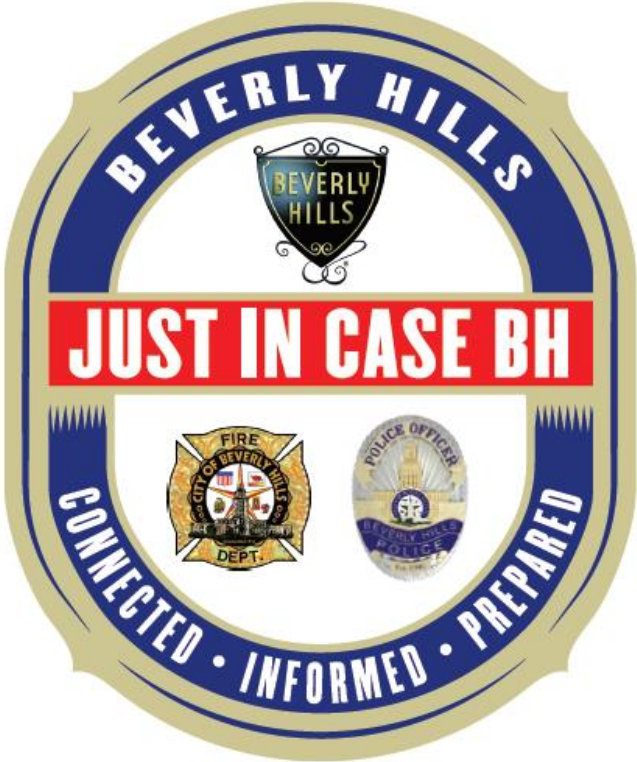


# JUST IN CASE BH



**CONNECTED      INFORMED      PREPARED**

## MANUAL

Zone: \_\_\_\_\_

Emergency Meeting Location: \_\_\_\_\_

My Block Captain: \_\_\_\_\_

Block Captain's Email: \_\_\_\_\_

Block Captain's Mobile: \_\_\_\_\_

[www.justincasebh.org](http://www.justincasebh.org)

**MY ZONE:** \_\_\_\_\_

INSERT PERSONALIZED ZONE MAP IMAGE i.e. if resident is in zone 9, insert zone 9 map). Easier if streets are listed!

Emergency Meeting Location: \_\_\_\_\_

Approximate Zone Boundaries: \_\_\_\_\_

[www.justincasebh.org](http://www.justincasebh.org)

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## **JUST IN CASE BH Mission Statement**

JUST IN CASE BH brings Residents, Businesses, and all City services together to seamlessly, assist each other before, during and after emergencies through disaster preparedness, organizational leadership, and communications.

JUST IN CASE BH is comprised of residents and members of the business sector who are disaster volunteers and serve as back up to the City's first responders in the immediate aftermath of a major emergency disaster. The program provides a roadmap to self-sufficiency by training volunteers and empowering the community to work together.

## Important Emergency Resources

**My Block Captains:** \_\_\_\_\_

**Website:** [www.justincasebh.org](http://www.justincasebh.org)

**City Website:** [www.beverlyhills.org](http://www.beverlyhills.org)

**Beverly Hills Television (BHTV):** Spectrum Channel 10 and 35

**Turn Radio dial to 1500AM**

**NIXLE Notifications:** To receive emergency text message alerts, text “BEVHILLS” and BEVHILLSPD” to 888777

**Everbridge Emergency Alert Program:** To receive email or text alerts visit: [www.beverlyhills.org/everbridge](http://www.beverlyhills.org/everbridge)

**Disaster Hotline:** (310) 550-4680

**Citywide Outdoor Warning Siren System (OWS):**

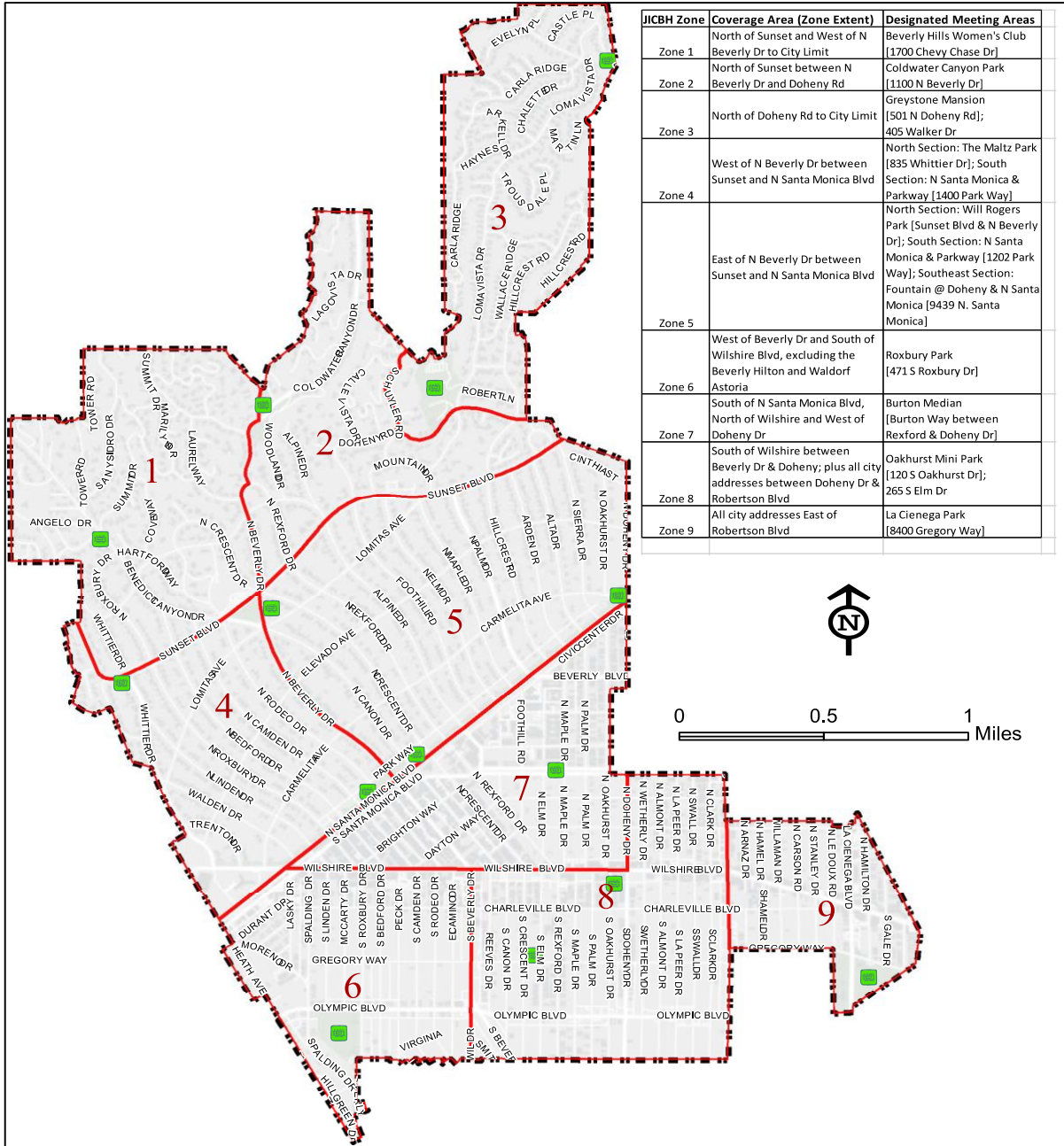
## **About the City's 9 Geographical Zones**

- The City is divided into 9 geographical zones, each with a designated Emergency Meeting Location and other locations stocked with essential emergency supplies.
- Emergency Meeting Locations at each zone will also serve as evacuation centers unless otherwise directed.
- Scope of Emergency Meeting Location services:

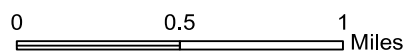
# Glance of Map of the 9 Geographical Zones



## JUST IN CASE BH Zones Map - City of Beverly Hills, California



JICBH Zone	Coverage Area (Zone Extent)	Designated Meeting Areas
Zone 1	North of Sunset and West of N Beverly Dr to City Limit	Beverly Hills Women's Club [1700 Chevy Chase Dr]
Zone 2	North of Sunset between N Beverly Dr and Doheny Rd	Coldwater Canyon Park [1100 N Beverly Dr]
Zone 3	North of Doheny Rd to City Limit	Greystone Mansion [501 N Doheny Rd]; 405 Walker Dr
Zone 4	West of N Beverly Dr between Sunset and N Santa Monica Blvd	North Section: The Maltz Park [835 Whittier Dr]; South Section: N Santa Monica & Parkway [1400 Park Way]
Zone 5	East of N Beverly Dr between Sunset and N Santa Monica Blvd	North Section: Will Rogers Park [Sunset Blvd & N Beverly Dr]; South Section: N Santa Monica & Parkway [1202 Park Way]; Southeast Section: Fountain @ Doheny & N Santa Monica [9439 N. Santa Monica]
Zone 6	West of Beverly Dr and South of Wilshire Blvd, excluding the Beverly Hilton and Waldorf	Roxbury Park [471 S Roxbury Dr]
Zone 7	South of N Santa Monica Blvd, North of Wilshire and West of Doheny Dr	Burton Median [Burton Way between Rexford & Doheny Dr]
Zone 8	South of Wilshire between Beverly Dr & Doheny; plus all city addresses between Doheny Dr & Robertson Blvd	Oakhurst Mini Park [1120 S Oakhurst Dr]; 265 S Elm Dr
Zone 9	All city addresses East of Robertson Blvd	La Cienega Park [18400 Gregory Way]



This map is for informational purposes. The City of Beverly Hills makes no representations or warranties of any kind with respect to the accuracy of the information or data furnished herein.

- Meeting Area
- Just In Case BH Zone Boundary
- City Boundary

Map produced by: City of Beverly Hills - IT - GIS  
455 N. Rexford Dr. Beverly Hills, CA 90210  
December 2021

## **Citywide Emergency Meeting Locations within Each Zone**

**ZONE 1** – BH Women’s Club: 1700 Chevy Chase Dr.

**ZONE 2** – Coldwater Canyon Park: 1100 N. Beverly Dr.

**ZONE 3** – North Section: 405 Walker Place

South Section: Greystone Mansion: 501 N. Doheny Rd.

**ZONE 4** – North Section: 835 Whittier Dr. at the Maltz Park

South Section: 1400 Park Way at N. Santa Monica & Park Way.

**ZONE 5** – North Section: 800-879 N. Canon Dr. at the

Will Rogers Park at Sunset Blvd & N. Beverly Dr.

South Section 1: 1202 Park Way at N. Santa Monica & Parkway.

Southeast Section 2: 9439 Santa Monica Blvd. Fountain

**ZONE 6** – Roxbury Park: 471 S. Roxbury Dr.

**ZONE 7** – Burton Median at Burton Way between Rexford & Doheny Dr.

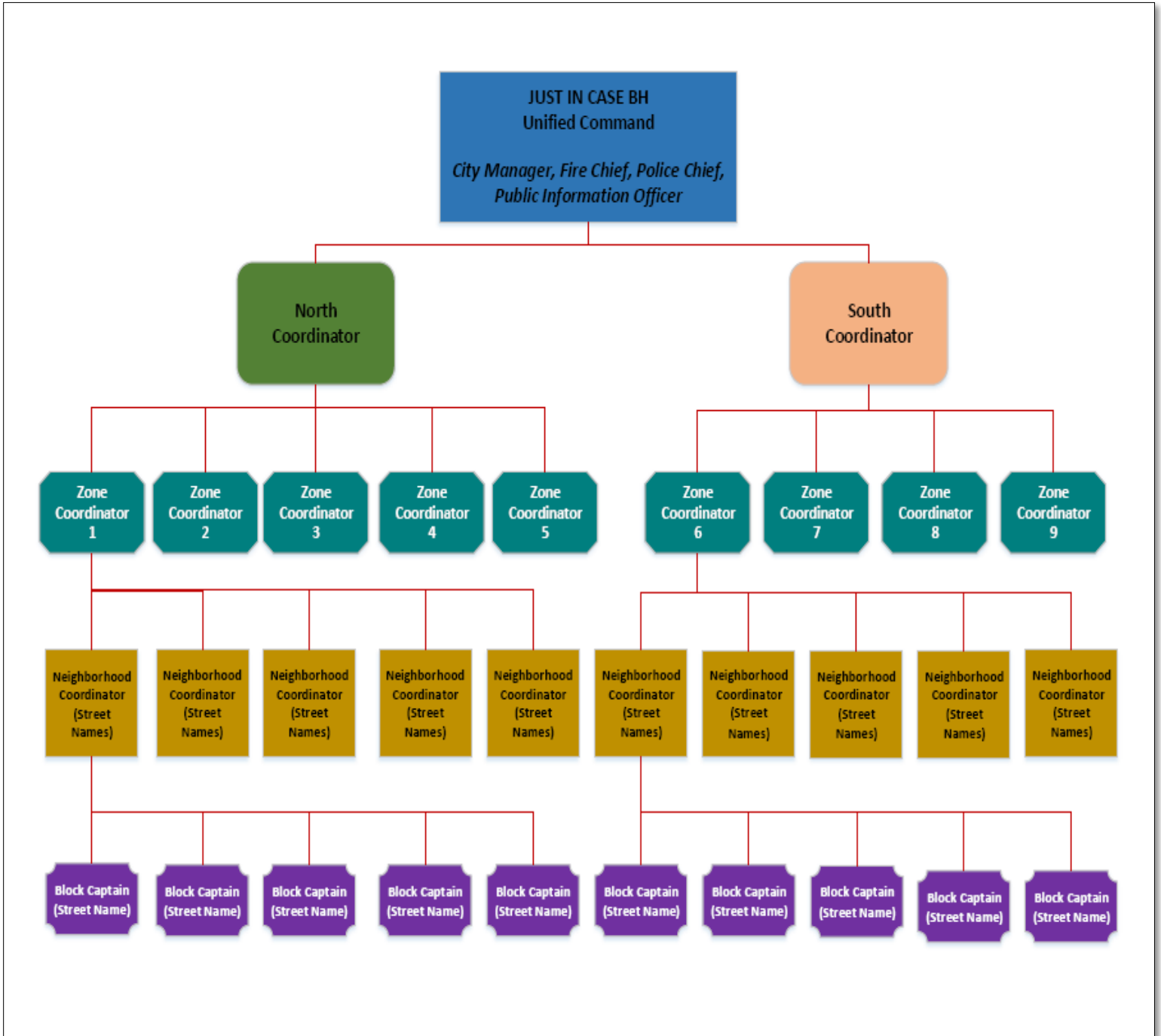


**ZONE 8** – East Section: Oakhurst Mini Park: 120 S.  
Oakhurst Dr.  
West Section: 265 S. Elm

**ZONE 9** – La Cienega Park: 8400 Gregory Way

Notes:

# Emergency Response Structure Chart – Chain of Command



## **Emergency Response Structure – Roles & Responsibilities**

### **Unified Command**

Fire, Police and City Department's Chiefs or their designees will coordinate disaster response and communicate with the North/South Coordinators.

### **North/South Coordinator**

The North/South Coordinators will be responsible for direct communication between the Emergency Operations Center and the Zone Coordinators. The North Coordinator will be responsible for the zones north of Santa Monica Boulevard (Zones 1-5). The South Coordinator will be responsible for the zones south of Santa Monica Boulevard (Zones 6-9).

### **Zone Coordinator**

A Zone Coordinator is responsible for one of the nine respective zones and reports directly to the North/South Coordinator. The Zone Coordinator also communicates with their respective Neighborhood Coordinators.

### **Neighborhood Coordinator**

Once the Neighborhood Coordinator receives information from the Zone Coordinator, the Neighborhood Coordinator shares the

information with their assigned Block Captains. Each Neighborhood Coordinator is responsible for 3-7 blocks.

## **Block Captain**

Once the Block Captain receives an update from the designated Neighborhood Coordinator, the Block Captain will communicate directly with the individuals in their respective block. Each Captain will also walk the block to see which neighbors may need assistance.

- Turn on your walkie talkie to the JUSTINCASEBH channel.
- Check in with your Neighborhood Coordinator. If unable to reach, contact your Zone Coordinator.
- After checking your own home, contact your co-captain and coordinate the inspection of your block, making sure that those who need assistance receive it.
- If Search and Rescue or medical assistance is needed contact your Neighborhood Coordinator.
- When block check is complete, contact your Neighborhood Coordinator for further assignments.

## **Medical Volunteer**

A volunteer Medical Team will assist with the sick and injured at the Emergency Meeting Location within each zone.

## **Search and Rescue (S&R)**

Each zone will have its own volunteer Search and Rescue Team.

- Turn on your walkie-talkie to the JUSTINCASEBH channel.
- Put on your S & R backpack. If you have not already heard from your Zone or Neighborhood Coordinator, report to your Emergency Meeting Location.

## **Communications Volunteer**

Communications Volunteers will distribute walkie-talkies or ham radios for those who are licensed to use them.

## **CERT Volunteer**

Many community members have completed their Certified Emergency Response Training (CERT). They are prepared to assist in disaster medical operations and to tend to conditions that require immediate attention such as controlling bleeding and properly positioning a patient, so they can breathe.

CERT Volunteers and others providing emergency assistance should always wear personal protective equipment and keep their CERT emergency medical treatment reference WITH this general manual.

Before administering care, CERT Volunteers and others providing emergency care should consider the following:

- Do I feel safe at this location to perform my duties?
- Should I leave and move to a safer location, or am I able to stay and start providing care immediately?
- If I leave, can I take anyone with me?

## **All Residents**

- Ensure family members are safe.
- Assess your home for damage and safety.
- Determine the scope of the situation, road conditions, and availability of public emergency services by using the citywide emergency radio channel, AM 1500. Watch for NIXLE and Everbridge alerts.
- Cable Channels 10 & 35.

## **Protocols for Treating Life Threatening Conditions**

### **If an Injured Person is Found:**

- If an injured person is ambulatory, get them to your Emergency Meeting Location. Every Emergency Meeting Location will have physicians and supplies.
- If an injured person is not ambulatory, contact your Block Captain. All injured residents will be triaged on-site or transported and treated.

Notes:

# Protocols for Treating Life Threatening Conditions

## Stop the Bleed

**Stop the Bleed by:**

- 1. Applying Direct Pressure**
- 2. Applying a Tourniquet**

GET BLEEDING UNDER CONTROL TO AVOID SHOCK OR DEATH.

Indications of life-threatening bleeding include:

- Spurting/Steady bleeding
- Blood is pooling
- Blood is soaking through overlying clothes
- Blood is soaking through bandages
- Amputated body parts

### **1. Direct Pressure**

The first way to control excessive bleeding is through applying direct pressure.

How to apply direct pressure:

**Step 1:** Find the source(s) of bleeding.

**Step 2:** If you have a barrier to place in between the blood and your hands, use it. (e.g., gloves, a cloth, a plastic bag)



**Step 3:** Apply *firm, steady* pressure directly on the source of the bleeding. Push hard to stop or slow bleeding – even if it is painful to the injured!

**Step 4:** Keep pressure applied until EMS takes over care or bleeding has stopped. If you are unsure if bleeding has stopped, continue applying pressure and wait for EMS.

Things to keep in mind when applying direct pressure:

- Try to provide a barrier against the blood if possible. Gloves are best.
- Do not use the same gloves or barrier on more than one person.
- If your barrier becomes blood soaked, replace it, but do not layer more things on top of it.
- Do not remove the gauze or cloth to check to see if it is still bleeding until you have kept the pressure for several minutes. (Removing the cloth too often will cause the clot that is forming to be broken.)
- Do not place bulky layers in between your hands and the source of the wound because it decreases the effectiveness of the pressure.
- Correctly applied pressure may not be comfortable for the injured. Do not let up; hold pressure until EMS arrives.
- If EMS is delayed, then...

## 2. Tourniquets

If you cannot stop the bleeding by applying direct pressure and EMS professionals are delayed in responding, a tourniquet may be a viable option to save a person from bleeding to death. You are more likely to save a life than cause the loss of a limb if you use a tourniquet.

A tourniquet is a tight bandage that, when placed around a limb and tightened, cuts off the blood supply to the part of the limb beyond it. If a commercial tourniquet is not readily available, you can try to create one yourself using something that is broad, flexible, strong, and able to be twisted, tightened, and secured, such as a webbed belt or luggage strap, kids' jump rope, or strips of sturdy fabric. Improvised tourniquets are a last resort to slow the bleeding.

How to use a tourniquet:

**Step 1:** Place tourniquet 1-2 inches above injury. (You can place it over clothing.)

**Step 2:** Pull the strap through the buckle.

**Step 3:** Twist the rod tightly until bleeding stops/slows significantly. (May be very painful)

**Step 4:** Secure the rod.

**Step 5:** If bleeding does not stop, place a second tourniquet.

**Step 6:** Leave in place until EMS takes over care.

**Step 7:** Note time and date of application.

## **Protocols for Treating Life Threatening Conditions**

### **Recognizing Shock and Maintaining Body Temperature**

#### **Recognizing Shock**

The body will initially compensate for blood loss and mask the symptoms of shock; therefore, shock is often difficult to diagnose. It is possible and common for an individual suffering from shock to be fully coherent and not complain of pain.

Pay attention to subtle clues as failure to recognize shock will have serious consequences.

Main signs of shock:

- Rapid and shallow breathing
- Capillary refill of greater than two seconds
- Failure to follow simple commands, such as “squeeze my hand”

When a patient is in shock, avoid rough or excessive handling. It is also important to maintain the patient’s body temperature.

#### **Maintaining Body Temperature**

If necessary, place a blanket or other material under and/or over the patient to provide protection from extreme ground

temperatures (hot or cold). People with very serious injuries are more susceptible to hypothermia, or abnormally low body temperature.

Hypothermia increases the risk of death in survivors with serious injuries, so you must maintain normal body temperatures in patients as much as possible.

To keep a person warm, you should:

- Remove wet clothing
- Place something between the injured person and the ground (e.g., cardboard, jacket, blanket, or anything that provides physical separation)
- Wrap the injured person with dry layers (e.g., coat, blanket, or Mylar emergency blanket)
- Shield the injured person from the wind with your body or surrounding objects.

# Protocols for Treating Life Threatening Conditions

## Positioning a Patient

1. Positioning an unconscious patient
2. Positioning a conscious patient

### 1. Positioning an Unconscious Patient

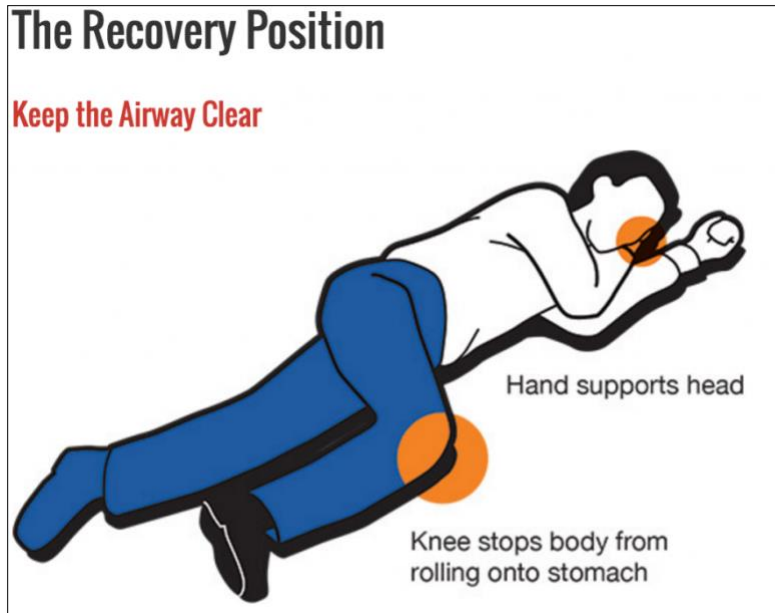
Support the head, and keep it in alignment with the spine, carefully turn the unconscious patient on their side (preferable left side) so the tongue cannot flop back into the throat, and blood or fluid do not leak into the lungs. In cases of facial trauma, turn patient on the side that will best help to protect injury.

Do not move a patient more than necessary.

Airway is your priority and keeping head in alignment with the spine.

### Recovery Position

To move a patient into the recovery position, place the patient's body as shown:



How to place in a recovery position:

- Body: Laid on its side
- Bottom Arm: Reached outward
- Top Arm: Rest hand on bicep of bottom arm
- Head: Rest on hand
- Legs: Bent slightly
- Chin: Raised
- Mouth: Downward
- Airway: Keep airway clear

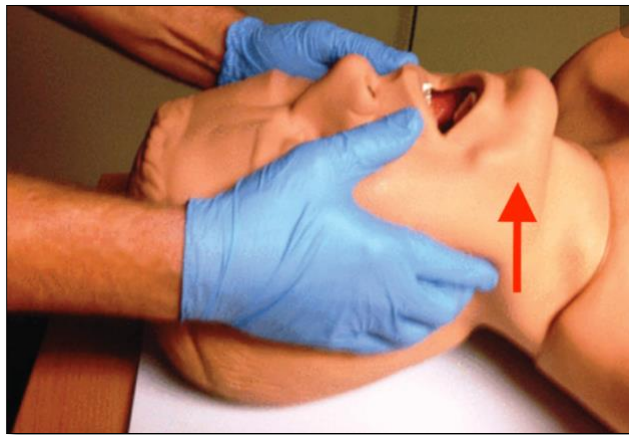
## Opening the Airway

Position an injured patient to keep their airway open and clear. It is critically lifesaving. The best position for the body is one in which the chest can fully expand and the airway is not at risk of being obstructed.

## Jaw-thrust Maneuver

When the patient is unconscious, and you suspect there is an airway obstruction, clear the airway using the jaw-thrust maneuver.

How to perform jaw-thrust maneuver on an unconscious adult:



Kneel above the patient's head and...

- Put one hand on each side of the patient's head with the thumbs near the corners of the mouth pointed towards the chin, using the elbows for support.
- Slide the fingers into position under the angles of the patient's jawbone without moving the head or neck.
- Thrust the jaw upward without moving the head or neck to lift the jaw and open the airway.

## 2. Positioning a Conscious Patient

Someone who is awake will naturally assume the position that is best for them given their injuries. Despite how it looks to you, let them self-manage their airway to position their own body.

How to position a conscious patient, if needed:

- Assist patient to sit on a raised surface with legs shoulders-width apart, or they can stand in this position.
- Place hands or elbows on knees while leaning slightly forward with a straight back as shown:





# Protocols for Treating Life Threatening Conditions

## Treating Burns

### 1. Non-Chemical Burns

### 2. Chemical Burns

## Burn Classifications

Depending on the severity, burns may affect all three layers of the skin.

1. The epidermis, or outer layer of skin, contains nerve endings and are penetrated by hairs.
2. The dermis, or middle layer of skin, contains blood vessels, oil glands, hair follicles, and sweat glands.
3. The subcutaneous layer, or innermost layer, contains blood vessels and overlies the muscles.

See the following table.

## Burn Classification Table:

Burn Classification	Skin Layers Affected	Signs
Superficial	Epidermis	Reddened, dry skin  Pain  Swelling (possible)
Partial Thickness	Epidermis- partial destruction of dermis.	Reddened, blistered skin.  Wet appearance Pain  Swelling (possible)
Full Thickness	Complete destruction of epidermis and dermis.  Possible subcutaneous damage.	Whitened, leathery, or chartered (brown or black).  Painful or relatively painless.

## Treating Burns

1. Non-Chemical Burns
2. Chemical Burns

### 1. Treating Non-Chemical Burns

- Heat
- Fire
- Electrical current
- Radiation

Your goal is to prevent hypothermia, to manage pain and reduce the risk of infection.

### Cool Down Heat-Induced Burns

**\*Important Note** – rapid temperature changes can cause shock. Assess size and severity of the burn prior to cooling to avoid drop-in body temperature.

Cooling sources include water from the bathroom or kitchen; garden hose; and soaked towels, sheets, or other cloths.

How to treat non-chemical burns:

- Remove yourself and the patient from the source of the burn.
- Put out any flames and remove smoldering clothing unless it is stuck to the skin.

- Cool skin or clothing if they are still hot by immersing them in cool water for not more than one minute or cover with clean compresses that have been soaked in cool water and wrung out.
- Immersion in cold water is only recommended for small burns (< 10% BSA) or it will induce hypothermia, which is not good during the burn recovery.
- Do not use ice. Ice causes vessel constriction.
- Cover loosely with dry, sterile dressings to keep air out, reduce pain, and prevent infection.
- Wrap fingers and toes loosely and individually when treating severe burns to the hands and feet.
- Loosen clothing near the affected area. Remove jewelry if necessary, and document what you removed, when, and where it was placed or to whom you gave it to.
- Do not apply antiseptics, ointments, or other remedies.
- Do not remove shreds of tissue break blisters or remove adhered particles of clothing (cut burned-in clothing around the burn.)

After basic first aid is administered, confirm what caused the burn and its duration, so doctors will have as much information as possible.

## **Severity of a burn**

The severity of a burn depends on the:

- Temperature of the burning agent
- Period of time the patient was exposed
- Area of the body that was affected
- Size of the area burned
- Depth of the burn

## **2. Treating Chemical Burns**

Unlike traditional burns, chemical burns do not result from extreme heat, and therefore, treatment differs greatly (e.g., decontamination procedures). If you suspect a chemical burn, it is best to defer treatment to trained medical professionals.

Chemical burns are not always obvious. Consider chemical burns as a possibility if the patient's skin is burning and there is no sign of a fire.

If you suspect a chemical burn:

- Protect yourself from contact with the substance and use your protective gear, especially goggles, mask, and gloves.
- Be sure to remove any affected clothing or jewelry.

- If the irritant is dry, gently brush away as much as possible. Always brush away from the eyes and away from the patient and yourself.
- Use lots of cool running water to flush the chemical from the skin for at least 10 minutes. The running water will dilute the chemical fast enough to prevent the injury from getting worse.
- After irrigation, dry and maintain a normal temperature.
- Apply a cool, wet compress to relieve pain.
- Cover the wound very loosely with a dry, sterile, or clean cloth so that the cloth will not stick to the wound.

Notes:

# **Protocols for Treating Life Threatening Conditions**

## **Wound Care**

The main treatments for wounds include:

- 1. Control the bleed or stopping the bleed**
- 2. Apply dressing and bandage**

The focus of this section is on **bandaging**, which will help to prevent secondary infection. Treatment for controlling bleeding can be found at the end of this section.

### **1. Stop the Bleed by:**

**A. Applying Direct Pressure**

**B. Applying a Tourniquet**

**GET BLEEDING UNDER CONTROL TO AVOID SHOCK OR DEATH.**

Indications of life-threatening bleeding include:

- Spurting/Steady bleeding
- Blood is pooling
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- Blood is soaking through bandages
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## **A. Direct Pressure**

The first way to control excessive bleeding is through applying direct pressure.

How to apply direct pressure:

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**Step 4:** Keep pressure applied until EMS takes over care or bleeding has stopped. If you are unsure if bleeding has stopped, continue applying pressure and wait for EMS.

Things to keep in mind when applying direct pressure:

- Try to provide a barrier against the blood if possible. Gloves are best.
- Do not use the same gloves or barrier on more than one person.
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- Do not remove the gauze or cloth to check to see if it is still bleeding until you have kept the pressure for several



minutes. (Removing the cloth too often will cause the clot that is forming to be broken.)

- Do not place bulky layers in between your hands and the source of the wound because it decreases the effectiveness of the pressure.
- Correctly, applied pressure may not be comfortable for the injured. Do not let up; hold pressure until EMS arrives.
- If EMS is delayed, then...

## **B. Tourniquets**

If you cannot stop the bleeding by applying direct pressure and EMS professionals are delayed in responding, a tourniquet may be a viable option to save a person from bleeding to death. You are more likely to save a life than cause the loss of a limb if you use a tourniquet.

A tourniquet is a tight bandage that, when placed around a limb and tightened, cuts off the blood supply to the part of the limb beyond it. If a commercial tourniquet is not readily available, you can try to create one yourself using something that is broad, flexible, strong, and able to be twisted, tightened, and secured, such as a webbed belt or luggage strap, kids' jump rope, or strips of sturdy fabric. Improvised tourniquets are a last resort to slow the bleeding.

How to use a tourniquet:

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**Step 2:** Pull the strap through the buckle.

**Step 3:** Twist the rod tightly until bleeding stops/slows significantly. (May be very painful)

**Step 4:** Secure the rod.

**Step 5:** If bleeding does not stop, place a second tourniquet.

**Step 6:** Leave in place until EMS takes over care.

**Step 7:** Note time and date of application.

## 2. Bandaging Wounds

Once you have controlled bleeding, you will need to apply a dressing and bandage to help maintain the clot and prevent infection, only after removing debris. This can be done by rinsing with soap and water or using tweezers, if needed for imbedded debris, remember to clean tweezers with rubbing alcohol.

There is a difference between a dressing and a bandage.

- Apply dressing directly to the wound. Whenever possible, a dressing should be sterile.
- A bandage holds the dressing in place.

If a wound is still bleeding the bandage should place enough pressure on the wound to help control bleeding without interfering with circulation.

### Rules of Dressing:

- If there is active bleeding (i.e., if the dressing is soaked with blood), redress over the existing dressing and maintain pressure to control bleeding
- In the absence of active bleeding, maintaining the pressure and keep the wound bandaged until further treatment by a medical professional. Signs of possible infection include:
  1. Swelling around the wound site
  2. Discoloration
  3. Discharge from the wound
  4. Red striations (lines in the skin) from the wound site

### Notes:

## Protocols for Treating Life Threatening Conditions

### Amputations

Assisting a patient with a severed body part:

- CERT volunteers should never amputate a body part.
- If the extremity is partially severed, control bleeding and splint the extremity in a position that is close to normal.

When the severed body part can be located, CERT volunteers should:

- Save tissue parts, wrapped in clean material and placed in a plastic bag, if available. Label them with the date, time, and patient's name.
- Keep the tissue parts cool, but NOT in direct contact with ice.
- Keep the severed body part with the patient.

Notes:

## **Protocols for Treating Life Threatening Conditions**

### **Impaled Objects**

Sometimes, you may also encounter some patients who have foreign objects lodged in their bodies. This situation is usually outside the scope of CERT training. The best course of action is to find trained medical personnel (EMS). If EMS care is not available you can still provide care.

How to provide care when a foreign object impales a patient:

- Immobilize the affected body part.
- Do not attempt to move or remove the object, unless it is obstructing the airway.
- Try to control bleeding at the entrance wound without placing undue pressure on the foreign object.
- Clean and dress the wound making sure to stabilize the impaled object.
- Wrap bulky dressings around the object to keep it from moving.

Notes:

## Protocols for Treating Life Threatening Conditions

### Fractures, Dislocations, Sprains, and Strains.

#### 1. Fractures

#### 2. Dislocations

#### 3. Sprains and Strains

The objective when treating a suspected fracture, sprain, or strain is to immobilize the injury and the joints immediately above and below the injury site. It is difficult to distinguish among fractures, dislocations, sprains, or strains, if uncertain, treat the injury as a fracture.

#### 1. Fractures

A fracture is a complete break, a chip, or a crack in a bone.

Types of fractures:

- Open fracture – a broken bone with some kind of wound that allows contaminants to enter into or around the fracture site.
- Closed fracture – a broken bone with no associated wound. First aid treatment for closed fractures may require *only* splinting as with dislocations, strains and sprains.
- Displaced fracture – if the limb is angled with the main signs of pain and swelling.

**\*\*You should treat any suspected fracture as a fracture until professional treatment is available\*\***

## **Open Fracture**

Open fractures are most dangerous as they pose a great risk of severe bleeding and infection and thus they are a higher priority so volunteers should check them more frequently.

When treating open fractures:

### Don'ts

- Do not draw the exposed bone-end back into the tissue
- Do not irrigate the wound

### Dos

- Cover the wound with a sterile dressing and apply pressure
- Splint the fracture without disturbing the wound

## **2. Dislocations**

A dislocation is an injury to the ligaments around a joint that is so severe that it permits a separation of the bone from its normal position in a joint.

The signs of a dislocation are similar to those of a closed fracture.

When treating dislocations:

- Treat a suspected dislocation like a closed fracture which may require splinting.
- Avoid relocating a suspected dislocation.
- You should immobilize the joint until professional medical help is available.

### **3. Sprains and Strains**

A sprain involves a stretching or tearing of ligaments at a joint. Typically, stretching or extending the joint beyond its normal limits causes the sprain.

A sprain is considered a partial dislocation, although the bone either remains in place or is able to fall back into place after the injury. Whether an injury is a strain or sprain, treat the injury as if it is a closed fracture, which may require splinting.

Common signs of a sprain are:

- Tenderness at the site of the injury
- Swelling and/or bruising
- Restricted use or loss of use



Treating a sprain:

- Rest, Ice, Compression, and Elevation.
- May require splinting.

Notes:

## Protocols for Treating Life Threatening Conditions

### Splinting

Splinting is the most common procedure for immobilizing an injury.

Cardboard is the most common type of material used for makeshift splints, but a variety of materials can be used, including:

- Soft materials: Towels, blankets, or pillows, tied with bandaging materials or soft cloths.
- Rigid materials: A board, metal strip, folded magazine or newspaper, or another rigid item.

How to create anatomical splints:

- Secure a fractured bone to an adjacent un-fractured bone. Usually, anatomical splints are reserved for fingers and toes, but, in an emergency, volunteers may splint legs together.
- Use soft materials to fill the gap between the splinting material and the body part.
- With this type of injury, there will be swelling. Remove restrictive clothing, shoes, and jewelry when necessary to prevent these items from acting as unintended tourniquets.
- Check circulation before and after and then periodically so the splint itself was not placed or does not become too tight.

# Protocols for Treating Life Threatening Conditions

## Heat Related Injuries

- 1. Heat Cramps**
- 2. Heat Exhaustion**
- 3. Heat Stroke**

Types of heat-related injuries:

1. Heat Cramps: muscle spasms brought on by over-exertion in extreme heat.
2. Heat Exhaustion: occurs when an individual exercises or works in extreme heat, resulting in loss of body fluids through heavy sweating. Blood flow to the skin increases, causing blood flow to decrease to the vital organs. This results in a mild form of shock.
3. Heat Stroke: life-threatening condition when the patient's temperature control system shuts down, and body temperature can rise so high that brain damage and death may result.

## 2. Heat Exhaustion

Symptoms of heat exhaustion:

- Cool, moist, pale, or flushed skin
- Heavy sweating
- Headache
- Nausea or vomiting

- Dizziness
- Exhaustion

A patient suffering heat exhaustion will have a near normal body temperature. If left untreated, heat exhaustion will develop into heat stroke.

### **3. Heat Stroke**

Symptoms of heat stroke:

- Hot, red skin
- Lack of perspiration
- Changes in consciousness
- Rapid, weak pulse and rapid, shallow breathing

In a heat stroke patient, body temperature can be very high (as high as 105°F). If an individual suffering from heat stroke is not treated, death can result.

### **Treatment**

Treatment is similar for both heat exhaustion and heat stroke.

- Take the patient out of the heat and place in a cool environment.
- Cool the body slowly with cool, wet towels or sheets or put the patient in a cool bath.

- If the patient is experiencing vomiting, cramping, or is losing consciousness, DO NOT administer food or drink.
- Alert a medical professional as soon as possible.
- Keep a close watch on the individual until professional help is available.

Notes:

# **Protocols for Treating Life Threatening Conditions**

## **Insect Bites and Stings**

### **1. Insect Bites and Stings**

### **2. Allergic Reactions to Bites and Stings**

#### **1. Insect Bites and Stings**

The specific symptoms vary depending on the type of creature, but generally, bites and stings can result in redness and itching, tingling or burning at the site of the injury, and often a welt on the skin at the site.

Treatment for insect bites and stings:

- Remove the stinger if still present by scraping the edge of a credit card or other stiff, straight-edged object across the stinger. Do not use tweezers; these may squeeze the venom sac and increase the amount of venom released.
- Wash the site thoroughly with soap and water.
- Place ice (wrapped in a washcloth) on the site of the sting for 10 minutes and then off for 10 minutes. Repeat this process.

#### **2. Allergic Reactions to Bites and Stings**

Severe insect bites can cause an allergic reaction, or anaphylaxis.

Anaphylaxis occurs when an allergic reaction becomes so severe that it compromises the airway.

If you suspect anaphylaxis:

- Calm the individual.
- If possible, find and help administer a patient's Epi-pen. (Many severe allergy sufferers carry one at all times.)
- DO NOT administer medicine aside from the Epi-pen. This includes pain relievers, allergy medicine, etc.
- Diphenhydramine (Benadryl) will NOT help with facial or airway swelling.

Notes:

## Preparing a Disaster Supply Kit

Having a disaster supply kit ready ensures preparedness no matter how fast you may need to evacuate. Pack supplies in duffel bags or backpacks and keep them in a designated place. Your kit will also come in handy if you must take shelter in your home. This list will help ensure that your disaster supply kit includes all the essentials.

### Water

- Pack at least one gallon per person per day for at least three days.
- Store water in tightly sealed, non-breakable plastic, fiberglass or enamel-lined metal containers.
- Change your water every six months.

### Food

- Pack enough food to last each family member at least three days.
- Include canned and boxed foods because they require little preparation and stay good for long periods of time. Remember to bring a manual can opener or to buy food in self-opening cans.
- Pack foods in sealed metal or plastic containers.
- Replace foods every six months.
- Include foods for infants and family members with special diets.



## **Tools and Equipment**

- Battery-powered radio
- Flashlights and spare batteries
- Resealable plastic bags
- Washcloths and towels
- Paper cups and plates and plastic utensils
- Toothbrushes, toothpaste, shampoo, deodorant and other toiletries
- Heavy-duty plastic garbage bags
- Change of clothing and an extra pair of shoes and socks for each person
- Blankets or a sleeping bag for each person

## **Personal Items**

- Personal identification
- Copies of birth and marriage certificates, inventory of household goods, bank account numbers and other important documents
- Maps
- Extra car and house keys
- Prescription medications

## **First Aid Kit Essentials**

- Adhesive bandages
- Gauze pads and roll
- Latex gloves

- Laxative
- Moist towelettes
- Needle and safety pins
- Petroleum jelly
- Scissors
- Sunscreen
- Thermometer
- Tongue depressors
- Triangular bandages
- Tweezers
- Antiacid
- Antibiotic-ointment
- Antidiarrhea medication
- Antiseptic
- Aspirin and non-aspirin pain reliever
- Cleansing agents (isopropyl alcohol, hydrogen peroxide, soap, germicide)
- Cotton balls
- First aid manual

## **Managing at Home During a Disaster**

Whether you need to evacuate or not, disasters can isolate you from outside help and make it necessary for you to care for yourself for days at a time. Ensure your disaster supply kit contains many of the tools and supplies you need.

### **Managing Resources you Have at Home**

#### **Water**

- Water is crucial for health and survival. If a disaster is imminent, fill pitchers, jars, buckets, water bottles and your bathtub in case your community water supply is cut off. If your drinking water supply is running low, use water from ice cube trays, the water heater and toilet tanks (but not bowls). It is not safe to use the water from radiators, waterbeds or swimming pools.
- Each person should drink at least two quarts of water each day. Drink what you need each day, and look for more water for the next day.

#### **Food**

- Ration food supplies for everyone except children and pregnant women. Most people can survive easily on half the normal amount.
- Avoid eating food from dented or swollen cans or food that looks or smells abnormal.
- Use pre-prepared formula for babies.

## In Case of a Power Outage

- Practice energy conservation to help your power company avoid rolling blackouts.
- Always keep your car's fuel tank at least half full, gas stations use electricity to operate pumps.
- Know how to manually release your electric garage door.
- Protect your computer with a surge protector.
- If the power goes out, check your fuse box or circuit breaker, or contact neighbors to see if the outage is limited to your own home.
- Turn off computers, stereos, televisions, and appliances you were using when the power went off. Leave one light turned on so you know when power is restored.
- Avoid opening the refrigerator and freezer doors. Food will remain fresh for up to four hours after the power goes off. If you know power outages may happen, freeze water in plastic bottles to keep food home cool longer.
- If the outage is expected to last for several days or more, **consider relocating to a shelter or a friend's home.**

## Using a Generator

- If you plan to use a generator, operate it outside only, not in the basement or garage. Do not hook it up directly to your home's wiring. Instead, connect the equipment and appliances you want to power directly to the outlet on the generator.

## **In Case of Evacuation**

It may be necessary to evacuate your home for several days or longer in a disaster situation. Be prepared to leave at a moment's notice.

### **Steps to Take in Case of Evacuation**

- Contact the local emergency management office to learn evacuation routes for your area.
- Determine where you will go if your community is evacuated.
- Discuss with your family the possibility of evacuation.
- Find out your child's school evacuation policy.
- Check that your disaster supply kit is assembled and ready to go.
- Make sure your car is filled up-fuel may be in short supply during a disaster.

### **When Authorities Tell you to Evacuate**

- Bring your disaster supply kit.
- Wear sturdy shoes and clothing.
- Unplug home electronics.
- Lock the doors and windows.
- Turn off the main switches and valves for gas, water, and electricity, if instructed.
- Inform a friend or relative of your route.

- Follow recommended evacuation routes. Watch for washed-out bridges, flooded areas and downed power lines.

## **Pets**

- Pets should not be left behind during a disaster, but do not risk your own safety attempting to find them if you must evacuate quickly.
- Attach ID tags to your pet with your name and address.
- Remember that most emergency shelters do not allow pets (except service animals).
- Make a list of pet shelters and of hotels that permit animals in the area where you would evacuate.
- Put together an emergency supply kit for your pet. Include things like a first aid kit, food dishes, a litter box, a leash or pet carrier, medication, food, veterinary records, and water.

## **If You Are Going to a Public Shelter**

- Be aware that alcoholic beverages, pets and weapons are not allowed in public shelters.
- Practice patience and cooperation. Sharing space with many others can be a challenge.
- Stay in the shelter until authorities advise you it is safe to leave.

## **Extreme Heat**

Extreme heat is a period of high heat and humidity with temperatures above 90 degrees for at least two to three days. In extreme heat, your body works extra hard to maintain a normal temperature, which can lead to death. In fact, extreme heat is responsible for the highest number of annual deaths among all weather-related hazards.

Remember:

- Extreme heat can occur quickly and without warning.
- Older adults, children, and sick or overweight individuals are at greater risk from extreme heat.
- Humidity increases the feeling of heat as measured by a heat index.

### **If You Are Under Extreme Heat Warning**

- Find air conditioning.
- Avoid strenuous activities.
- Wear light clothing.
- Check on family members and neighbors.
- Drink plenty of fluids.
- Watch for heat cramps, heat exhaustion, and heatstroke.
- Never leave people or pets in a closed car.

## How to Stay Safe When Extreme Heat Threatens

- Find places in your community where you can go to get cool.
- Keep your home cool.
- Cover windows with drapes or shades.
- Weather-strip doors and windows.
- Use window reflectors, such as aluminum foil-covered cardboard, to reflect heat back outside.
- Add insulation to keep the heat out.
- Use attic fans to clear hot air.
- Install window air conditioners and insulate around them.
- Learn to recognize the signs of heat-related illness.
- Never leave a child, adult, or animal alone inside a vehicle on a warm day.
- Find places with air conditioning. Libraries, shopping malls, and community centers can provide a cool place to take a break from the heat.
- If you're outside, find shade. Wear a hat wide enough to protect your face.
- Wear loose, lightweight, light-colored clothing.
- Drink plenty of fluids to stay hydrated. If you or someone you care for is on a special diet, ask a doctor how best to accommodate it.
- Do not use electric fans when the temperature outside is more than 95 degrees, as it could increase the risk of heat-



related illness. Fans create air flow and a false sense of comfort but do not reduce body temperature.

- Avoid high-energy activities.
- Check yourself, family members, and neighbors for signs of heat-related illness.

## **Recognize and Respond to Heat-Related Illness**

### **– Heat Cramps**

- **Signs:** Muscle pains or spasms in the stomach, arms or legs.
- **Actions:** Go to a cooler location. Remove excess clothing. Take sips of cool sports drinks with salt and sugar. Get medical help if cramps last more than an hour.

### **– Heat Exhaustion**

- **Signs:** Heavy sweating, paleness, muscle cramps, tiredness, weakness, dizziness, headache, fainting, nausea, vomiting.
- **Actions:** Go to an air-conditioned place and lie down. Loosen or remove clothing. Take a cool bath. Take sips of cool sports drinks with salt and sugar. Get medical help if symptoms get worse or last more than an hour.

### **– Heat Stroke**

- **Signs:** Recognize four key signs of heat stroke -

1. Extremely high body temperature (above 103 degrees) taken orally.
  2. Red, hot and dry skin with no sweat.
  3. Rapid, strong pulse.
  4. Dizziness, confusion or unconsciousness.
- **Actions:** Call 9-1-1 or get the person to a hospital immediately. Cool down with whatever methods are available until medical help arrives.

## Earthquakes

An earthquake is a sudden, rapid shaking of the ground caused by the shifting of rocks deep underneath the earth's surface. Earthquakes can happen without warning and can result in injuries and damage to property and roads. Earthquakes can cause fires, tsunamis, landslides, or avalanches.

If an earthquake happens, protect yourself right away.

- If you are in a car, pull over and stop. Set your parking brake.
- If you are in bed, turn face down and cover your head and neck with a pillow.
- If you are outdoors, stay outdoors away from buildings.
- Do not get in a doorway.
- Do not run outside.

### Stay Safe During an Earthquake: Drop, Cover, and Hold On

**Drop:** Wherever you are, drop down on to your hands and knees. If you're using a wheelchair or walker with a seat, make sure your wheels are locked and remain seated until the shaking stops.

**Cover:** Cover your head and neck with your arms. If a sturdy table or desk is nearby, crawl underneath it for shelter. If no shelter is nearby, crawl next to an interior wall (away from windows). Crawl only if you can reach better cover without going through an area with more debris. Stay on your knees or bent over to protect vital organs.

**Hold on:** If you are under a table or desk, hold on with one hand and be ready to move with it if it moves. If seated and unable to drop to the floor, bend forward, cover your head with your arms and hold on to your neck with both hands.

## **Prepare Before an Earthquake**

The best time to prepare for any disaster is before it happens.

- Practice Drop, Cover, and Hold On with family and coworkers.
- Secure heavy items in your home like bookcases, refrigerators, televisions and objects that hang on walls. Store heavy and breakable objects on low shelves.
- Create a family emergency communications plan that has an out-of-state contact. Plan where to meet if you get separated.
- Make a supply kit that includes enough food and water for at least three days, a flashlight, a fire extinguisher, and a whistle.
- Consider obtaining an earthquake insurance policy. A standard homeowner's insurance policy does not cover earthquake damage.
- Consider making improvements to your building to fix structural issues that could cause your building to collapse during an earthquake.

## Stay Safe After an Earthquake

- If an earthquake has just happened, there can be serious hazards such as damage to the building, leaking gas and water lines, or downed power lines.
- Expect aftershocks to follow the main shock of an earthquake.
- Check yourself to see if you are hurt and help others if you have training. Learn how to be the help until help arrives.
- If you are in a damaged building, go outside and quickly move away from the building. Do not enter damaged buildings.
- If you are trapped, protect your mouth, nose and eyes from dust. Send a text, bang on a pipe or wall or use a whistle instead of shouting to help rescuers locate you.
- If you are in an area that may experience tsunamis, go inland or to higher ground immediately after the shaking stops.
- Text messages may be more reliable than phone calls.
- Once you are safe, listen to local news reports for emergency information and instructions via battery-operated radio, TV, social media or from cell phone text alerts.
- Be careful during post-disaster cleanup of buildings and around debris. Do not attempt to remove heavy debris by yourself. Wear protective clothing, including a long-sleeved shirt, long pants, work gloves and sturdy, thick-soled shoes during cleanup.
- Register on the American Red Cross “Safe and Well” website so people will know you are okay.

## **Hazardous Materials**

Chemical manufacturing plants are just one source of potential danger from hazardous material. These toxic products are stored, used, and transported daily throughout our communities.

Occasionally accidents happen, and the effects of spills and leaks can be spread from miles through the air, sewer system or waterways.

### **Before a Chemical Disaster**

- Contact your local emergency management office for information about nearby factories, warehouses or highways that may handle hazardous materials.
- Learn the emergency alert system for your area.
- Be prepared to evacuate with little or no notice.

### **During a Chemical Disaster**

- Call 911 if you witness a spill or accident.
  - Evacuate immediately if told to do so by authorities.
  - If not evacuating, get inside as quickly as possible. Bring pets inside too.
- If you are advised to stay inside:
- Close windows and both inside and outside doors.
  - Seal off vents and fireplaces.
  - Turn off air conditioners.

- Gather everyone in the above-ground room with the fewest doors and windows.
- Tape plastic sheeting around windows and vents, and tape the sides, tops and bottoms of doors.

### **After a Chemical Disaster**

- Do not return home until authorities say it is safe.
- After you return or when authorities say it is OK to leave your shelter, open all windows and turn on vents and fans to flush chemicals and gases from your home.
- Report any residual gases, chemicals or other hazards.
- Seek medical treatment for any exposure as soon as possible.
- Seal up exposed clothing and contact authorities about proper disposal.
- Find out from authorities how to clean up your land or property.

## Terrorism Attack

National security emergencies can include terrorist acts from bombings to chemical or biological attacks. Although terrorists intend their acts to spread fear, the actual damage they cause can often be minimized through preparedness and quick action.

### Raise Your Awareness

- Be aware of your surroundings. Note emergency exits and staircases.
- Leave the area if you feel something is wrong.
- Do not accept suspicious packages.
- Do not leave your baggage unattended while traveling.
- Report suspicious behavior.

### In Case of an Explosion

- Watch for falling debris.
- Crawl beneath the smoke and exit the area as quickly as possible.
- If you are trapped in debris, minimize your movements and cover your mouth with a cloth. Tap on a pipe or wall so rescuers can hear you. **Do not use a match or lighter.**

### In Case of a Biochemical Attack

- Evacuate if ordered by authorities.
- Stay tuned to radio or TV for updates.



- If not evacuating, take shelter in an interior room that can be easily sealed off with pre-cut plastic sheeting and duct tape that you have stored in this room.
- Turn off the air conditioning or heating system.
- Remain sheltered until advised that it is safe to leave
- If caught outside, try to get upwind of the attack site and seek shelter as soon as possible.
- If in a vehicle, get inside a building if you can. If unable, roll up windows, shut vents and turn off the engine.

### **If Exposed to Chemicals**

- Quickly remove all clothing and items in contact with the body. Cut shirts off to avoid contact with the face.
- Flush eyes with water.
- Wash hands and face with soap and water. Use a soapy cloth to blot exposed skin. Rinse with clean water.
- Change into clean clothes. Seek medical help as soon as possible.

### **If Exposed to Biological Attack**

- Pay close attention to instructions from authorities.
- Remove and bag clothes that may have come in contact with an infectious substance. Seek medical assistance.
- Seek immediate medical treatment if you notice symptoms of the disease caused by the infectious substance used in the attack.

## **In Case of Nuclear Attack**

- Learn in advance about your community's evacuation and shelter plans and have plenty of emergency supplies on hand.
- Inside a building, use a basement or underground area as shelter, or a central room on the lowest floor.
- Take shelter even if you are many miles from the site of the explosion. If you are close enough to see the flash, fallout will arrive within 20 minutes.
- Stay tuned to radio or TV for updates and instructions.
- Remain in the shelter until authorities say it is safe to leave. This could be from two days to four weeks.

## Pandemics

A pandemic is a disease outbreak that spans several countries and affects a large number of people. Pandemics are most often caused by viruses, like [Coronavirus Disease 2019 \(COVID-19\)](#), which can easily spread from person to person.

A new virus, like COVID-19, can emerge from anywhere and quickly spread around the world. It is hard to predict when or where the next new pandemic will emerge.

### **If a pandemic is declared:**

- Wash your hands often with soap and water for at least 20 seconds and try not to touch your eyes, nose or mouth.
- Keep a distance of at least six feet between yourself and people who are not part of your household.
- Cover your mouth and nose with a mask when in public.
- Clean and disinfect high-touch objects and surfaces.
- Stay at home as much as possible to prevent the spread of disease.
- Follow the guidance of the Centers for Disease Control and Prevention (CDC).

## How to Prepare Yourself for a Pandemic

- **Learn how diseases spread** to help protect yourself and others. Viruses can spread from person-to-person, from a non-living object to a person and by people who are infected but do not have any symptoms.
- **Prepare for the possibility of schools, workplaces and community centers being closed.** Investigate and prepare for virtual coordination for school, work (telework) and social activities.
- **Gather supplies in case you need to stay home for several days or weeks.** Supplies may include cleaning supplies, non-perishable foods, prescriptions and bottled water. Buy supplies slowly to ensure that everyone has the opportunity to buy what they need.
- **Create an emergency plan** so that you and your family know what to do and what you will need in case an outbreak happens. Consider how a pandemic may affect your plans for other emergencies.
- **Review your health insurance policies** to understand what they cover, including telemedicine options.
- **Create password-protected digital copies of important documents** and store in a safe place. Watch out for scams and fraud.

## Stay Safe during a Pandemic

Follow the latest guidelines from the [CDC](#). Refer to your local and state public health departments for vaccine and testing updates.

**Get vaccinated once available.** Vaccines stimulate your immune system to produce antibodies, so vaccines actually prevent diseases.

- **Take actions to prevent the spread of disease.** Cover coughs and sneezes. Wear a mask in public. Stay home when sick (except to get medical care). Disinfect surfaces. Wash hands with soap and water for at least 20 seconds. If soap and water are not available, use a hand sanitizer that contains at least 60 percent alcohol. Stay six feet away from people who are not part of your household.
- **If you believe you have been exposed to the disease,** contact your doctor, follow the quarantine instructions from medical providers and monitor your symptoms. If you are experiencing a medical emergency, call 9-1-1 and shelter in place with a mask, if possible, until help arrives.
- **Share accurate information about the disease** with friends, family and people on social media. Sharing bad information about the disease or treatments for the disease may have serious health outcomes. Remember

that stigma hurts everyone and can cause discrimination against people, places or nations.

- **Know that it is normal to feel anxious or stressed.** Engage virtually with your community through video and phone calls. Take care of your body and talk to someone if you are feeling upset.

## **Stay Safe After a Pandemic**

- **Continue taking protective actions, like:**
- Staying home when you are sick (except to get medical care).
- Following the guidance of your health care provider.
- Covering coughs and sneezes with a tissue.
- Washing your hands with soap and water for at least 20 seconds.
- **Be sure to evaluate your family emergency plan** and make timely updates.
- **Work with your community** to talk about the lessons you learned from the pandemic. Decide how you can use these experiences to be more prepared for future pandemics.

## Mental Health First Aid Suggestions

These pages are intended to be a “medicine cabinet” for your mental health. Healthy habits, routines, social connection, and relaxation can all help with stress management, but there is not just one right way to manage stress. It is important to encourage those around us to use positive coping strategies to promote resilience. Fearful, stressful, and worrisome thoughts can trigger the brain to produce excess stress hormones, which if left unchecked, can wreak havoc on the mind and body.

The American Psychological Association website [www.apa.org](http://www.apa.org) has a curated collection of mental health information, including videos on stress management, relationships, and grief. Many organizations and practitioners offer tele-mental health services. It is important to seek (and encourage others to seek) professional support when necessary.

- Make sure you are physically safe and that your basic bodily needs are met – food, shelter, warmth, etc.
- Get enough sleep, eat nutritious foods, get the body moving so that you are getting some form of physical exercise daily and stay hydrated.
- Set priorities – consider the most urgent needs first. Let other things go for now.
- Prepare a mental health notebook with a pen to include in your emergency bag:

- Include a few meaningful photos.
- Have everyone in the family come up with a list of a few memories that bring joy to put into the notebook.
- Make a gratitude list in your notebook. This can include a few things to be grateful for as well as memories when someone was grateful for you.
- Include extra pages to journal about experiences or doodle to reduce stress.
- Suggestions for reducing stress quickly:
  - Physiological sigh - This is done with two inhales through the nose and a long exhale through the mouth. Inhale through the nose until the lungs are almost full, then take another inhalation in through the nose without exhaling, then and a long exhalation with an audible sigh, out of the mouth. Repeat 2-3 times. This can be done with the eyes opened or closed.
  - Signal Breath – Breathe in, let the belly rise (like a balloon is blowing up in the belly); exhale, let the belly fall. Try saying a soothing word to yourself as you inhale and exhale. For example, you can say, “relax” on the inhale and “easy does it” on the exhale. This can be done once or for several minutes, with the eyes opened or closed.



- Box breathing – Let the belly rise on the inhale and fall on the exhale. Breathe in for a count of 4, hold for a count of 4, exhale for a count of 4, hold the breath out for a count of 4. Repeat 4 times. This can be done with the eyes opened or closed.
- 5,4,3,2,1 grounding - Engage the senses to get out of your, “thinking brain” and to bring yourself back to the present moment when you feel overwhelmed. Look around the room and focus on 5 things you can see. Use your hand or any part of your body and feel 4 different things. Now pay attention to 3 different sounds. Bring your awareness to 2 things that you can smell. Finally, pay attention to the taste in your mouth. This technique should be done with the eyes open.
- If you feel overwhelmed, bring to your mind the image of a STOP sign. What does it look like, think about the shapes and the colors, that make up the sign? What would it feel like to touch it? Really imagine it in front of you. Slow down your thoughts. Take a “signal breath.” Use this opportunity to, “change the channel” on any unhelpful thoughts and then try to choose another, more helpful thought.

You can do a rating of how you feel before and after trying each of these techniques to see what makes an impact on your mood. Also, what helps one day, may not be your favorite thing the next day and vice versa. That’s normal, keep trying new things until you have several options that

work for you. A bit more information on stress management tips:

1. [Healthy Diet](#)/Exercise/[Sleep](#) – what’s good for your body is good for your brain and each of these things can boost the immune system as well as mood. [Exercise](#) in particular, boosts the “feel-good” chemicals in your brain. Aim for 30 minutes 5 days a week. Get your body moving to clear out some stress.

Try a few jumping jacks, push -up, sit-ups, sprint down the hall, dance or jump around wherever you are; whatever you can do. Then take a moment to pat yourself on the back mentally, for doing those things. Acknowledging and reframing self-care is so much of what contributes to well-being.

2. Gratitude is strongly correlated with greater happiness and better relationships. When we tap into a state of gratitude, we elevate our mood. One way to do this is to think of 5-10 things you can be grateful for. [Writing these things down helps your brain process](#) more effectively, but you can also just do it in your head. You can also think about a time that someone else was grateful for you. What were the circumstances– really try to mentally put yourself there and let your mind marinate in the positive feelings that brings up.

If you can sit in those positive feelings for 12-15 seconds at a time and collect as many of those experiences as possible throughout the day, fear and worry will lose some power and you will probably be living with a more positive and grateful mindset.

3. Connecting with pets and nature. [Pets](#) can help improve well-being. If you don't have a pet, focusing on [nature](#) has been shown to boost mood and have many health benefits as well. Try looking at some birds or a tree from your window.

Remember to rate your mood before and after doing so.

4. Pay attention to your thoughts. The way you think about things matters. The narrative or story you tell yourself about your experiences also matters. Don't forget, at least on some level, you can control that narrative. We do not want to let the brain go on autopilot in general – we want to take the reins. Thoughts can cause your brain to release stress chemicals.

Reducing negative thoughts that lead to unhelpful feelings and bringing in more [positive thinking](#) can actually help you optimize your immune system! Our thoughts, feelings and behaviors are all connected. What you think affects what you do and how you feel. How you talk to yourself makes an impact, so be gentle and kind. Most of the time people don't pay attention to how they talk to themselves. When you experience a low, anxious, or undesirable mood, start to pay attention to the thoughts that came before the feeling.

There are a very common set of what are called “unhelpful thought” patterns that many people engage in (google it). Knowing that this is a tendency, helps to normalize it. If you can catch yourself doing things like “overgeneralizing” or “thinking in black and white,” and you can call yourself out – you have already made a

huge step in the right direction. Turn off autopilot before you start going down the rumination rabbit hole.

5. Socializing (safely). Social support is [essential](#) for maintaining our mental health.

Try to stay connected – use technology to stay in touch, check in on people often. Try and be as kind as possible during this time – most people are struggling in some capacity right now. Help the people in your life that might be more vulnerable.

6. Bring in more pleasant events. Pleasant and unpleasant events are happening constantly and much of what goes on is beyond our control. This perceived lack of control as well as the lack of balance between pleasant and unpleasant events can cause frustration, overwhelm and burnout. The good news is, we can make choices about many of the events that happen, and in-turn, improve our well-being.

Pleasant events don't have to be huge activities that require a lot of planning. They can be as simple as listening to a song that you love, taking time to smell your coffee grounds before you make your cup of coffee and savoring that first sip. Self-care can be, simply acknowledging, that you are doing something to take care of yourself. It's more about the cognitive reframe than what you do. Schedule these things into your calendar.

If you realize at the end of the day that you forgot to plan your pleasant events, you can take a moment to think about what things you did because you were doing

them to take care of yourself. Pat yourself on the back for making time for self-care. Remember to rate your mood before and after doing your pleasant events.

7. Meditation. When we feel overwhelmed, it is important to remember, that most of the time, nothing terrible is happening in the exact present moment. If we can come back to our bodies, come back to our breaths, and remind ourselves of that fact; we can take a big step toward feeling better.

With our eyes closed and our breath deepened, we tell our mind and body that we are safe.

A few minutes of conscious breathing can completely shift our mood and bring a sense of calm. We can also directly impact our autonomic nervous system and our immune system. Pain receptors can become less active.

There is so much [research](#) out there that champions the benefits of meditation to help everything from: stress-reduction, improved cognition, better sleep, pain reduction, decreased inflammation, disease prevention, anxiety, lower blood pressure and more.

A meditation practice can help you realize that you are not your thoughts and can create some space between thinking and reacting.

With as little as 4 minutes a day of belly breathing, you can change the ratio of oxygen and Co<sub>2</sub> in the blood and get yourself out of the stress response and back to that

rest and digest parasympathetic state that is so much healthier to be in. See above for practice ideas.

## Resources

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Suicide Prevention Crisis Center 310 391-1253	NAMI Westside 310-889-7200	Common Sense Media <a href="http://www.common-sense-media.org">www.common-sense-media.org</a>	LA County/DMH Crisis Text Line Text HELLO to 741741	National Domestic Violence Hotline (800) 799-7233
Veterans Crisis Line 800- 273-8255	The Maple Counseling Center 310-271-9999	HSC Virtual Social Club Groups 310-795-7732	Child Abuse Hotline 800- 4ACHILD	Alcott Center for Mental Health 310-785-2121
Educational Support <a href="http://www.childnexus.com">www.childnexus.com</a>	Alcoholics Anonymous (213) 936-4343	Narcotics Anonymous. (800) 543-4670	Elder Abuse Hotline 800-252-8966	Free Headspace Plus subscription, visit <a href="http://headspace.com/lacounty">headspace.com/lacounty</a> .

### Disclaimer

This information has been compiled by Dr. Erica Felsenthal for the JUST IN CASE BH manual. Please contact Dr. Felsenthal for sources, questions, or additional information at [dreicafels@gmail.com](mailto:dreicafels@gmail.com). This is for informational and educational purposes only and should not be considered therapy or any form of treatment. Please check with your doctor to make sure these suggestions are appropriate for you.

## **Coping with Disasters**

Disasters are upsetting experiences for everyone involved. The emotional toll that disaster brings can sometimes be even more devastating than the financial strains of damage and loss of home, business, or personal property.

Children, senior citizens, people with access or functional needs, and people for whom English is not their first language are especially at risk. Children may become afraid, and some elderly people may seem disoriented at first. People with access or functional needs may require additional assistance.

Seek crisis counseling if you or someone in your family is experiencing issues with disaster-related stress.

### **Understanding Disaster Events**

Understanding the individual effects of a disaster.

- Everyone who sees or experiences a disaster is affected by it in some way.
- It is normal to feel anxious about your own safety and that of your family and close friends.
- Profound sadness, grief and anger are normal reactions to an abnormal event.
- Acknowledging your feelings helps you recover.
- Focusing on your strengths and abilities helps you heal.
- Accepting help from community programs and resources is healthy.
- Everyone has different needs and different ways of coping.
- It is common to want to strike back at people who have caused great pain.

Children and older adults are of special concern in the aftermath of disasters. Even individuals who experience a disaster “second hand” through exposure to extensive media coverage can be affected.

Contact local faith-based organizations, voluntary agencies, or professional counselors for counseling. Additionally, [FEMA](#) and state and local governments of the affected area may provide crisis counseling assistance.

As you recover, it is a good idea to make sure that you have updated your family disaster plan and [replenished essential disaster supplies](#) just in case a disaster happens again. You will always feel better knowing that you are prepared and ready for anything.

## **Recognizing Signs of Disaster-Related Stress**

When adults have the following signs, they might need crisis counseling or stress management assistance:

- Difficulty communicating thoughts.
- Difficulty sleeping.
- Difficulty maintaining balance in their lives.
- Low threshold of frustration.
- Increased use of drugs/alcohol.
- Limited attention span.
- Poor work performance.
- Headaches/stomach problems.
- Tunnel vision/muffled hearing.
- Colds or flu-like symptoms.
- Disorientation or confusion.



- Difficulty concentrating.
- Reluctance to leave home.
- Depression, sadness.
- Feelings of hopelessness.
- Mood-swings and easy bouts of crying.
- Overwhelming guilt and self-doubt.
- Fear of crowds, strangers, or being alone.

## **Easing Stress**

Talk to someone and seek professional help for disaster-related stress.

The following are ways to ease disaster-related stress:

- Talk with someone about your feelings - anger, sorrow and other emotions - even though it may be difficult.
- Seek help from professional counselors who deal with post-disaster stress.
- Do not hold yourself responsible for the disastrous event or be frustrated because you feel you cannot help directly in the rescue work.
- Take steps to promote your own physical and emotional healing by healthy eating, rest, exercise, relaxation, and meditation.
- Maintain a normal family and daily routine, limiting demanding responsibilities on yourself and your family.
- Spend time with family and friends.
- Participate in memorials.
- Use existing support groups of family, friends, and religious institutions.

Ensure you are ready for future events by restocking your [disaster supplies kits](#) and updating your [family disaster plan](#). Doing these positive actions can be comforting.

## **Helping Kids Cope with Disaster**

Disasters can leave children feeling frightened, confused, and insecure. Whether a child has personally experienced trauma, has merely seen the event on television or has heard it discussed by adults, it is important for parents and teachers to be informed and ready to help if reactions to stress begin to occur.

Children may respond to disaster by demonstrating fears, sadness or behavioral problems. Younger children may return to earlier behavior patterns, such as bedwetting, sleep problems and separation anxiety. Older children may also display anger, aggression, school problems or withdrawal. Some children who have only indirect contact with the disaster but witness it on television may develop distress.

## **Recognizing Risk Factors**

For many children, reactions to disasters are brief and represent normal reactions to "abnormal events." A smaller number of children can be at risk for more enduring psychological distress as a function of three major risk factors:

- Direct exposure to the disaster, such as being evacuated, observing injuries or death of others, or experiencing injury along with fearing one's life is in danger.
- Loss/grief: This relates to the death or serious injury of family or friends.

- On-going stress from the secondary effects of disaster, such as temporarily living elsewhere, loss of friends and social networks, loss of personal property, parental unemployment, and costs incurred during recovery to return the family to pre-disaster life and living conditions.

## **Vulnerabilities in Children**

In most cases, depending on the risk factors above, distressing responses are temporary. In the absence of severe threat to life, injury, loss of loved ones, or secondary problems such as loss of home, moves, etc., symptoms usually diminish over time. For those that were directly exposed to the disaster, reminders of the disaster such as high winds, smoke, cloudy skies, sirens, or other reminders of the disaster may cause upsetting feelings to return. Having a prior history of some type of traumatic event or severe stress may contribute to these feelings.

Children's coping with disaster or emergencies is often tied to the way parents cope. They can detect adults' fears and sadness. Parents and adults can make disasters less traumatic for children by taking steps to manage their own feelings and plans for coping. Parents are almost always the best source of support for children in disasters. One way to establish a sense of control and to build confidence in children before a disaster is to engage and involve them in preparing a family disaster plan. After a disaster, children can contribute to a family recovery plan.

## **Meeting the Child's Emotional Needs**

Children's reactions are influenced by the behavior, thoughts, and feelings of adults. Adults should encourage children and adolescents to share their thoughts and feelings about the incident. Clarify misunderstandings about risk and danger by listening to children's concerns and answering questions. Maintain a sense of calm by validating children's concerns and perceptions and with discussion of concrete plans for safety.

Listen to what the child is saying. If a young child is asking questions about the event, answer them simply without the elaboration needed for an older child or adult. Some children are comforted by knowing more or less information than others; decide what level of information your particular child needs. If a child has difficulty expressing feelings, allow the child to draw a picture or tell a story of what happened.

Try to understand what is causing anxieties and fears. Be aware that following a disaster, children are most afraid that:

- The event will happen again.
- Someone close to them will be killed or injured.
- They will be left alone or separated from the family.

## **Reassuring Children After a Disaster**

Suggestions to help reassure children include the following:

- Personal contact is reassuring. Hug and touch your children.

- Calmly provide factual information about the recent disaster and current plans for ensuring their safety along with recovery plans.
- Encourage your children to talk about their feelings.
- Spend extra time with your children such as at bedtime.
- Re-establish your daily routine for work, school, play, meals, and rest.
- Involve your children by giving them specific chores to help them feel they are helping to restore family and community life.
- Praise and recognize responsible behavior.
- Understand that your children will have a range of reactions to disasters.
- Encourage your children to help update your a family disaster plan.

If you have tried to create a reassuring environment by following the steps above, but your child continues to exhibit stress, if the reactions worsen over time, or if they cause interference with daily behavior at school, at home, or with other relationships, it may be appropriate to talk to a professional. You can get professional help from the child's primary care physician, a mental health provider specializing in children's needs, or a member of the clergy.

### **Monitoring and Limiting Exposure to the Media**

News coverage related to a disaster may elicit fear and confusion and arouse anxiety in children. This is particularly true for large-scale disasters or a terrorist event where significant property damage and loss of life has occurred. Particularly for

younger children, repeated images of an event may cause them to believe the event is recurring over and over.

If parents allow children to watch television or use the Internet where images or news about the disaster are shown, parents should be with them to encourage communication and provide explanations. This may also include parent's monitoring and appropriately limiting their own exposure to anxiety-provoking information.

## **Using Support Networks**

Parents help their children when they take steps to understand and manage their own feelings and ways of coping. They can do this by building and using social support systems of family, friends, community organizations and agencies, faith-based institutions, or other resources that work for that family. Parents can build their own unique social support systems so that in an emergency situation or when a disaster strikes, they can be supported and helped to manage their reactions. As a result, parents will be more available to their children and better able to support them. Parents are almost always the best source of support for children in difficult times. But to support their children, parents need to attend to their own needs and have a plan for their own support.

Preparing for disaster helps everyone in the family accept the fact that disasters do happen and provides an opportunity to identify and collect the resources needed to meet basic needs after disaster. Preparation helps; when people feel prepared, they cope better and so do children.

## **NOTES:**

