., DMH)		
Refused Red Cross care		

*Complete one form per service location per 24 hours. Submit by 4pm local time.

Print name: _____ Contact information: _____ Aggregate Morbidity Report Form 2077C (rev. 2/13)

Medications in the Shelter

- Encourage clients to safely and securely store their medications. Assist shelter residents with this process, if necessary
- Nurses do not dispense medications, they make them available to the shelter residents (this includes OTC meds)
- Nurses assist shelter residents in their self directed medical care

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Additional situations

- Working with Partners
  - Other Red Cross groups
  - Other County Agencies
  - Community Resources
- Unaccompanied minors
- Co-location of medical facilities/PHD shelters

Disaster Mental Health

The direct and indirect effects of a disaster can be traumatic for people – including clients and Red Cross volunteers.

Disaster Mental Health volunteers work with both groups offering emotional support and assessment and making referrals as needed.

THE CLIENT

Be aware of how the Client is responding to the situation. There may be pre-existing problems that become exacerbated by the disaster.

THE WORKER

Be aware of your own needs and those of fellow team members.

Service Animals Are Welcome in Shelters

- Are individually trained to provide assistance to a person with a disability
- Shelter staff may ask only two questions to determine if an animal is a service animal:

  (1) "Is this a service animal required because of a disability?"

  (2) "What work or tasks has the animal been trained to perform to help with your condition?"

American Red Cross

Questions??

American Red Cross

Thank you!

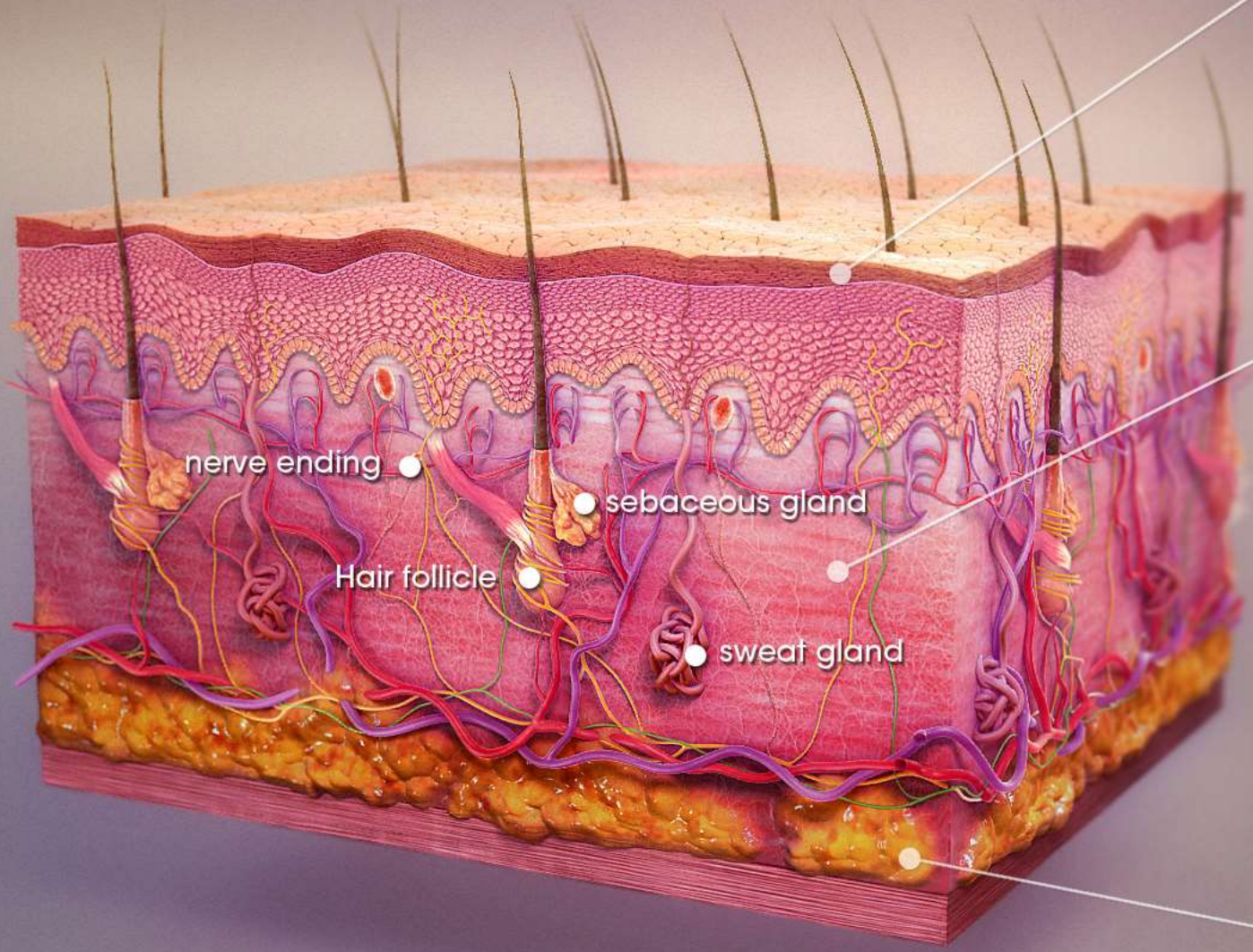
gayle.robinson@redcross.org
805-637-6582

Soft Tissue Injury, Fracture Management, & Bleeding Control

Ryan Rosander

SOFT TISSUE INJURIES

Skin



Epidermis

- relatively waterproof
- prevents most bacteria, viruses, and other foreign substances from entering the body
- produces the pigment melanin that gives human skin, hair, and eyes their color

Dermis

- **nerve endings:** sense pain, touch, pressure, and temperature
- **sweat glands:** produce sweat in response to heat and stress
- **sebaceous glands:** secrete sebum into hair follicles. Sebum is an oil, that keeps the skin moist and soft
- **hair follicles:** produce various types of hair found throughout the body

Fat Layer

helps insulate the body from heat and cold, provides protective padding, and serves as an energy storage area.

Three Types of Soft-Tissue Injuries

Closed injuries

- Damage is beneath the skin
- Surface is intact

Open injuries

- Breaks the skin's surface
- Exposes deeper tissues to contamination

Burns

- Covered in next lecture

Characteristics of Closed Injuries

- History of blunt trauma
- Pain at the site of injury
- Swelling
- Discoloration

Closed Injuries

- **A contusion** (bruise) cause bleeding beneath the skin but does not break the skin. Buildup of blood produces blue or black ecchymosis.
- **A hematoma** is blood collected within damaged tissue or body cavity.

Treatment:

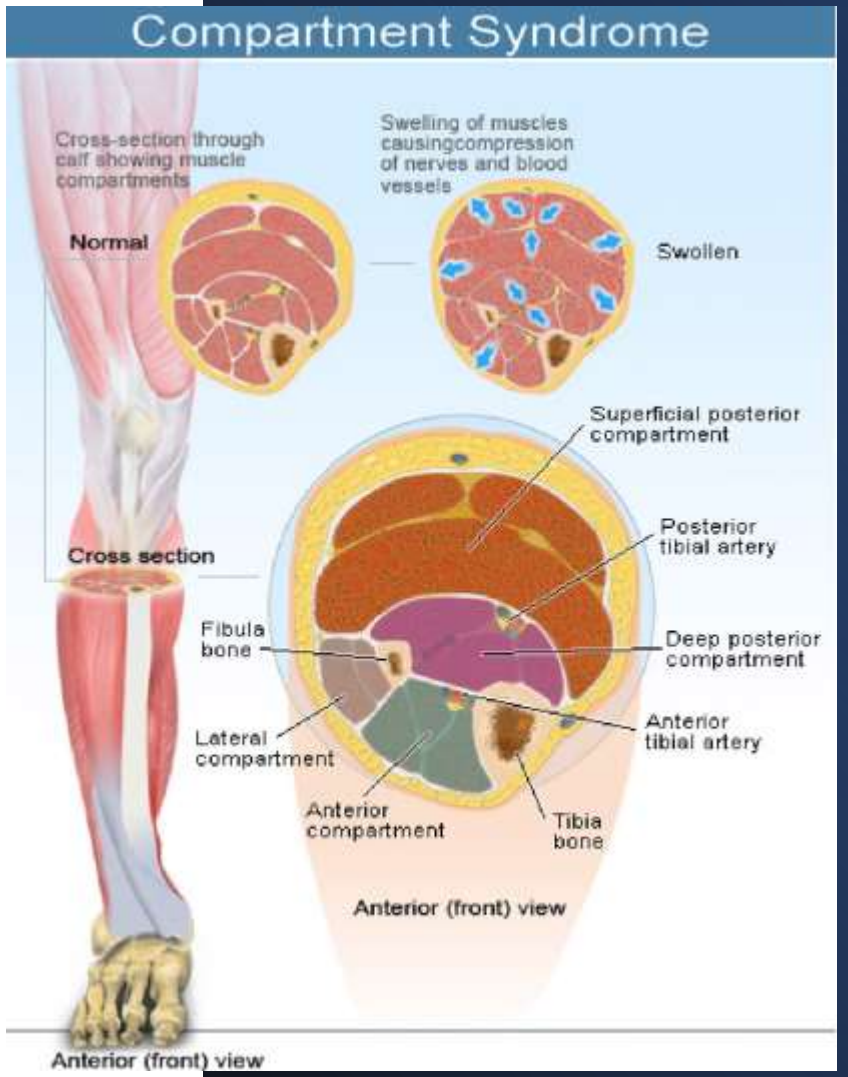
Apply ice for the first 48-72 hours. Apply on and off 20-minute increments.

Close Injuries Cont. Compartment Syndrome

- Caused by a crush or compressive injury.
- Painful condition that occurs when pressure within the muscles builds to dangerous levels.
- This pressure can decrease blood flow, which prevents nourishment and oxygen from reaching nerve and muscle cells.

Treatment:

Surgical intervention



Sprains/Strains

- Sprains are ligament injuries resulting from wrenching or twisting a joint.
- Strains are injuries to a muscle or tendon, and are often caused by overuse, force, or stretching. The ankle is the most sprained or strained joint.

Treatment:

R.I.C.E.

Open Soft Tissue Injuries

- Protective layer of the skin is damaged.
- Would is contaminated and may become infected.
- Types:
    - Abrasions
    - Lacerations
    - Avulsions
    - Punctures/Penetrations

Abrasions

- An abrasion is a wound of the superficial layer of the skin.
- Caused by friction when the skin rubs or scrapes across rough or hard surface.

Treatment:

Keep wound clean with soap and water, cover the wound.

Laceration

- A separation of skin caused by a sharp object or blunt force that tears the tissue.
- Sizes and depths vary depending on injury.

Treatment:

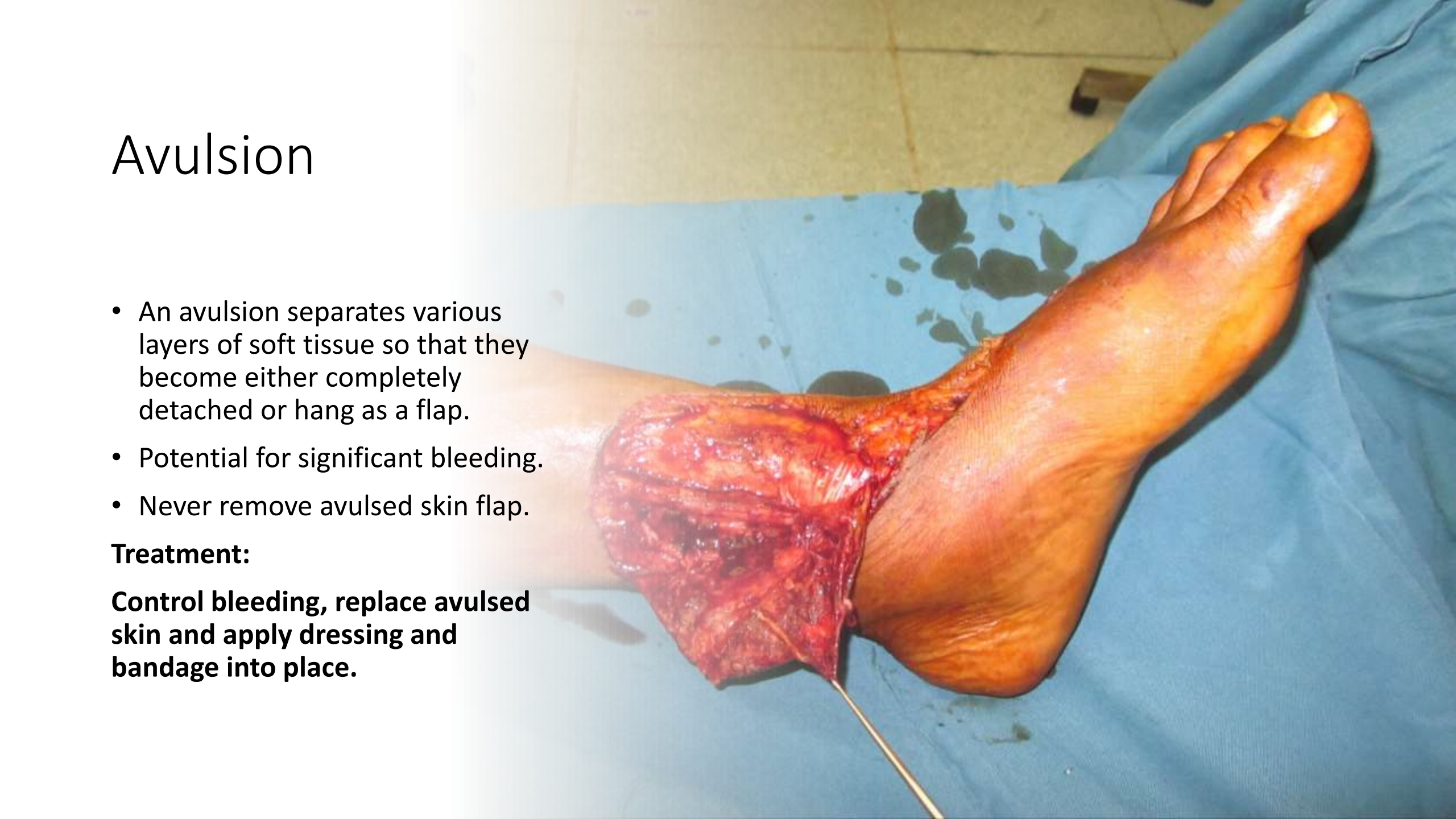
Control bleeding with direct pressure, keep laceration clean and cover the wound with bandaging.

Avulsion

- An avulsion separates various layers of soft tissue so that they become either completely detached or hang as a flap.
- Potential for significant bleeding.
- Never remove avulsed skin flap.

Treatment:

Control bleeding, replace avulsed skin and apply dressing and bandage into place.



Penetrations/Punctures

- Caused by sharp pointed object
- May have no external bleeding.
- Internal bleeding may be severe.
- Might also have an exit wound.
- Examples include gunshot/stab wound.

Treatment:

If penetrating object is still impaled, apply bulky dressing and bandage in place. Otherwise, cover with a dressing and keep clean.

Types of Fractures

- Open fracture: When the fractured bony fragments are exposed to external environment by means of wound.
- Closed fracture: The fracture fragments are not exposed and are contained under the skin.

Reasons for Splinting

- Reduce pain
- Prevent damage to muscles, nerves, and blood vessels.
- Prevent a closed fracture from becoming an open fracture.
- Reduce bleeding and swelling.
- Prevent a fractured bone from moving into soft tissues.

Types of Splints (1 of 3)

- **Rigid splint**:
- Inflexible device used to maintain stability
- Must be long enough to secure above and below fracture site.

Types of Splints (2 of 3)

- **Soft splint:**
- Pillow
- Useful for lower leg
- Useful for forearm

Types of Splints (3 of 3)

- Self-splint, or anatomic splint:
- Uses the body
- Injured extremity tied to an uninjured part of the body

To Apply a Slint

- All fractures and dislocations should be stabilized before the victim is moved.
- Cover open wounds with sterile dressing.
- Check circulation, sensation, and movement (CSM).
- If pulses are absent, gently line up fracture or dislocation.
- Never force anything into position.

To Apply a Splint

- If two people are present, one should support the injury site, while the other person does the splinting.
- When possible, place the splint on both sides of the injured body part.
- With rigid splints, use extra padding.
- Apply splints firmly, but do not restrict blood flow, always check CSM.
- Use RICE (rest, ice, compression, and elevation).

Splinting Guidelines

- Possible spinal injuries take precedence.
- Tell victim not to move.
- Place rolled blankets or towels on each side of the neck.
- Keep victim in a neutral, in-line position until EMS arrives on scene.

Slings

- An open triangular bandage can be used as a sling.
- A folded triangular bandage, known as a cravat, can be used as a swathe in conjunction with a sling.
- Slings are used for dislocated or fractured arm, elbow, or shoulder.

Humerus Fracture

- Use rigid splint.
- A temporary splint extending from the shoulder to the forearm and holding the elbow bent at 90 degrees can be used for initial management of the fracture.

Forearm/Wrist Fracture Splinting

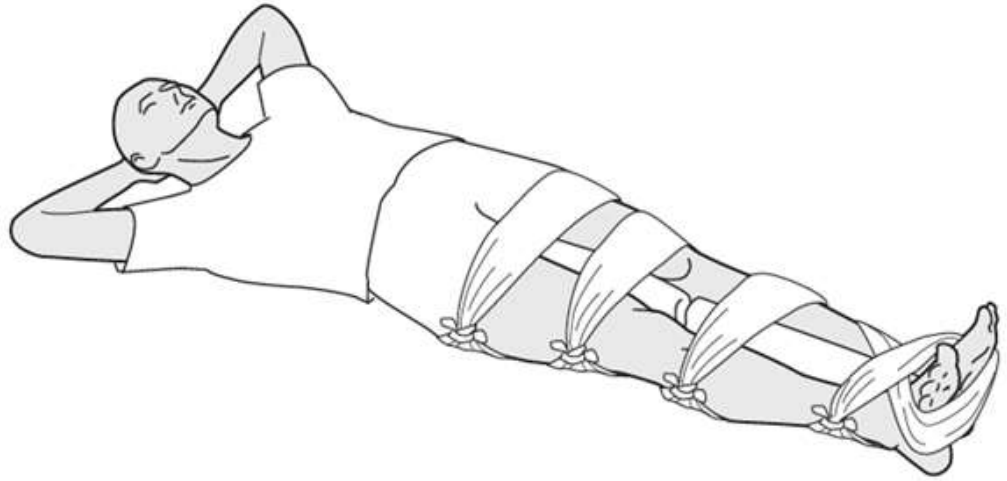
- Can use either soft or rigid type splinting.
- Soft splint such as a pillow and tape keeps fracture immobile and padded.
- Rigid splint keeps fracture immobile, but make sure to use plenty of padding surrounding the injury.

Lower Leg Splinting

- Can use either soft or rigid type splinting.
- Soft splint such as a pillow and tape keeps fracture immobile and padded.
- Rigid splint keeps fracture immobile, but make sure to use plenty of padding surrounding the injury.

Femur Fracture Splinting

- If in extreme pain, apply gentle traction to leg, until relief is felt.
- Can use anatomic splinting, rigid type splint, or soft splint.
- Wait until EMS personnel arrive and apply a traction splint.



STOP THE BLEED®

SAVE A LIFE

STOP THE BLEED® Course
American College of Surgeons

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Version 2

HARTFORD CONSENSUS SAVE A LIFE STOP THE BLEEDING

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THE COMMITTEE ON TRAUMA

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Stop the Bleed® is a collaborative effort by:

The Hartford Consensus Group

The American College of Surgeons Committee on Trauma

The Committee on Tactical Combat Casualty Care

The National Association of Emergency Medical Technicians

Why Do I Need This Training?

The #1 cause of preventable death after injury is bleeding.

Goals

1. Identify

Recognize life-threatening bleeding

2. Stop the Bleed

Take steps to STOP THE BLEEDING

- ✓ Pressure
- ✓ Packing
- ✓ Tourniquets

Personal Safety

YOUR safety is YOUR first priority

- If you are injured, you cannot help others
- Help others only when it's safe to do so
- If the situation changes or becomes unsafe:
  - ✓ Stop
  - ✓ Move to safety
  - ✓ If you can, take the victim with you

Personal Safety

YOUR safety is YOUR first priority

- Wear gloves if you can
- If you get blood on you, be sure to clean any part of your body that the blood has touched
- Tell a health care provider that you got blood on you, and follow his or her direction

ABCs of Bleeding Control

A Alert 911

B Bleeding

C Compress

ABCs of Bleeding Control

A Alert 911

- Call 911
- Know your location
- Follow instructions provided by 911 operator

ABCs of Bleeding Control

B Bleeding

- Find source of bleeding
- Look for:
  - ✓ Continuous bleeding
  - ✓ Large-volume bleeding
  - ✓ Pooling of blood

ABCs of Bleeding Control

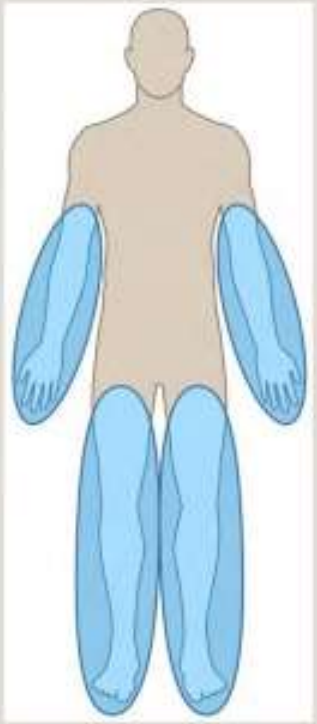
B Bleeding

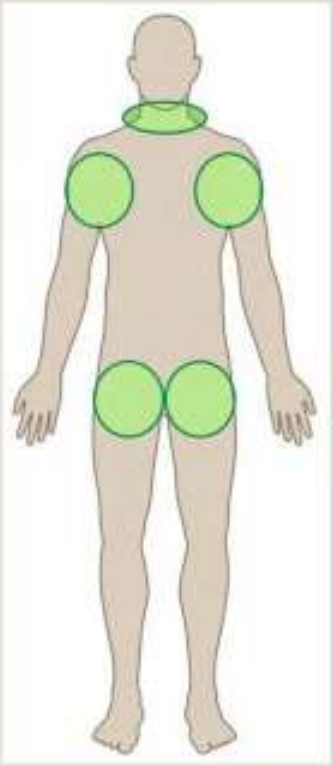
- There may be multiple places the victim is bleeding
- Clothing may also hide life-threatening bleeding

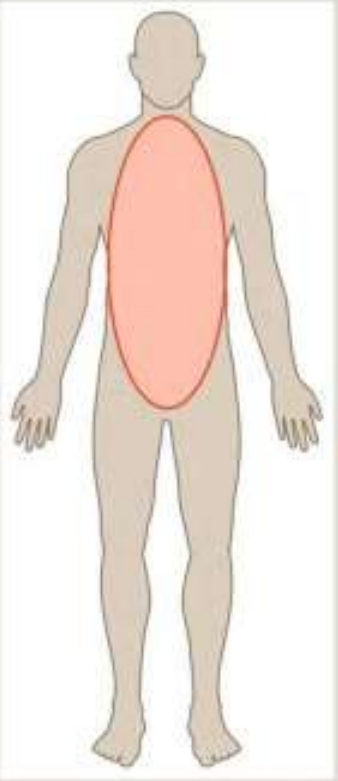
ABCs of Bleeding Control

B Bleeding

- Arms and legs
- Neck, armpits, and groin
- Body







ABCs of Bleeding Control

A. Alert 911

B. Bleeding

C. Compress - Pressure

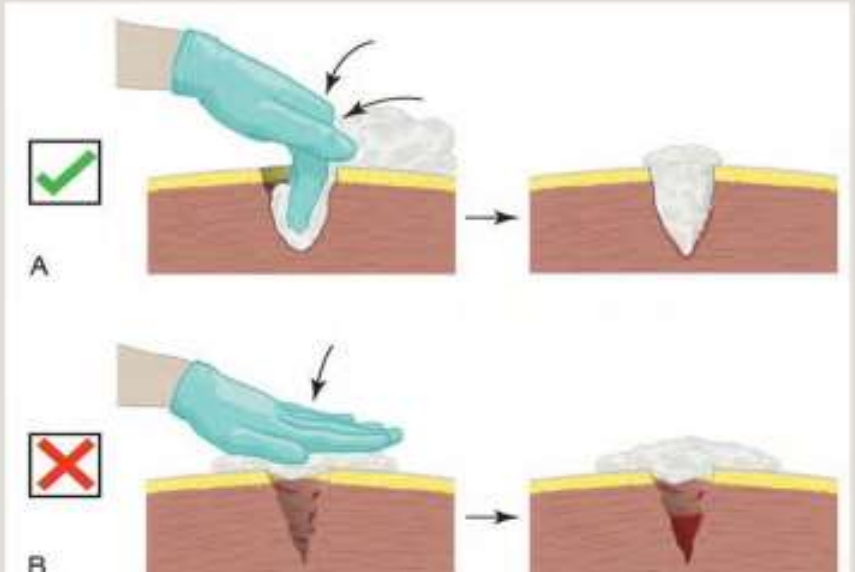
C Compress - Pressure

- Apply direct pressure to wound
- Focus on the location of the bleeding
- Use just enough gauze or cloth to cover injury
- If pressure stops the bleeding, keep pressure on wound until help arrives

ABCs of Bleeding Control

C Compress - Packing

- For large wounds, superficial pressure is not effective
- If bleeding is from a deep wound, pack gauze tightly into the wound until it stops the bleeding; hold pressure until help arrives



ABCs of Bleeding Control

C Compress - Tourniquet

- Apply 2 to 3 inches above wound
- Do not place over the elbow or knee
- Tighten tourniquet until bleeding stops
- Do NOT remove the tourniquet

ABCs of Bleeding Control

C Compress - Tourniquet

- Can apply to others or on yourself
- Can be applied over clothes
- Tourniquets HURT
- A second tourniquet may be required to stop the bleeding

ABCs of Bleeding Control

Bleeding control in children

- In all but the extremely young child, the same tourniquet used for adults can be used in children.
- For the infant or very small child (tourniquet too big), direct pressure on the wound as described previously will work in virtually all cases.
- For large, deep wounds, wound packing can be performed in children just as in adults using the same technique as described previously.

Summary

- ✓ Personal safety
- A Alert 911
- B Find bleeding
- C Compress with pressure and/or packing
- C Compress with a tourniquet
- ✓ Wait for help to arrive

STOP THE BLEED®

The only thing more tragic than a death…
is a death that could have been prevented.