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LEVEL II

DETAILED HEALTH AND MEDICAL ANNEXES TO CRISIS RELOCATION PLANS

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Prepared for
DEFENSE CIVIL PREPAREDNESS AGENCY
Washington, D.C. 20301

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DETACHABLE SUMMARY

FINAL REPORT RTI/1626/00-04F

April 1979

Detailed Health and Medical Annexes to Crisis Relocation Plans

by

M. N. Laney, R. L. Chessin, and D. R. Johnston

for

DEFENSE CIVIL PREPAREDNESS AGENCY

Washington, D.C. 20301

under

Contract No. DCPA01-78-C-0209
Work Unit 2432A

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SUMMARY

This report contains the results of a research project performed by the Research Triangle Institute (RTI) under Defense Civil Preparedness Agency (DCPA) Contract No. DCPA01-78-C-0209. The project consisted of three tasks related to detailed health and medical (h/m) planning for crisis relocation. The tasks were as follows:

- Prepare an analytical report presenting information not heretofore reported that is relevant to the management of medical problems associated with crisis relocation.
- Prepare h/m guidance for crisis relocation planners.
- Develop a detailed h/m annex to a crisis relocation plan for a specific community from the local planner's viewpoint.

In earlier studies, the h/m problems associated with crisis relocation and alternative methods for coping with the anticipated problems were identified. This report contains additional information, not heretofore reported, that is relevant to the management of medical problems resulting from crisis relocation.

A portion of the typical general hospital patient census is in the hospital for elective procedures, or procedures that can be postponed. In the event of crisis relocation, these patients could be discharged from risk-area hospitals immediately, or over the 3-day evacuation period, and relocated along with the general population. Approximately 75 percent of general hospital patients falls into this category. Another portion, about 15 percent of general hospital patients, can be discharged and relocated to host areas, but will require continued medical attention once they arrive in the host area. This continued medical attention may be provided on either an inpatient basis (with the use of host-area hospitals) or on an outpatient basis.

The mental health implications of crisis relocation were reported previously. Thus, there is a need to identify personnel capable of providing primary mental health care during crisis relocation. Mental health practitioners that would be called upon include psychiatrists, psychologists, and social workers with mental health training. Another important source of mental health care is community religious leaders.

Among the facilities in a community that have a potential h/m application during crisis relocation are colleges and universities, which offer beds, infirmaries, and laboratories. Colleges and universities also have an important crisis relocation application from the standpoint of housing relocatees. Conflicts in the use or uses of college and university facilities would be resolved in the early planning stages.

Outpatient clinics can be used to meet the majority of the primary care needs in a normal population. During crisis relocation, the establishment of outpatient clinics in the host areas can help cope with the increased demand for health services that accompanies the influx of relocatees into the host areas. The number of outpatient clinics needed in a host area can be estimated from the population to be served. Outpatient clinics would be staffed by primary health care providers, such as general practitioners, physician assistants, psychologists, and laboratory technicians, with secretarial support. A list of supplies and equipment needed to equip an outpatient clinic is included.

Guidance was prepared for use by the host- and risk-area crisis relocation planners to assist them in developing plans to provide essential h/m services for evacuating and host-area populations. This guidance was designed to supplement, rather than to duplicate, the h/m guidance

contained in earlier research and is offered as Appendixes 5-10 to the earlier guidance. It was unnecessary to alter the earlier guidance in any way.

Appendix 5 of the guidance presents information that will permit crisis relocation planners to estimate the approximate number of nonrelocatable, relocatable, and dischargeable hospital patients that can be expected at any time. Nearly three quarters of the patients could be discharged immediately. Approximately 10 percent of all general hospital patients can be expected to be nonrelocatable, while about 15 percent would fall into the relocatable category.

Since it would probably be desirable to consolidate nonrelocatable patients into one hospital facility, or into as few as possible, estimates of the number and types of personnel needed to staff a consolidation facility are presented. These personnel estimates are based on a consolidation hospital patient census of 100 nonrelocatable patients. In addition, normal ratios of staff to patients are presented as a planning aid that would be particularly applicable to host areas, where additional hospital staff will be required to deal with the increased demand for hospital services caused by an influx of relocatees.

Appendix 6 provides the planner with a method of using the crude death rate to estimate the number of deaths that could be expected for a 2-week relocation period. This method takes into account only those deaths that would occur under normal preattack conditions and does not account either for the increased number of deaths that could result from the stress of crisis relocation or for those that could result following a nuclear attack.

The potential h/m application of colleges and universities is discussed briefly in Appendix 7.

Desired ratios of public health professionals to population are presented in Appendix 8. Public health professionals considered include the following:

- Health Officer (e.g., Physician with MPH)
- Nonmedical Administrator
- Public Health Nurse
- Sanitarian
- Public Health Educator
- Laboratory Technician
- Public Health Dentist
- Sanitary Engineer

Appendix 9 provides the planner with a formula to estimate the number of additional outpatient clinics that would be needed to provide essential primary care services to relocatees. Guides are given for staffing outpatient clinics using a primary care team approach. Each clinic would be staffed by a primary care team consisting of:

- Primary care physicians
- Physician extenders
- Mental health practitioners
- Medical support personnel
- Nonmedical support personnel

In addition, a list of supplies and equipment is provided as an aid for planners to assist them in developing plans to equip outpatient clinics.

Because of the potential for an increase in the number of mental health problems or the aggravation of existing mental problems caused by the stress of crisis relocation, Appendix 10 addresses the importance of primary mental health practitioners in planning for crisis relocation h/m services.

Mental health practitioners include psychiatrists, psychologists, social workers, and members of the clergy.

Prototype h/m annexes to crisis relocation plans were prepared in an earlier report for Colorado, El Paso County-Colorado Springs, and Fremont County, which are state, risk, and host jurisdictions, respectively. These early annexes identified the essential services that should be provided to cope effectively with the expected h/m problems resulting from crisis relocation. The present research extends the earlier work and presents detailed h/m annexes to the El Paso County Crisis Relocation Plan and Fremont County Crisis Relocation Plan. The detailed plans differ from earlier h/m annexes in that, in addition to addressing "what" services should be provided, they also consider the "who," "when," "where," and "how" of managing crisis relocation h/m problems.

Detailed plans were developed from the local planner's viewpoint. This was accomplished with the use of two approaches. First, existing crisis relocation contingency plans for Colorado Springs were used as a reference source for detailed h/m planning. This provided basic planning information, including the definition of the risk and host areas, the population at risk, and the allocation scheme for the risk-area population, upon which h/m plans were developed. The contingency plans represent the viewpoint of civil preparedness officials responsible for the development of crisis relocation plans for El Paso County and Fremont County.

Secondly, the h/m plans incorporate the ideas of local health professionals. To the extent feasible, individuals from El Paso and Fremont Counties responsible for the delivery of health care (including hospital and nursing home administrators, hospital nursing supervisors and hospital Disaster Committee members; health planners; and public health department

staff) were consulted to obtain information on the normal operations of the health care system and how these operations could be modified to provide essential health care during crisis relocation. Finally, both local health providers and civil preparedness officials reviewed the plans for their completeness and feasibility. Their comments were incorporated into the plans to reflect their viewpoints.

Due to the level of detail of h/m plans presented in this report, more information was gathered and a better understanding of the health care system was possible than in the earlier h/m plans. This and the passage of time have resulted in a few differences between these detailed h/m plans and the earlier prototype h/m plans. For example, crisis relocation plans for Emory John Brady Hospital in Colorado Springs and a few of the key individuals in the plans have changed. However, the differences are few and, in all cases, result from a better understanding of the study areas.

As were the earlier h/m plans, the present plans are based on several assumptions, which include the following:

- Populations are in a relocated posture for approximately two weeks.
- In the context of this report, the term health and medical includes needs and services in the areas of medicine (including surgery), public health, and mortuary practice.
- The crisis relocation period under consideration is preattack; the postattack period is not addressed.
- The major h/m problems associated with a preattack crisis relocation period are likely to be of a primary care nature, with the potential for an increase in stress-induced problems and communicable diseases; in addition, there may be many nonrelocatable hospital patients in the risk area.

Health and medical plans were prepared separately for El Paso and Fremont Counties and were coordinated to ensure proper interfaces between the h/m services in the two counties. Each plan uses a similar format, adopted from earlier prototype crisis relocation plans, and is divided into five major sections: Mission, Participation, Situation, Responsibilities, and Coordination. The Mission outlines the overall objectives of the H/M Service; the Participation identifies the existing organizations participating in the H/M Service; and the Situation provides the assumptions on which the h/m plans are based, including a definition of the population affected, information on the allocation scheme for the risk-area population, a discussion of special population segments requiring particular h/m attention, a discussion of areas requiring h/m services, and recognition of other local circumstances requiring special planning consideration. In Responsibilities, general responsibilities for the areas of medical care, public health, and mortuary services are presented, and the Coordination section provides necessary information that will allow for the planning and coordination of all H/M Service activities. The Coordination section also identifies key individuals in the H/M Service organization, locations and telephone numbers of key individuals and participating organizations, communication systems that the H/M Service will use, reporting procedures, and, finally, an action checklist, which permits the H/M Service Coordinator to determine not only the readiness of the H/M Service during Internal Readiness and Mobilization, but also its strength and operational status during the Evacuation phase.

Detailed responsibilities for key individuals and participating organizations are contained in appendixes to each of the h/m annexes. Appendixes for participating organizations in the H/M Service identify the

organizational structure of each organization, the essential supplies and equipment needed by that organization during the crisis relocation period, and the detailed responsibilities of that organization to be performed during the different time phases of crisis relocation.

Finally, the report presents conclusions and recommendations for additional research relevant to h/m problems of crisis relocation.

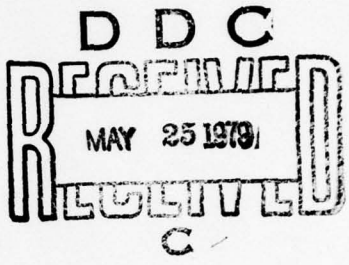
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April 1979

Detailed Health and Medical Annexes to Crisis Relocation Plans

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M. N. Laney, R. L. Chessin, and D. R. Johnston

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This report contains the results of a research project to develop detailed health and medical (h/m) plans for crisis relocation. An analytical report and h/m guidance were also prepared. The analytical report presents information not heretofore reported. Specifically, in the event of crisis relocation: (1) about 75 percent of risk-area hospital patients can be discharged, and about 15 percent can be

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relocated to host-area hospitals; (2) an increased demand for mental health services will be met by psychiatrists, psychologists, social workers, and clergymen; (3) colleges and universities can be valuable sources of beds, infirmaries, and laboratories; and (4) temporary outpatient clinics established in host areas can provide for most of the relocatees' primary care needs.

The h/m guidance provides the crisis relocation planner with h/m planning aids not previously reported. In addition to hospital staffing requirements for typical and nonrelocatable patients, estimates are provided of the number of risk-area hospital patients that are dischargeable, relocatable, and nonrelocatable. A procedure for estimating expected mortality for a 2-week crisis relocation period is given, and the h/m application of colleges and universities is discussed. Desired ratios of public health professionals to population and a formula for estimating additional needs for outpatient clinics are provided. Finally, ratios of mental health professionals to population are suggested for planning purposes.

Detailed h/m annexes to crisis relocation plans for El Paso County and Fremont County, risk and host areas, respectively, are presented. The h/m annexes were developed from the viewpoints of local civil defense officials and health professionals. In each plan, detailed responsibilities during all phases of crisis relocation are given for key individuals and participating organizations.

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ABSTRACT

This report contains the results of a research project to develop detailed health and medical (h/m) plans for crisis relocation. An analytical report and h/m guidance were also prepared. The analytical report presents information not heretofore reported. Specifically, in the event of crisis relocation: (1) about 75 percent of risk-area hospital patients can be discharged, and about 15 percent can be relocated to host-area hospitals; (2) an increased demand for mental health services will be met by psychiatrists, psychologists, social workers, and clergymen; (3) colleges and universities can be valuable sources of beds, infirmaries, and laboratories; and (4) temporary outpatient clinics established in host areas can provide for most of the relocatees' primary care needs.

The h/m guidance provides the crisis relocation planner with h/m planning aids not previously reported. In addition to hospital staffing requirements for typical and nonrelocatable patients, estimates are provided of the number of risk-area hospital patients that are dischargeable, relocatable, and nonrelocatable. A procedure for estimating expected mortality for a 2-week crisis relocation period is given, and the h/m application of colleges and universities is discussed. Desired ratios of public health professionals to population and a formula for estimating additional needs for outpatient clinics are provided. Finally, ratios of mental health professionals to population are suggested for planning purposes.

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DETAILED HEALTH AND MEDICAL ANNEXES TO CRISIS RELOCATION PLANS

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DETAILED HEALTH AND MEDICAL

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PART ONE

INTRODUCTION AND SUMMARY

A. Introduction

This report contains the results of a research project performed by the Research Triangle Institute (RTI) under Defense Civil Preparedness Agency (DCPA) Contract No. DCPA01-78-C-0209. The project consisted of three tasks related to detailed health and medical (h/m) planning for crisis relocation. Crisis relocation is a strategy to protect civilian populations living in areas at a relatively high risk from the effects of a nuclear attack. In the event that a nuclear attack appears likely, people living in high-risk areas would relocate to areas of lower risk, or host areas.

The tasks of this research project were as follows:

- Prepare an analytical report presenting information not heretofore reported that is relevant to the management of medical problems associated with crisis relocation.
- Prepare h/m guidance for crisis relocation planners.
- Develop a detailed h/m annex to a crisis relocation plan for a specific community from the local planner's viewpoint.

Part One summarizes the research findings by task. Detailed accounts of the research tasks are presented in Parts Two, Three, and Four. Part Five draws conclusions and makes recommendations.

B. Analytical Report

Earlier reports [1,2] identified both h/m problems associated with crisis relocation and alternative methods for coping with the anticipated problems. Part Two of this report, the Analytical Report, contains additional information, summarized below, not heretofore reported that is relevant to the management of medical problems resulting from crisis relocation.

1. Hospital Patient Profile

A portion of the typical general hospital patient census is in the hospital for elective procedures, or procedures that can be postponed. In the event of crisis relocation, these patients could be discharged from risk-area hospitals immediately, or over the 3-day evacuation period, and relocated along with the general population. Approximately 75 percent of general hospital patients falls into this category. Another portion, about 15 percent of general hospital patients, can be discharged and relocated to host areas, but will require continued medical attention once they arrive in the host area. This continued medical attention may be provided on either an inpatient basis (with the use of host-area hospitals) or on an outpatient basis. The remaining portion (about 10 percent) consists of nonrelocatable patients as defined earlier [2].

2. Mental Health Care

The mental health implications of crisis relocation reported previously [3] demonstrate the need to identify personnel capable of providing primary mental health care during crisis relocation. Mental health practitioners include psychiatrists, psychologists, and social workers with mental health training. Another important source of mental health care is community religious leaders.

3. Applications of Colleges and Universities

Among the facilities in a community that have a potential h/m application during crisis relocation are colleges and universities, which offer beds, infirmaries, and laboratories. Colleges and universities also have an important crisis relocation application from the standpoint of housing relocatees. Conflicts in the use or uses of college and university facilities would be resolved in the early planning stages.

4. Primary Outpatient Care

Outpatient clinics can be used to meet the majority of the primary care needs in a normal population. During crisis relocation, the establishment of outpatient clinics in the host areas can help cope with the increased demand for health services that accompanies the influx of relocatees into the host areas. The number of outpatient clinics needed in the host area can be estimated from the population to be served. Outpatient clinics would be staffed by primary health care providers, such as general practitioners, physician assistants, psychologists, laboratory technicians, and secretarial support.

C. Health and Medical Guidance for Crisis Relocation Planners

In Part Three, guidance is presented for use by the host-and risk-area crisis relocation planners to assist them in developing plans to provide essential h/m services for evacuating and host-area populations. This guidance is designed to supplement, rather than to duplicate, the guidance contained in a previous RTI final report [4] and is offered as Appendixes 5-10 to that report. It is unnecessary to alter the earlier guidance in any way.

Appendix 5 of the guidance presents information that will permit crisis relocation planners to estimate the number of nonrelocatable, relocatable, and dischargeable hospital patients that can be expected at any time. Nearly three quarters of the patients could be discharged immediately. Approximately 10 percent of all general hospital patients can be expected to be nonrelocatable, while about 15 percent would fall into the relocatable category.

Since it would be desirable to consolidate nonrelocatable patients into one hospital facility, or into as few as possible, estimates of the number

and types of personnel needed to staff a consolidation hospital facility are presented. These personnel estimates are based on a consolidation hospital patient census of 100 nonrelocatable patients. In addition, normal ratios of staff to patients are presented as a planning aid that would be particularly applicable to host areas, where additional hospital staff will be required to deal with the increased demand for hospital services caused by the influx of relocatees.

Appendix 6 provides the planner with a method that uses the crude death rate to estimate the number of deaths that could be expected for a 2-week relocation period. This method takes into account only those deaths that would occur under normal preattack conditions and does not account either for the increased number of deaths that might result from the stress of crisis relocation or for those that could result following a nuclear attack.

The potential h/m application of colleges and universities is discussed briefly in Appendix 7. These institutions often contain beds, student infirmaries, and laboratory facilities.

Desired ratios of public health professionals to population are presented in Appendix 8. Public health professionals considered include the following:

- Health Officer (e.g., Physician with MPH)
- Nonmedical Administrator
- Public Health Nurse
- Sanitarian
- Public Health Educator
- Laboratory Technician
- Public Health Dentist
- Sanitary Engineer

Appendix 9 provides the planner with a formula to estimate the number of additional outpatient clinics that would be needed to provide essential primary care services to relocatees. Guides are given for staffing outpatient clinics using a primary care team approach. Each clinic would be staffed by a primary care team consisting of:

- Primary care physicians
- Physician extenders
- Mental health practitioners
- Medical support personnel
- Nonmedical support personnel

In addition, a list of supplies and equipment is provided as an aid for planners to assist them in developing plans to equip outpatient clinics.

Because of the potential for an increase in the number of mental health problems or the aggravation of existing mental problems caused by the stress of crisis relocation, Appendix 10 addresses the importance of primary mental health practitioners in planning for crisis relocation h/m services. Mental health practitioners include psychiatrists, psychologists, social workers, and members of the clergy.

D. Detailed Plans for El Paso County and Fremont County

In an earlier report [4], prototype h/m annexes to crisis relocation plans for state, risk, and host jurisdictions were prepared for Colorado, El Paso County-Colorado Springs, and Fremont County, respectively. These early annexes identified the essential services that should be provided to cope effectively with the expected h/m problems resulting from crisis relocation. The present research extends the earlier work and presents detailed h/m annexes to the El Paso County Crisis Relocation Plan and Fremont County Crisis Relocation Plan. They are presented in Part Four of this report.

The detailed plans differ from earlier h/m annexes in that, in addition to addressing "what" services should be provided, they also consider the "who," "when," "where," and "how" of managing crisis relocation h/m problems.

Detailed plans were developed from the local planner's viewpoint. This was accomplished with the use of two approaches. First, existing crisis relocation contingency plans [5] for Colorado Springs were used as a reference source for detailed h/m planning. This provided basic planning information, including the definition of the risk and host areas, the population at risk, and the allocation scheme for the risk-area population, upon which h/m plans were developed. The contingency plans represent the viewpoint of Civil Preparedness officials responsible for the development of crisis relocation plans for El Paso County and Fremont County.

Secondly, the h/m plans incorporate the ideas of local health professionals. To the extent feasible, individuals from El Paso and Fremont Counties responsible for the delivery of health care (including hospital and nursing home administrators, hospital nursing supervisors, and hospital Disaster Committee members; health planners; and public health department staff) were consulted to obtain information on the normal operations of the health care system and how these operations could be modified to provide essential health care during crisis relocation. Finally, both local health providers and Civil Preparedness officials reviewed the plans for their completeness and feasibility. Their comments were incorporated into the plans to reflect their viewpoints.

Due to the level of detail of h/m plans presented in this report, more information was gathered and a better understanding of the health care system was possible than in the earlier h/m plans [4]. This and the passage

of time have resulted in differences between these detailed and the earlier prototype h/m plans. For example, crisis relocation plans for Emory John Brady Hospital in Colorado Springs and the key individuals in the plans have changed. However, the differences are few and, in all cases, result from a better understanding of the study areas.

Like the earlier h/m plans [4], the present plans are based on several assumptions, which include the following:

- Populations are in a relocated posture for approximately two weeks.
- In the context of this report, the term health and medical includes needs and services in the areas of medicine (including surgery), public health, and mortuary practice.
- The crisis relocation period under consideration is preattack; the postattack period is not addressed.
- The major h/m problems associated with a preattack crisis relocation period are likely to be of a primary care nature, with the potential for an increase in stress-induced problems and communicable diseases; in addition, there may be many nonrelocatable hospital patients in the risk area.

Health and medical plans were prepared separately for El Paso and Fremont Counties and were coordinated to ensure proper interfaces between the h/m services in the two counties. Each plan uses a similar format adopted from earlier crisis relocation planning by the Stanford Research Institute for DCPA [6,7].

Each of the two plans is divided into five major sections: Mission, Participation, Situation, Responsibilities, and Coordination. The Mission outlines the overall objectives of the H/M Service; the Participation

identifies the existing organizations participating in the H/M Service; and the Situation provides insight into the assumptions on which the h/m plans are based, including the definition of the population affected, information on the allocation scheme for the risk-area population, a discussion of any special population segments requiring particular attention, a discussion of areas requiring h/m services, and recognition of other local circumstances requiring special planning consideration. In Responsibilities, general responsibilities for the areas of medical care, public health, and mortuary services are presented, and the Coordination section provides necessary information that will allow for the planning and coordination of all H/M Service activities. In addition, the Coordination section identifies key individuals in the H/M Service organization, locations and telephone numbers of key individuals and participating organizations, communication systems that the H/M Service will use, reporting procedures, and, finally, an action checklist, which permits the H/M Service Coordinator to determine not only the readiness of the H/M Service during Internal Readiness and Mobilization, but also its strength and operational status during the Evacuation phase.

Detailed responsibilities for key individuals and participating organizations are contained in appendixes to each of the h/m annexes. Appendixes for participating organizations in the H/M Service identify the organizational structure of each organization, the essential supplies and equipment needed by that organization during the crisis relocation period, and the detailed responsibilities of that organization during the different time phases of crisis relocation.

E. Conclusions and Recommendations

Part Five presents conclusions and recommends additional research relevant to crisis relocation planning. Although developed for a specific community, the detailed h/m plans would probably be useful to other crisis

relocation planners that must prepare plans for their own communities. The health care system in many communities is complex. Hence, crisis relocation planners will probably require input from numerous health professionals in the development of comprehensive h/m plans for crisis relocation. Health Systems Agencies are valuable sources of health planning information and should be consulted by crisis relocation planners.

It is recommended that research be conducted in the areas of postattack h/m supply problems during crisis relocation, stress-induced problems expected during crisis relocation, and health information for crisis relocation planners.

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PART TWO

ANALYTICAL REPORT

A. Introduction

This section presents information pertinent to the management of h/m problems associated with crisis relocation. Information presented here does not duplicate that presented in earlier reports [1, 2]. Relocatable and dischargeable hospital patients are discussed. Providers of mental health care are identified, and the potential h/m application of colleges and universities is discussed briefly. Finally, outpatient medical services are discussed as they relate to crisis relocation, and information is presented on establishing, equipping, and staffing outpatient clinics.

B. Hospital Patient Profile

In 1963, Brown [3] concluded that, in the face of an impending nuclear disaster, all but a small percentage of seriously ill hospitalized individuals could be discharged. He referred to this seriously ill population as "hard-core" patients. In a more recent study of the crisis administration of hospital patients [4], the Research Triangle Institute (RTI) determined that about 10 percent of the general hospital population could not be discharged and/or relocated to host areas in the event of a crisis relocation. These patients were referred to as "nonrelocatable" patients.

The method used to arrive at the percentage of nonrelocatable hospital patients has been described [5]. Briefly, the method used was to classify all hospital patients by diagnostic category using National Center for Health Statistics data [6]. The percentage of all patients with a given diagnosis was determined and weighted for average length of stay. Medical consultants then evaluated the list of diagnoses, and the percentages of patients by diagnosis that were nonrelocatable were estimated.

Concurrently, estimates were also made of the percentages of hospital patients that are "dischargeble," or "relocatable." Dischargeable refers to risk-area hospital patients whose conditions are such that, in the event that crisis relocation appears likely, they can be discharged immediately, or over the 3-day evacuation period, and relocated to the host area with the general population. Nearly three quarters of general hospital patients are estimated to be dischargeable. Table I presents the percentages of patients by condition that are considered to be dischargeable.

About 15 percent of all hospital patients are expected to be relocatable (see Table I). Relocatable refers to risk-area hospital patients whose conditions are such that they can be relocated to the host area. They are, however, in need of continued medical care, which may be provided in the host areas on either an inpatient or an outpatient basis. Relocatable patients hospitalized in the host area may eventually be discharged.

Transportation of relocatable patients from risk areas to host areas does not necessarily require sophisticated emergency medical service (EMS) vehicles. Buses or vans would probably be suitable for most relocatable patients. They are spacious enough to allow the transport of relocatable patients that need to be lying down or that are attached to simple support equipment, such as an IV bottle. These patients should be accompanied to the host area by medical personnel. Other relocatable patients, such as circulatory, respiratory, or accident patients, may require continuous monitoring, oxygen, or other services in transport that are available only in ambulances or rescue vehicles. Arrangements for the use of EMS vehicles for transporting relocatable patients must be made during the planning

TABLE I. TYPES AND PERCENTAGES OF RELOCATABLE AND DISCHARGEABLE PATIENTS IN GENERAL HOSPITALS

Patient Diagnosis	Percentage Relocatable	Percentage Dischargeable
Infective disease	0.5	1.3
Neoplasms	1.5	6.0
Endocrine, nutritional, metabolic disease	0.6	2.3
Blood, blood-forming organ	0.2	0.5
Mental disorder	0.9	4.4
Nervous system sense organ	0.5	2.2
Circulatory system	4.8	10.2
Respiratory disease	1.0	5.0
Digestive system	1.9	8.5
Genitourinary	1.0	6.1
Pregnancy, childbirth	0.7	4.0
Skin and subcutaneous tissue	0.2	1.1
Musculoskeletal	0.6	4.7
Congenital, perinatal, ill-defined	0.2	1.4
Accident, poisoning	2.2	6.5
Newborn	0.2	9.4
TOTAL	17.0	73.6

stages and will require coordinated efforts between the H/M Service and the Fire and Rescue or Public Safety Services.

Table I shows the percentages of relocatable and dischargeable patients by 16 diagnostic categories of patients expected in a typical general hospital. Naturally, these figures will vary from one hospital to another. Nevertheless, it is believed that the 15-percent relocatable and 75-percent dischargeable estimates are useful medical planning aids.

C. Mental Health Care

It has been suggested that the stress of crisis relocation may cause psychological disturbances or exacerbate existing emotional conditions [7]. It has been demonstrated that, following major catastrophes, panic does not generally follow; people rarely disintegrate and become incapable of coping; mental illness does not suddenly appear; and people do not become incapable, ineffective, self-centered, and thoughtless [8]. Emotional problems do appear, however, and vary in nature and intensity depending on the kind of disaster and the length of time that has elapsed after the disaster [8].

Crisis relocation differs from natural disaster in that, initially, there is no loss of property or life as there is with floods, earthquakes, tornadoes, etc. Even so, the act of being uprooted and the uncertainty of whether or not a nuclear attack will occur may be sufficiently stressful to precipitate emotional problems in many. Crisis relocation may, however, resemble major catastrophes in that the most important mental health needs are likely to be in the area of crisis intervention. Crisis intervention refers to any therapeutic procedure utilizing relevant techniques in order to ameliorate the mental and emotional stresses related to crisis and implies a short-term and time-limited method [9]. Prolonged psychoanalytical methods will not be appropriate in a crisis relocation situation.

The implication of such a stressful period is that the need for mental health services and, thus, mental health providers will probably increase. Host-area providers of mental health services may be overwhelmed unless supported by risk-area personnel.

Professionals normally involved in the delivery of primary mental health care include psychiatrists, psychologists, and social workers. Another important resource in the community is the religious leader. Psychiatrists are involved in the study and treatment of mental, emotional, and behavioral disorders, including the psychoses and neuroses [10]. Unlike other mental health practitioners, the psychiatrist is a physician and can, therefore, prescribe drugs for patients. During crisis relocation, the more difficult cases possibly requiring medication are likely to be seen by psychiatrists, referred to him/her by nonphysician mental health workers. As of 1974, there were 25,713 psychiatrists (2,337 Federal and 23,376 non-Federal) in the United States; non-Federal psychiatrists involved in patient care totaled 20,284, of which 1,885 were child psychiatrists [11].

Psychologists are involved with understanding and modifying human behavior [12]. Clinical psychologists work in a variety of places and perform many activities, including the diagnosis and treatment of mental illness in community mental health centers, child guidance clinics, hospitals, and private practice [12]. There were an estimated 10,000 clinical psychologists in the United States, in 1972 [12]. Other psychologists, including counseling psychologists and school psychologists, would be valuable sources of mental health care during crisis relocation. In the event of crisis relocation, additional psychologists would be needed in host-area mental health centers and outpatient clinics as part of a comprehensive primary health care team.

Social work programs are designed to meet the special social needs of persons who are ill, disabled, aged, or otherwise handicapped [13]. Social workers working in hospitals and clinics work directly with patients and their families, helping them learn to cope with problems related to severe or long-term illness, recovery, and rehabilitation, and they contribute an understanding of significant social and emotional factors related to a patient's health [13]. Individuals that have advanced degrees in social work are trained in psychiatric therapy; in 1978, between 38,000 and 65,000 individuals had graduate training in social work [14]. Other social workers may be employed in psychiatric settings that provide them with psychiatric training. In 1978, there were approximately 40,000 social workers employed in health and related programs [14,15]. In 1974, 24,000 social workers were employed in psychiatric settings [15]. During crisis relocation, many risk-area social workers would be free to be assigned to host-area mental health clinics and outpatient clinics.

Another very important group dealing with mental health needs consists of ministers, rabbis, and other religious leaders. They are usually well known in their communities and are often turned to in times of emotional crisis. Many suicide prevention centers refer clients to clergymen as a mental health resource [16]. Spiritual leaders are an important element of mental health care and should be included in any h/m crisis relocation plans. Among the responsibilities of the clergy likely to continue during crisis relocation is the performance of funeral ceremonies.

Efforts in providing for the mental health needs of relocated and host-area populations might be facilitated if volunteers were trained in mental health or crisis intervention when it becomes apparent that crisis relocation will occur. The National Institute of Mental Health currently supports a program to train professionals and nonprofessionals in crisis

intervention following disasters. Such a program might be useful once the evacuation is complete and people are in a relocated posture. There may be sufficient time to train personnel prior to Evacuation, during late Internal Readiness or Mobilization.

Workers in all phases of disaster relief, including mental health workers, expose themselves to unprecedented personal demands in their desire to help meet the needs of the distressed. Those who overwork themselves may suffer the "burn-out" syndrome, which is a state of exhaustion, irritability and fatigue that occurs unrecognized and undetected by the worker and markedly decreases his/her effectiveness and capability [17]. Usually four to six weeks are required before the "burn-out" syndrome appears [17]; thus, it may not be a problem for mental health workers during a crisis relocation situation that lasts for only two or three weeks. However, a prolonged period in a relocated posture or a nuclear attack on the risk areas could provide a situation in which the "burn-out" syndrome may appear.

D. Application of Colleges and Universities to Crisis Relocation

A variety of facilities are used in providing for the inpatient and outpatient needs of a community. Among the facilities that were identified in an earlier report [18] as being potentially useful to crisis relocation planners were general and specialty hospitals; nursing homes; outpatient facilities; laboratories, pharmacies, and other medical support facilities; and various nonmedical facilities, such as hotels and motels. In addition to these facilities, colleges and universities should be examined by crisis relocation planners for their applicability to h/m services during crisis relocation.

Colleges and universities may be utilized for h/m services in several ways. Dormitories contain beds and rooms that could be modified to provide

inpatient services. Many campuses provide dietary and laundry services that would be needed in support of patients. Campus medical facilities, such as first aid stations and student infirmaries, would be directly applicable to medical services during crisis relocation. Infirmaries provide outpatient services and offer limited inpatient capabilities. Institutions that offer courses in the basic sciences often have laboratories that could readily be adapted to provide laboratory support to medical and public health activities. Schools that offer programs in medical and public health areas are likely to be especially adaptable to providing health and medical support for crisis relocation activities.

In addition to their potential h/m application, colleges and universities would be useful as congregate care facilities. The question of whether these facilities are used for h/m activities, congregate housing, or both must be decided by crisis relocation planners based on local needs.

E. Primary Outpatient Care

Primary care is the early detection and routine treatment of health problems and is the level of care at which most people enter the health care system [19]. Primary outpatient (ambulatory) care represents about 80 percent of the care required by consumers [20]. Crisis relocation is not likely to alter this situation. On the contrary, the need for ambulatory primary care may be greater as a result of (1) an increase in the number of stressed-induced problems, including both physical and emotional problems [7], and (2) an increase in the number of injuries associated with expedient shelter construction by evacuees [21].

Primary care covers ordinary ailments and is usually provided by generalists, combining the medical skills shared by family practitioners, general practitioners, internists, pediatricians, and obstetrician-gynecologists [22, 23]. Physician extenders, such as nurse practitioners

and physician assistants, are often relied upon to supplement physicians, and dental care and mental health services are usually provided by other team members [23]. Primary care should include x-ray, pharmacy, and laboratory services; these can be provided on-site or through arrangements with other institutions, such as hospitals [23, 24]. A receptionist and secretarial support are essential.

With the use of guidelines prepared by the Health Services Administration [24], estimates can be made of the physical facilities needed to house personnel and equipment necessary for the provision of ambulatory primary care. Medical services are usually provided by a team of two primary care physicians. The guidelines recommend that no more than two such teams occupy one ambulatory care unit. More than two teams would result in the centralization of services and could create greater travel distances for some persons. Another reason for limiting the number of primary care teams per clinic unit is to avoid creating excessive traffic around as well as in the clinic. Finally, facilities that have been identified as possible sites for outpatient clinics may not be large enough to accommodate more than two primary care teams.

Two examination rooms per physician are required. A room should also be available where members of the team, such as social workers and nurses, can counsel patients in privacy. A reception room and a waiting room should also be provided. The following procedure was adapted from a formula developed by the Health Services Administration [24] for estimating the number of examination rooms required during a 2-week crisis relocation period:

- Determine the number of patients expected by multiplying the eligible population by a utilization factor of 70 percent.

- Multiply by 4 (the average number of physician encounters per patient per year) to determine the number of physician encounters per year.
- Divide by 26 (the number of 2-week periods per year) to determine the number of physician encounters expected in a 2-week relocation period.
- Divide by the number of hours the clinic will be open during the the two weeks.
- Add 20 percent for peak load. The result will be the average number of patient visits per hour.
- Divide by three (the average number of physician encounters per physician per hour) to determine the number of physician's stations required. Each physician's station consists of two examination rooms and one consultation room.
- Multiply the number of physicians' stations by two to determine the number of examination rooms required.

Suitable locations for the establishment of ambulatory, or outpatient, care units must be determined. Schools, school gymnasiums, or existing clinics may be adapted to serve as a primary ambulatory care unit.

A variety of equipment is needed in such a clinic. Depending on the comprehensiveness of the services to be provided, equipment for clinical, mental health, laboratory, radiology, and pharmacy services would be needed. Basic primary care can probably be provided by using the equipment that can be transported to the clinic by the professionals that staff the clinic. Certain services, such as radiology and dental services, require equipment that is not easily transported and/or that entails special electrical and plumbing connections. Arrangements with institutions and facilities in the

area can be made for these services. The following list identifies items needed to equip a comprehensive ambulatory care unit [25]:

Clinical Care Unit

Examination light

Examination table, adjustable with stirrups

Sphygmomanometer with adult, pediatric, and infant cuffs

Otoscope-Ophthalmoscope

Examination stool

Casework with sink

Privacy screen, portable

X-ray view box

Mayo stand

Kick bucket

IV stand

Sigmoidoscopy set

Electrosurgical unit

Cast-cutting saw with vacuum

Utility table with casters

Solution bowl and stand

Utility cart

Drug cabinet, lockable

Refrigerator

Wheelchair

Typewriter

Stretcher

EKG unit

Clinical Care Unit (Continued)

Resuscitator/suction pump with accessories and supply items

Defibrillator with electrodes

Mental Health Service

Desk

Chairs

Laboratory Services

Casework with 2 sinks

Microscope, binocular zoom with illuminator

Microhematocrit centrifuge

Analytical centrifuge

Staining rack

Balance, metric (general purpose)

Culture incubator, electric

Refrigerator

Lab stool

Dry ice container

Radiology

Radiographic generator, 300 MA at 150 Kilovolt potential (KvP)

Horizontal radiographic table

Radiographic tube stand

Radiographic tube unit, rotating anode tube, 150 KvP with air circulator

Chest rack

Radiology (Continued)

X-ray film processor

Casework with sink

Pharmacy

Casework with sink

Prescription balance

Typewriter

Narcotics safe

Refrigerator

Dental Services

Dental chair

Dentist stool

Assistant stool

X-ray view box (dental type)

Dental light

Dentist unit

Assistant unit

Casework with sink

Air Compressor

Dental Services (Continued)

Suction unit (size varies)

Amalgamator

Dental x-ray unit

Dental x-ray film dispenser

Full-dentition x-ray machine with chair

Film processing tank, 2 gal., multi-size

Film drying rack

Thermostatic mixing valve

Water filtration unit, back-flush

Autoclave

Dry-heat sterilizer

General Facilities

Autoclave

Utility cart

Secretarial chair

Desk

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PART THREE

HEALTH AND MEDICAL GUIDANCE FOR CRISIS RELOCATION PLANNERS

A. Introduction

Health and medical (h/m) guidance is presented here to assist crisis relocation planners in developing h/m annexes to crisis relocation plans for their own communities. The guidance contained herein does not duplicate that presented in two earlier RTI reports, Management of Medical Problems Resulting From Population Relocation [1] and Study of Crisis Administration of Hospital Patients; and Study of Management of Medical Problems Resulting From Population Relocation [2]. Rather, the present h/m guidance supplements the earlier guidance and, as such, is designed as a planning aid offering various alternatives for managing medical problems that result from crisis relocation. As a supplement, the guidance presented here is best used when viewed along with the earlier material and is, therefore, presented as additional appendixes, Appendixes 5-10, to the earlier guidance [1].

Appendix 5 provides the planner with percentages of the normal hospital population that can be expected to be nonrelocatable, relocatable, and dischargeable. This appendix also suggests staffing patterns for a consolidation facility (for nonrelocatable patients) and for a normal hospital. A guide to estimating expected mortality during a 2-week preattack period is given in Appendix 6. In Appendix 7, the potential application of colleges and universities to the management of h/m problems during crisis relocation is discussed briefly. Desired ratios of public health personnel to population are contained in Appendix 8. Appendix 9 provides a method for estimating outpatient clinic needs and provides staffing and equipment guidelines for outpatient clinics. Appendix 10 identifies various mental health providers that will be needed to help individuals cope with the stress of crisis relocation and gives ratios of providers to population.

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Appendix 5

Dischargeable, Relocatable, and Nonrelocatable Hospital Patients

This appendix is of particular significance to risk-area crisis relocation planners and provides information on general short-stay hospital patients, who, for crisis relocation planning purposes, can be divided into three categories: nonrelocatable, relocatable, and dischargeable. Nonrelocatable patients include those patients that cannot be relocated to the host area for one or more of the following reasons: (1) because of their serious conditions, a move of more than a few miles would probably result in their death; (2) because transportation, equipped with sophisticated life support systems, is not available; (3) because an inordinate demand on an already short supply of host-area resources would be committed to caring for a few patients that may have poor prognoses; or (4) because the necessary hospital equipment and personnel is not available in the host area.

Relocatable patients are those patients who require hospitalization but do not present the limiting factors described above for nonrelocatables. Thus, they can be relocated to the host areas.

Dischargeable patients are those people in hospitals for elective procedures, for treatment of non-life threatening conditions or illnesses, or who are recovering from surgery, pregnancy, or illness. These individuals can be discharged immediately or within the three days allowed for the evacuation of risk areas.

Table I shows the approximate percentages of general hospital patients that would likely be classified into one of the three categories. These percentages would be expected to vary among hospitals but, nonetheless, are useful as a means of assessing the magnitude of the problem of hospital patient disposition.

TABLE I. APPROXIMATE PERCENTAGES OF GENERAL HOSPITAL PATIENTS THAT ARE NONRELOCATABLE, RELOCATABLE, OR DISCHARGEABLE

Patient Type	Percentage of Total Patients
Nonrelocatable	10
Relocatable	15
Dischargeable	75

To illustrate how this information can be used, consider the Colorado Springs, Colorado, risk area. There are 6 general hospitals with a total of about 1000 beds. By multiplying 1000 by the percentages in Table I, it is estimated that there are, approximately, 100 nonrelocatable hospital patients, 150 relocatable hospital patients, and 750 dischargeable hospital patients. By using the number of beds rather than the actual patient census, a conservative approximation of the number of patients in each category is obtained.

Among specialty hospitals, such as psychiatric, chronic disease, and tuberculosis hospitals, patient profiles vary substantially so that no estimates of the percentages of dischargeable, relocatable, and nonrelocatable patients have been generated. However, in private psychiatric hospitals, it appears probable that fewer than 5 percent of the patients would be classified as nonrelocatable.

Estimates of the number of health personnel required to care for 100 nonrelocatable patients that have been consolidated into a single hospital are shown in Table II. The estimates assume a level of care equivalent to that provided during normal circumstances.

Estimates of the number of health personnel required to care for 100 normal hospital patients are shown in Table III. This is more likely to be the situation in host-area hospitals, where there would be fewer critically ill or injured patients. These estimates are intended as planning aids and should be modified according to the specific needs of individual hospitals. Consultation with local hospital officials would provide better estimates for the community in question.

TABLE II. ESTIMATE OF PERSONNEL REQUIRED TO CARE FOR NONRELOCATABLE PATIENTS

Personnel Category	No. of Personnel/100 Nonrelocatable Patients
Administrative	3
Dietetic	4
Laboratory	23
Medical	16*
Nursing	190
Pharmacy	4
Radiology	12
Respiratory Therapy	10
Other Professional	13
Nonprofessional/Nontechnical	120
TOTAL	395

*The medical staffing requirement is not directly related to the number of patients but related to the number of different conditions among the patients.

TABLE III. ESTIMATE OF PERSONNEL REQUIRED TO CARE FOR PATIENTS UNDER NORMAL CIRCUMSTANCES

Personnel Category	No. of Personnel/100 Patients
Administrative	3
Dietary	4
Laboratory	23
Medical*	6-7
Nursing	116
Pharmacy	4
Radiology	12
Respiratory Therapy	5
Other Professional	26
Nonprofessional/Nontechnical	120
TOTAL	320

*Physicians are not usually employees of hospitals, and estimates of numbers of physicians are difficult to make. It should be the responsibility of the medical staff to determine needs and make assignments.

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Appendix 6

Expected Mortality

Planning for mortuary services during crisis relocation would be facilitated if the number of deaths likely to occur during the relocation period could be estimated. This appendix provides the planner with an aid for making such an estimate.

The mortality, or death, rate is the number of deaths occurring in a population during a particular period of time, e.g., 7 deaths per 1,000 people per year. Mortality rates vary from one place to another. Age is one of the principal determinants of mortality, and differences in the age composition of the population will influence mortality rates. In order to estimate the number of deaths in a specific county, for example, the county mortality rate should be used. For any county, then, the expected mortality during a 2-week crisis relocation period would be given by

$$\text{number of deaths} = \frac{\text{county population in thousands} \times \text{number of deaths in the county/1,000 people/year}}{\text{26 2-week periods/year}},$$

where the number of deaths per year is specific for the county under consideration.

Host-area crisis relocation planners must also consider mortality among risk-area residents that will relocate to their jurisdictions. Thus, the expected number of deaths in the host area during a 2-week crisis relocation period is given by

$$\text{number of deaths} = \frac{\text{host county population in thousands} \times \text{host county mortality rate}}{\text{26 2-week periods/year}}$$

$$+$$

$$\frac{\text{number of relocatees in thousands} \times \text{risk-area mortality rate}}{\text{26 2-week periods/year}}.$$

Crude death, or mortality, rates by county can usually be obtained from state and local health departments and/or from health systems agencies. In the absence of more specific data, the 1975 death rate for the United States (8.9 deaths per 1,000 population per year) can be used to estimate the number of deaths expected during a 2-week crisis relocation period. This rate does not take into account the deaths that would occur following a nuclear attack; nor does it consider an increase in the number of deaths precipitated by the stress of crisis relocation. It is useful, nevertheless, for purposes of estimating mortuary needs during crisis relocation.

Appendix 7

Application of Colleges and Universities to Crisis Relocation Planning

Health and nonhealth facilities that are potentially applicable to crisis relocation planning were discussed in "Health and Medical Guidance for Crisis Relocation Planners" [Ref.3]. To the list of nonhealth facilities already identified, colleges and universities should be added. In addition to being sources of beds, these facilities are potential sources of medical and laboratory facilities. College infirmaries provide outpatient and, occasionally, inpatient health care. Chemistry and biology laboratories could be modified to support h/m services during crisis relocation. Gymnasiums and other large facilities are suitable as sites for outpatient clinics.

The use of such facilities for h/m services need not conflict with other proposed uses, such as congregate housing. In fact, the establishment of outpatient clinics and laboratory services in close proximity to congregate housing improves the ability of persons to attain needed medical attention.

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Appendix 8

Public Health Manpower

Desired ratios of selected health personnel to population were presented in the earlier guidance [4]. The product of the resource units/unit of population ratio and the population to be served gives a needs estimate for that resource. In planning for the provision of public health and environmental sanitation services, the following personnel-to-population ratios may be used as guidelines in estimating number and type of public health personnel required:

1 Health Officer (e.g., Physician with MPH)	per 100,000 population
1 Nonmedical Administrator	per 40,000 population
1 Public Health Nurse	per 4,000 population
1 Public Health Sanitarian	per 18,000 population
1 Public Health Educator	per 50,000 population
1 Laboratory Technician	per 40,000 population
1 Sanitary Engineer	per 60,000 population
1 Public Health Dentist	per 100,000 population
1 Secretary	per 3 public health practitioners

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Appendix 9

Outpatient Services

The influx of relocatees into host areas will increase host-area needs for both inpatient and outpatient medical services, especially primary health care services. This Appendix provides a method for estimating the number of outpatient clinics that are needed, based on population size. In addition, guides are provided for the staffing and equipping of outpatient clinics.

The number of outpatient clinics can be determined indirectly from estimates of the number of examination rooms required. To estimate the number of examination rooms required, perform the following series of calculations:

1. eligible population x 0.70* = expected number of patients
2. expected number of patients x 4†/26§ = number of patient visits for a 2-week period
3. number of patient visits for a 2-week period/number of hours that the clinic will be open during the 2-week period x 1.20** = average number of patient visits per hour
4. average number of patient visits per hour/3†† = number of physicians required
5. number of physicians x 2§§ = number of examination rooms required

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*Utilization factor.
†Average number of physician visits per patient per year.
§Number of 2-week periods in one year.
**20 percent adjustment for peak load.
††Average number of physician visits per physician per hour.
§§There should be two examination rooms per physician.

There should be one physician for every two examination rooms, and, preferably, two physicians should work together as a primary health care team. Physicians in the following specialties are commonly regarded as primary care physicians:

- Family practice
- General practice
- Internal medicine
- Pediatrics
- Obstetrics-Gynecology

To complete the primary care team, representatives from the following categories of health personnel should be assigned to each team:

- Physician extenders
  - Nurses
  - Nurse practitioners
  - Physician assistants
- Mental health practitioners
  - Psychiatrists
  - Clinical psychologists
  - Psychiatric social workers
  - Clergymen
- Medical support personnel
  - Laboratory technicians
  - Pharmacists
  - X-ray technicians
- Nonmedical support personnel
  - Administrators
  - Bookkeepers
  - Secretaries

At least one representative from the categories of nonphysician health professionals--i.e., physician extender, mental health practitioner, and medical and nonmedical support personnel--should be assigned to each primary care team.

To avoid crowding and to keep automobile traffic within reasonable limits, no more than two teams should occupy the same facility. Thus, an outpatient clinic would ideally consist of one or two primary care teams.

In addition to examination rooms, outpatient clinics should provide a reception and waiting area for patients. In the waiting area, two seats per examination room are recommended. Separate areas should be designated for the establishment of laboratory services, pharmacy services, nonmedical support services, and mental health services.

Plans for equipping outpatient clinics should be prepared with assistance from a clinician. The following list is presented as a guide *only*:

Clinical Care Unit

Examination light

Examination table, adjustable with stirrups

Sphygmomanometer with adult, pediatric, and infant cuffs

Otoscope-Ophthalmoscope

Examination stool

Casework with sink

Privacy screen, portable

X-ray view box

Mayo stand

Kick bucket

IV stand

Sigmoidoscopy set

Clinical Care Unit (Continued)

Electrosurgical unit

Cast-cutting saw with vacuum

Utility table with casters

Solution bowl and stand

Utility cart

Drug cabinet, lockable

Refrigerator

Wheelchair

Typewriter

Stretcher

EKG unit

Resuscitator/suction pump with accessories and supply items

Defibrillator with electrodes

Mental Health Service

Desk

Chairs

Laboratory Services

Casework with 2 sinks

Microscope, binocular zoom with illuminator

Microhematocrit centrifuge

Analytical centrifuge

Staining rack

Balance, metric (general purpose)

Culture incubator, electric

Refrigerator

Lab stool

Dry ice container

Radiology

Radiographic generator, 300 MA at 150 Kilovolt Potential (KVP)

Horizontal radiographic table

Radiographic tube stand

Radiographic tube unit, rotating anode tube, 150 KvP with air circulator

Chest rack

X-ray film processor

Casework with sink

Pharmacy

Casework with sink

Prescription balance

Typewriter

Narcotics safe

Pharmacy (Continued)

Refrigerator

Dental Services

Dental chair

Dentist stool

Assistant stool

X-ray view box (dental type)

Dental light

Dentist unit

Assistant unit

Casework with sink

Air compressor

Suction unit (size varies)

Amalgamator

Dental x-ray unit

Dental x-ray film dispenser

Full-dentition x-ray machine with chair

Film processing tank, 2 gal., multi-size

Film drying rack

Thermostatic mixing valve

Water filtration unit, back-flush

Autoclave

Dry-heat sterilizer

General Facilities

Autoclave

Utility cart

Secretarial chair

Desk

It is realized that when crisis relocation occurs, some of the equipment listed above will not be obtainable, nor is it likely that all of the items will be necessary. Some equipment, such as dental and x-ray equipment and some laboratory items, is not easily transported and/or has electrical and plumbing requirements not generally available. Instead, arrangements for dental, x-ray, and certain laboratory services can be made with local hospitals, dentists, or other institutions.

Several sources of the above items exist. Health practitioners that staff the clinics could be expected to bring some of their own equipment with them. Other sources of supplies include the following:

- Risk-area medical facilities
- Industrial and commercial medical supply facilities
- Retail pharmacies
- Government-operated health departments

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Appendix 10

Mental Health Providers

The assignment of mental health professionals to risk- and host-area h/m services is important to the overall provision of health services. Psychiatrists, psychologists, and social workers are the major providers of mental health care. The ratio of mental health workers to population varies greatly by location. As a rough guide, national ratios can be used to estimate the need for primary mental health professionals:

Psychiatrists	1 per 10,000
Psychologists*	1 per 15,000
Social Workers	1 per 6,000

Members of the clergy should also be considered as important providers of emotional and mental health care.

Professionals and nonprofessionals can be trained in crisis intervention to help relieve the expected load on social workers, psychiatrists, and psychologists. The National Institute of Mental Health is currently involved in training crisis intervention workers for natural disaster stress related problems. Such a program might be appropriate during the very early stages of crisis relocation or after evacuation has occurred.

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*Includes clinical, counseling, and school psychologists.

REFERENCES FOR PART THREE

1. Laney, M. N., P. F. Giles, D. R. Johnston, and E. L. Hill. Management of medical problems resulting from population relocation. Vol. II. Research Triangle Institute, Research Triangle Park, North Carolina, May 1976.

2. Johnston, D. R., M. N. Laney, R. L. Chessin, and D. G. Warren. Study of crisis administration of hospital patients; and study of management of medical problems resulting from population relocation. Research Triangle Institute, Research Triangle Park, North Carolina, September 1978.

3. Ref. 1, pp. II-9-II-10.

4. Ref. 1, p. II-11.

PART FOUR

DETAILED PLANS

FOR

EL PASO COUNTY

AND

FREMONT COUNTY

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EL PASO COUNTY
CRISIS RELOCATION PLAN

ANNEX D

HEALTH AND MEDICAL SERVICE

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ANNEX D

Health and Medical Service

I. MISSION

The mission of the El Paso County Health and Medical (H/M) Service is (a) to provide inpatient and outpatient care for nonrelocatable patients in Colorado Springs, civilians relocated to the Air Force Academy, and civilians in other nonrisk areas of El Paso County; (b) to coordinate the consolidation of patients, equipment, and personnel of hospitals in the risk area; (c) to coordinate the transport of relocatable patients to host counties; (d) to coordinate the allocation of health and medical (h/m) resources, as feasible, to host counties; and (e) to provide for the disposition of the dead.

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II. PARTICIPATION

The organizations participating in the El Paso County H/M Service and their functional relationships are shown in Figure 1.

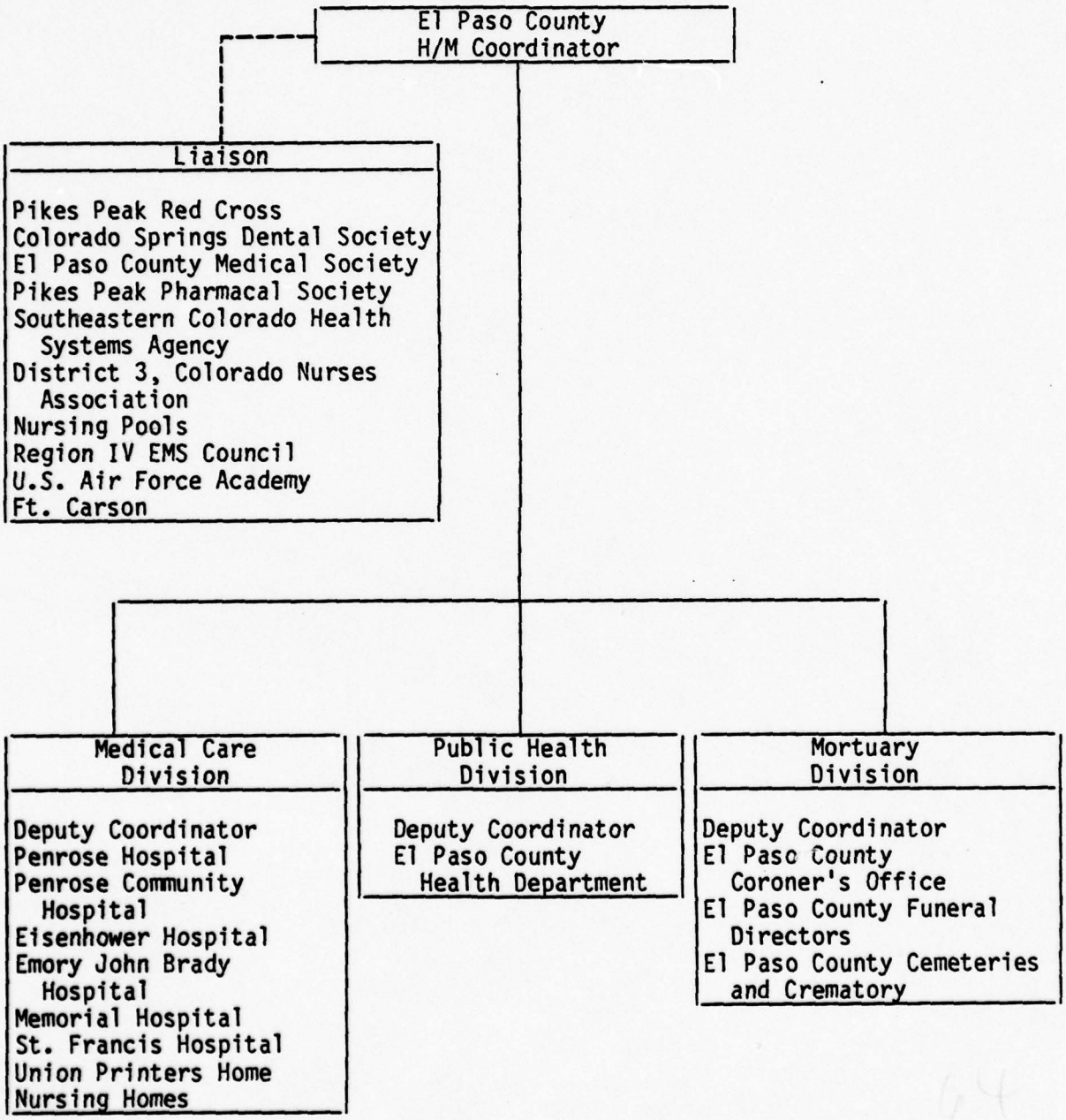


Figure 1. Functional Relationships of El Paso County H/M Service Organizations

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III. SITUATION

Relocation of the risk-area population of El Paso County will occur only at the direction of the Governor of Colorado. Relocation of the risk-area population will be mandatory and will be to nine host counties and designated parts of El Paso County. Although active-duty military personnel are not covered by the El Paso County Crisis Relocation Plan (CRP), their dependents are covered. Fort Carson dependents will relocate to Fremont County. Population relocation will be carried out over a period of three days, and the anticipated duration of the relocation is two weeks. The return of the relocated population to their homes will occur only at the direction of the Governor of Colorado.

Operations and missions of the El Paso County H/M Service will be carried out during the Internal Readiness, Mobilization, and Evacuation time periods. These periods are defined as follows:

Internal Readiness: The period of normal readiness up to the receipt of advice to prepare to evacuate. Actions taken during this period include the preparation of plans.

Mobilization: The period beginning with the receipt of advice to prepare to evacuate and ending with the order to evacuate. Actions taken during this period include the activation of personnel and equipment necessary to effect an orderly evacuation and to provide for the continuation of essential services in the host and evacuating jurisdictions.

Evacuation: The period beginning with the order to evacuate and ending with the announcement that crisis relocation has ended, including the return of relocatees to the risk area. Actions taken during this period include alerting and evacuating the risk area and caring for the civilian population in both host and evacuating jurisdictions.

The principal mode of transportation will be the private motor vehicle.

The 1970 population of El Paso County was approximately 236,000, with 219,000 residents in the risk area and 17,000 residents in the nonrisk area.

Approximately 14 percent (30,000) of the risk-area population is composed of active-duty military personnel and is covered by military disaster plans. Approximately 56,000 persons are military dependents and are assigned to host counties along with civilians. Critical workers* and their families number about 42,000 and will be relocated to the Air Force Academy; the workers will commute in and out of the risk area daily. Some 17,000 residents will remain in the nonrisk, or stay-put, area of El Paso County.

Although relocation is mandatory, it is assumed that some of the risk-area residents may refuse to relocate. In addition, relocation of certain critically ill or injured patients from risk-area hospitals will be impractical and/or undesirable. Further, medical care must be provided for critical workers. Therefore, it will be necessary both to provide outpatient services in the risk area for these residents and critical workers and to provide inpatient care for nonrelocatable patients.† First aid must also be available at the 22 staging areas in Colorado Springs. The El Paso County H/M Service is responsible for the provision of medical care for the nonrisk, or stay-put, populations of the County as well. Hence, it will be necessary to establish outpatient facilities in the nonrisk area. Since the majority of El Paso

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*A distinction between critical and essential workers is made. Critical workers are those that shall continue working in the risk portion of El Paso County. Essential workers are those that will be needed in host counties to provide essential care.

†Nonrelocatable patients are those patients considered to be too severely ill or injured to be moved more than a few miles. If these patients were relocated their life support needs are so great that they would place an inordinate strain on an already short supply of health resources in the host area. In addition, the life support systems required for these patients may not even exist in many host areas.

County residents and all relocated hospital patients* will be cared for by host counties, the El Paso County H/M Service will provide support to the host areas in the form of h/m personnel, equipment, and supplies. Additional h/m personnel will be available from hospitals after the consolidation of nonrelocatable patients from all of the hospitals into Penrose Hospital or, if Penrose is unavailable, Memorial Hospital.

For planning purposes, hospital personnel are grouped into one of ten categories, which are defined as follows:

Administrative:	Includes administrators, but does not include clerical support.
Dietary:	Dietitians, head cooks.
Laboratory:	Medical technologists and laboratory assistants.
Nursing:	RNs, LPNs, and aides.
Pharmacy:	Pharmacists and pharmacy technicians.
Radiology:	Radiologic technologists or technicians.
Respiratory therapy:	Respiratory therapists.
Other professionals:	Therapists (physical, recreational, and occupational), mental health professionals (psychologists and social workers), physicians' assistants and aides, medical machine technicians, anesthetists, speech pathologists and audiologists, and emergency medical technicians.
Nonprofessional/: Nontechnical	Laundry, maintenance, housekeeping, supply, security, clerical, and other support personnel.
Medical:	Physicians (MD and DO)

*About 15 percent of the general hospital patients will be relocatable, i.e., their conditions are such that they can be moved relatively easily to host areas. However, once they are in the host areas, these patients will require continued medical care, which may be on an inpatient or outpatient basis. If hospitalized in host-area hospitals, many relocated patients could be discharged eventually.

The assignment of physicians, dentists, nurses, and pharmacists to host-area h/m services will be accomplished in cooperation with the El Paso County Medical Society, the Colorado Springs Dental Society, District 3 of the Colorado Nurses Association, and the Pikes Peak Pharmacal Society. Assignment of other h/m specialists will also be made in cooperation with the appropriate professional society and/or organization.

IV. RESPONSIBILITIES

A. Office of the H/M Coordinator

Control of h/m operations will be the responsibility of the H/M Coordinator. The H/M Coordinator will be assisted by the Deputy Coordinators of the Medical Care, Public Health, and Mortuary Divisions (see Appendix 1). The responsibilities of the Office of the H/M Coordinator are:

1. To prepare, in cooperation with the Civil Preparedness Coordinator and participating organizations, a plan to provide h/m services for the risk and nonrisk populations of El Paso County and to support host-area h/m services during the relocation period.
2. To establish liaison with each of the host-area H/M Coordinators.
3. To establish liaison with the medical officers in charge at Fort Carson and the Air Force Academy.
4. To establish liaison with the Southeastern Colorado Health Systems Agency, the Pikes Peak Chapter of the American Red Cross, and the Region IV Emergency Medical Service (EMS) Council* to enlist their assistance in the development and implementation of the H/M Annex.
5. To establish liaision with other crisis relocation emergency services, i.e., Direction and Control, Law and Order, Fire and Rescue, Resource and Supply, and Reception and Care.

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*Close coordination between H/M Service activities and EMS activities is essential during crisis relocation. Especially important is the transition period between the late Mobilization period and the early Evacuation period, when risk-area hospitals are reducing their operations and eventually closing, and when overall emphasis of h/m services is being shifted away from the risk area to the host areas. Coordination of h/m services with EMS activities during this transition is essential to ensure the proper medical response by emergency vehicles and personnel to victims of sudden illness or accidents.

6. To develop a method of surveying El Paso County health professionals to determine their availability in the event of crisis relocation (see Appendix 2).*

7. To enlist the assistance of professional organizations, e.g., the El Paso County Medical Society and District 3 of the Colorado Nurses Association, in the development and implementation of the H/M Annex.

8. To prepare and maintain--in cooperation with hospitals, nursing homes, the Health Department, outpatient clinics, professional organizations, and nursing personnel pools--a roster of h/m personnel residing in El Paso County.

9. To plan for and coordinate the establishment of three outpatient clinics in Calhan, Monument, and the Air Force Academy, thus providing residents and relocatees with access to primary medical care.

10. To provide cards or other identification for critical and essential h/m workers.

11. To coordinate, in conjunction with Deputy Coordinators, professional societies, and other participating organizations, the assignment of h/m personnel (including physicians, veterinarians, nurses, dentists, pharmacists, medical technologists, morticians, x-ray technicians, optometrists, dental hygienists, public health

*The potential problem of role conflict among persons asked to participate in the H/M Service should be recognized. Assignments of such individuals to the H/M Service may, if accepted, separate them from family members or close friends that have different crisis relocation assignments. This has serious implications as to the willingness of individuals to participate and the resulting overall availability of h/m personnel during crisis relocation. This is less likely to be a problem in host areas than it is in risk areas, where assignments may threaten to send risk-area family members to different host counties.

specialists, chiropractors, hospital administrators, social workers, microbiologists, clinical chemists, dietitians, physical therapists, occupational therapists, podiatrists, psychologists, emergency medical technicians, etc.).

12. To plan for and coordinate the allocation of h/m supplies and equipment to host counties and nonrisk portions of El Paso County.
13. To plan for and coordinate the relocation of essential h/m personnel and their families to assigned locations in the host counties.
14. To direct h/m operations during relocation.

B. Medical Care Division

A Deputy H/M Coordinator will be responsible for the planning for and coordination of medical care during crisis relocation. The Deputy Coordinator will be assisted by representatives of professional associations; the inpatient, outpatient, and emergency departments of hospitals; clinics; area nursing care facilities; and nursing personnel pools. Detailed responsibilities for key individuals and organizations in the Medical Care Division are presented in Appendixes 3-15. The responsibilities of the Medical Care Division are:

1. To plan for and coordinate the consolidation of nonrelocatable hospital patients.
2. To coordinate the transportation of relocatable patients to the host areas.
3. To coordinate the relocation of nursing home patients to the host areas.

4. To provide outpatient and inpatient services for civilians in El Paso County by establishing clinics in Calhan and Monument, and at the Air Force Academy.

5. To coordinate, in conjunction with the H/M Service Coordinator and professional associations, the assignment of h/m personnel in both El Paso County and the host counties.

6. To plan for and coordinate the allocation of h/m supplies for medical activities in El Paso County and in host counties.

7. To coordinate medical care activities during crisis relocation.

C. Public Health Division

A Deputy H/M Coordinator will head the Public Health Division. The Deputy Coordinator will be assisted by public health nurses, environmentalists, (sanitarians) and other public health specialists (see Appendixes 16-17). Their responsibilities are:

1. To develop a plan for the continuation of essential public health services in El Paso County during the relocation period.

2. To identify and to plan for any emergency public health or environmental sanitation requirements peculiar to crisis relocation.

3. To determine the additional requirements for public health services for Park* and Teller Counties (normally served by the El Paso County Health Department) made necessary by their increased populations.

4. To cooperate in the allocation and assignment of health department personnel to host counties.

5. To plan to safeguard and maintain vital records during crisis relocation.

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*Although Park County is not one of the host counties for the El Paso-Colorado Springs risk area, it is normally served by the El Paso County Health Department and must, therefore, be considered.

6. To enlist the cooperation and participation of health department employees in the relocation plans.
7. To plan for the relocation of health department employees and their families in the event of crisis relocation.
8. To continue to provide public health services during the relocation period.

D. Mortuary Division

The El Paso County Coroner will serve as Deputy H/M Coordinator for the Mortuary Division. The Deputy Coordinator will be assisted by El Paso County funeral directors and cemetery officials (see Appendixes 18-20). Their responsibilities are:

1. To develop a plan for the provision of mortuary services in El Paso County during crisis relocation.
2. To plan for the continuation of coroner functions during crisis relocation.
3. To determine the requirements for personnel, supplies, and equipment during the relocation period.
4. To enlist the cooperation and participation of mortuary and cemetery personnel in the development and execution of relocation plans.
5. To make tentative relocation assignments in cooperation with the H/M Coordinator.
6. To participate in planning for the relocation of mortuary personnel and their families to relocation sites in the event of crisis relocation.
7. To provide mortuary services during crisis relocation.

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V. COORDINATION

A. Organization

The organization of the El Paso County H/M Service during relocation is shown in Figure 2. Dr. Charles Dowding, Director, El Paso County Health Department, is the H/M Coordinator. He has overall responsibility for h/m services in El Paso County. He is located in the Emergency Operations Center (EOC) at 230 E. Kiowa Street in Colorado Springs.

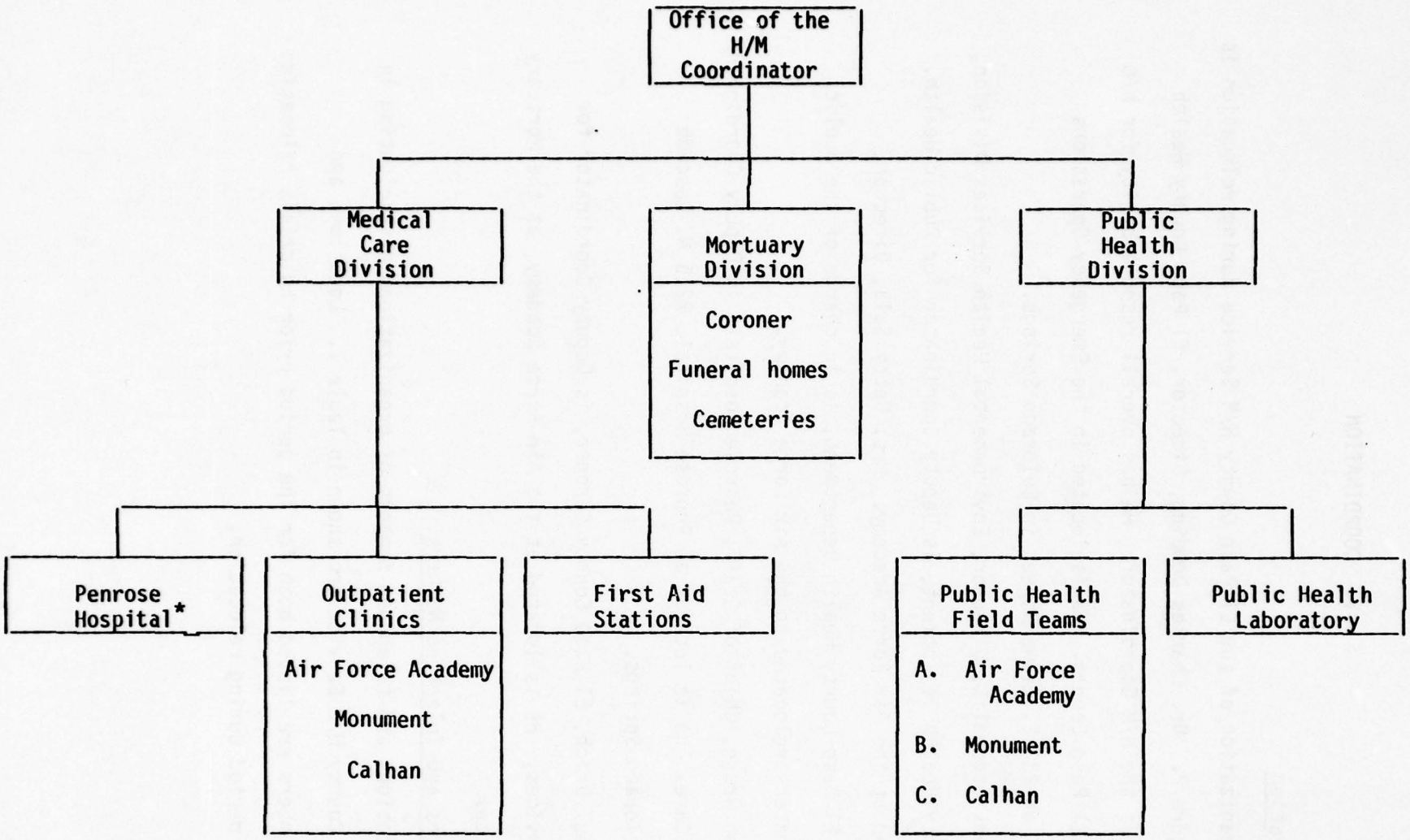
Mr. Frank Otoupalik, Director, Environmental Health Services Division, El Paso County Health Department, is Deputy Coordinator for Public Health. He is located at the Air Force Academy. Mrs. Betty Sala, Director, Laboratory, El Paso County Health Department, is in charge of the public health laboratory relocated to the Air Force Academy.

Mr. John Gregg, Chief of Staff, Penrose Hospital, is Deputy Coordinator for Medical Care. He is located at Penrose Hospital, 2215 N. Cascade Street in Colorado Springs.

Dr. Raoul Urich, El Paso County Coroner, is Deputy Coordinator for Mortuary Services. He is located at the Air Force Academy, at the Mortuary Affairs Office.

B. Locations and Telephone Numbers

The locations and telephone numbers of organizations participating in the El Paso County H/M Service are shown in Table I. Locations and telephone numbers are listed both for the period prior to crisis relocation and for the period during relocation.



*Memorial Hospital is the alternate consolidation facility.

Figure 2. Organization of the El Paso County H/M Service

TABLE I. LOCATIONS AND TELEPHONE NUMBERS OF ORGANIZATIONS IN THE EL PASO COUNTY H/M SERVICE

ORGANIZATION	LOCATION AND TELEPHONE NUMBER	
	Prior to Relocation	During Relocation
H/M Coordinator	501 N. Foote Ave. Colorado Springs 475-8240	230 E. Kiowa St. Colorado Springs 632-1180
MEDICAL CARE DIVISION		
Deputy Coordinator	2215 N. Cascade Ave. Colorado Springs 475-3111	Same
Penrose Hospital	2215 N. Cascade Ave. Colorado Springs 475-2600	Same
Emory John Brady Hospital	2135 Southgate Rd. Colorado Springs 473-4460	Thunderbird Motel 0028 County Rd. 3-A Fremont County 275-3168
Eisenhower Hospital	33 Barnes Ave. Colorado Springs 475-2111	*
Memorial Hospital	1400 E. Boulder St. Colorado Springs 475-5011	(1400 E. Boulder St. 475-5011)†
Penrose Community Hospital	3205 N. Academy Blvd. Colorado Springs 591-2511	*
St. Francis Hospital	E. Pikes Peak Ave. and Prospect St. Colorado Springs 473-6830	*
Union Printers Home and Hospital	Pikes Peak Ave. and Union Blvd. Colorado Springs 634-3711	Teller County§

(Continued)

NOTE: See footnotes following table, p. 76.

TABLE I. LOCATIONS AND TELEPHONE NUMBERS OF ORGANIZATIONS IN THE EL PASO COUNTY H/M SERVICE (Continued)

ORGANIZATION	LOCATION AND TELEPHONE NUMBER			
	Prior to Relocation		During Relocation	
El Paso County Nursing Facilities				
Beverly Hills Recovery Center	1795 Monterey Rd. Colorado Springs	471-7850	Canon City Motel, 1232 Main St., Canon City	275-5018
			Travelers Motel, 1025 Main St., Canon City	275-2395
			Bel-Aire Motel, 1031 Royal Gorge Blvd., Canon City	275-9601
			Colorado Motel, 1231 Royal Gorge Blvd., Canon City	275-5321
Cheyenne Mountain Nursing Center	835 Tenderfoot Hill Rd. Colorado Springs	576-8380	Royal Gorge Motel, 1925 Fremont Dr., Canon City	275-3377
			Sky Valley Motel 205 Greydene Ave. Canon City	275-2783
Colonial Columns Medical and Retirement Center	1340 E. Fillmore St. Colorado Springs	473-1105	Chaffee County**	
Colorado Springs Life Care Center	924 W. Kiowa St. Colorado Springs	636-5221	Chaffee County**	
Fairview Care Center	825 S. Hancock Ave. Colorado Springs	635-2531	Century Motel, 2990 Main St., Canon City	275-2829

(Continued)

NOTE: See footnotes following table, p. 76.

TABLE I. LOCATIONS AND TELEPHONE NUMBERS OF ORGANIZATIONS IN THE EL PASO COUNTY H/M SERVICE (Continued)

ORGANIZATION	LOCATION AND TELEPHONE NUMBER	
	Prior to Relocation	During Relocation
Fairview Care Center (Continued)	825 S. Hancock Ave. Colorado Springs 635-2531	El Camino Motel 2980 Main St. Canon City 275-4280
Four Seasons Nursing Center	920 S. Chelton Rd. Colorado Springs 473-7780	Ramada Inn, Hwy 50 Canon City 275-8676
Garden of the Gods Nursing Home	104 Lois Lane, Colorado Springs 635-2569	Teller County**
Medalion Med-Center	1719 E. Bijou St. Colorado Springs 471-4800	Rainbow Motel 720 Main St., Florence 784-6488
Norton Nursing Home, Inc.	2612 W. Cucharras St. Colorado Springs 632-7474	Chaffee County**
Pikes Peak Manor, Inc.	2719 N. Union Blvd. Colorado Springs 636-1676	Chaffee County**
Prospect Lake Nursing Facility	1420 E. Fountain Blvd. Colorado Springs 632-7604	Holiday Motel 1502 Main St., Canon City 275-3317
Springs Village Recovery Center	110 W. Van Buren St. Colorado Springs 475-8686	Chaffee County**
Sunnyrest Sanatorium	2400 Cache La Poudre St. Colorado Springs 471-8700	Cadaleen Motel, 403 Royal Gorge Blvd., Canon City 275-9980
		Parkview Motel, 231 Royal Gorge Blvd., Canon City 275-3319

(Continued)

NOTE: See footnotes following table, p. 76.

TABLE I. LOCATIONS AND TELEPHONE NUMBERS OF ORGANIZATIONS IN THE EL PASO COUNTY H/M SERVICE (Continued)

ORGANIZATION	LOCATION AND TELEPHONE NUMBER	
	Prior to Relocation	During Relocation
Sunnyrest Sanatorium (Continued)	2400 Cache La Poudre St. Colorado Springs 471-8700	Pioneer Motel 201 Main St., Canon City 275-3015
		Star Court, 331 Royal Gorge Blvd., Canon City 275-9351
Terrace Gardens Nursing Center, Inc.††	2438 Fountain Blvd. Colorado Springs 473-8000	Florence Hotel 201 W. Main St., Florence 784-6373
		St. Joseph Manor 600 W. 3rd St., Florence 784-6361
		State Veterans Nursing Home, Moore Dr., Florence 784-6331
Cheyenne Village	183 Crystal Park Rd. Manitou Springs 685-5666	No host facility necessary§§
Casburn Residential Care Facility	920 E. Costilla St. Colorado Springs 632-6367	No host facility necessary§§
El Paso County Medical Society	1322 N. Academy Blvd. Colorado Springs 591-2424	See Appendix 12 for member assignments***

(Continued)

NOTE: See footnotes following table, p. 76.

TABLE I. LOCATIONS AND TELEPHONE NUMBERS OF ORGANIZATIONS IN THE EL PASO COUNTY H/M SERVICE (Continued)

ORGANIZATION	LOCATION AND TELEPHONE NUMBER	
	Prior to Relocation	During Relocation
Colorado Springs Dental Society	1322 N. Academy Blvd. Colorado Springs 591-2424	See Appendix 15 for member assignments***
Pikes Peak Pharmacal Society	309 E. Fontanero St. Colorado Springs 632-2635	See Appendix 14 for member assignments***
District 3, Colorado Nurses Association	1912 Meyers Ave. Colorado Springs 634-4191	See Appendix 13 for member assignments***
Pikes Peak Red Cross	1600 N. Cascade Ave. Colorado Springs 632-3563	Air Force Academy 472-1818
Community Health Center	501 N. Foote Ave. Colorado Springs 475-8240	Cadet Gymnasium Air Force Academy††† 472-1818
Region IV EMS Council (A. J. Martin, Chairman)	1317 N. Academy Blvd. Colorado Springs 596-9040	***
Southeastern Colorado Health Systems Agency	1715 Monterey Rd. Colorado Springs 475-9395	2215 N. Cascade Ave. Colorado Springs§§§ 475-2600
Nursing-Manpower Pools		
Colorado Home Health Services	1715 Monterey Rd. Colorado Springs 475-0774	***
Homemakers Upjohn	524 S. Cascade Ave. Colorado Springs 634-6613	***
Kimberly Nurses	102 N. Cascade Ave. Colorado Springs 475-2484	***
Medical Personnel Pool	102 N. Cascade Ave. Colorado Springs 471-4225	***

NOTE: See footnotes following table, p. 76.

TABLE I. LOCATIONS AND TELEPHONE NUMBERS OF ORGANIZATIONS IN THE EL PASO COUNTY H/M SERVICE (Continued)

ORGANIZATION	LOCATION AND TELEPHONE NUMBER	
	Prior to Relocation	During Relocation
Nursing-Manpower Pools (Continued)		
Visiting Nurse Association (part of County Health Dept.)	501 N. Foote Ave. Colorado Springs 475-8240	***
Western Medical Services	113 E. Pikes Peak Ave. Colorado Springs 633-2648	***
Outpatient Clinics****		
Professional Service Building	Calhan 347-2403	Same
Rampart Clinic	Hwy. 105, East of I-25 Monument 481-2241	Same
Air Force Academy Clinic	Cadet Gymnasium Air Force Academy 472-1818	Same
PUBLIC HEALTH DIVISION		
Deputy Coordinator	501 N. Foote Ave. Colorado Springs 475-8240	Fairchild Hall Air Force Academy 472-1818

(Continued)

NOTE: See footnotes following table, p. 76.

TABLE I. LOCATIONS AND TELEPHONE NUMBERS OF ORGANIZATIONS IN THE EL PASO COUNTY H/M SERVICE (Continued)

ORGANIZATION	LOCATION AND TELEPHONE NUMBER	
	Prior to Relocation	During Relocation
El Paso County Public Health Laboratory	501 N. Foote Ave. Colorado Springs 475-8240	Biology Laboratory Fairchild Hall Air Force Academy 472-1818
El Paso County Public Health Nurses	501 N. Foote Ave. Colorado Springs 475-8240	Fairchild Hall Air Force Academy 472-1818
		Town Hall, Monument 481-2954
		Senior Citizens Bldg. Calhan 347-2546
El Paso County Environmentalists	501 N. Foote Ave. Colorado Springs 475-8240	Fairchild Hall Air Force Academy 472-1818
		Town Hall, Monument 481-2954
		Senior Citizens Bldg. Calhan 347-2546
MORTUARY DIVISION		
Deputy Coordinator	E. Pikes Peak Ave. and Prospect St. Colorado Springs 473-6830	Mortuary Affairs Office Air Force Academy 472-5111
Evergreen Cemetery	1001 S. Hancock Ave. Colorado Springs 471-6646	Same
Fairview Cemetery	1000 S. 26th St. Colorado Springs 471-6638	Same
Funeral Directors	††††	Mortuary Affairs Office Air Force Academy 472-5111

NOTE: See footnote following table, p. 76.

Footnotes for Table 1, "LOCATIONS AND TELEPHONE NUMBERS OF ORGANIZATIONS IN THE EL PASO COUNTY H/M SERVICE"

*The assignment of El Paso County hospitals will not be by organization. Nonrelocatable patients will be taken to the consolidation facility, Penrose Hospital (or Memorial Hospital, if Penrose Hospital is unavailable). Relocatable patients will be taken to host-county facilities based on bed availability, the seriousness of patient conditions, and transportation. For tentative assignments of relocatable risk-area hospital patients to host-area hospitals, see Appendixes 4-10. Assignments of El Paso County hospital staff to host areas will be based upon host-area needs.

†In the event that Penrose Hospital is not available for use as the consolidation facility, Memorial Hospital will accept nonrelocatable hospital patients. Its location and telephone number during relocation will be the same as its location and telephone number prior to relocation. Otherwise, Memorial Hospital has crisis relocation plans similar to plans for the nonconsolidation facilities (see *).

§Nursing home residents of Union Printers Home and Hospital will be relocated to motels/hotels in Teller County. Nonrelocatable and relocatable hospital patients of Union Printers Home and Hospital will be handled similarly to the other risk-area hospital patients (see *).

**No specific assignments have been made for Teller and Chaffee Counties. Assignments to Teller and Chaffee Counties were based on the number of relocatees assigned to those counties and the fact that the travel distance to Teller and Chaffee Counties is minimal.

††If the Florence Hotel has insufficient space and beds, St. Joseph Manor and the State Veterans Nursing Home will be asked to cooperate in housing residents of Terrace Gardens Nursing Center.

§§Residents of Cheyenne Village and Casburn Residential Care Facility will be cared for in congregate care facilities.

***This organization will participate during the Internal Readiness and Mobilization stages of crisis relocation. Once its members have relocated during the Evacuation phase, it will not continue to function as an organization.

†††The staff of Community Health Center will provide a nucleus for the outpatient clinic located at the Cadet Gymnasium at the Air Force Academy.

§§§The Deputy Coordinator for Medical Care may call upon employees of the Health Systems Agency to assist him/her at Penrose Hospital.

****Except for the clinic at Monument, outpatient clinics do not currently exist at these locations. The addresses and telephone numbers given are for the proposed sites. There is, however, a clinic at Monument at the address and telephone number shown.

††††Representatives from among the El Paso County funeral directors will be selected to serve in the Mortuary Division during Internal Readiness; they will relocate to the Air Force Academy during the Evacuation period.

C. Communications

During crisis relocation, participating organizations will communicate via commercial telephone facilities. Organizations having other communication capabilities, e.g., two-way radios, will use them as appropriate and as authorized (see Table II).

D. Reporting Procedures

Reporting procedures for making reports to the H/M Coordinator are shown in Table III. The H/M Coordinator will contact each of the Deputy Coordinators when the order to relocate is received. Thereafter, the Deputy Coordinators will be contacted every 6 hours until the end of the third day for status reports. Each Deputy Coordinator will then be contacted every 12 hours or more frequently if necessary.

The Deputy Coordinators will contact each of the participating organizations to obtain status reports 6 hours after the Governor has ordered relocation. Thereafter, participating organizations will be contacted every 6 hours until the end of the third day. Each organization will then be contacted at least every 12 hours.

E. Action Checklist

1. Internal Readiness and Mobilization

Late in the Internal Readiness phase or early in the Mobilization phase, the H/M Service Coordinator should verify that:

a. All El Paso County H/M Service billets are filled.

b. All persons assigned to the H/M Service have been so advised.

c. All persons assigned to H/M Services of other counties have been so advised.

d. Arrangements for the transport of nonrelocatable patients to Penrose Hospital are current.

TABLE II. COMMUNICATIONS BETWEEN THE OFFICE OF THE H/M COORDINATOR AND THE OTHER H/M AND CRISIS RELOCATION EMERGENCY ORGANIZATIONS IN EL PASO COUNTY

H/M Coordinator (Location)	Individual/Organization (Location)	Communications Link
H/M Coordinator, (EOC)	Deputy H/M Coordinator--Medical Care (Penrose Hospital)	Telephone
	Deputy H/M Coordinator--Public Health (Air Force Academy)	Telephone
	Deputy H/M Coordinator--Mortuary (Air Force Academy)	Telephone
	Other Crisis Relocation Emergency Services (EOC)	Face to Face
	Red Cross (Air Force Academy)	Telephone
	H/M Coordinators--Host Counties (Fremont, Chaffee, Teller, Gunnison, Rio Grande, Mineral, Archuleta, La Plata, Saguache)	Telephone
Deputy H/M Coordinator, Medical Care (Penrose)	Penrose Outpatient and Inpatient Services	Intercom, Internal Telephone
	Outpatient Clinics Air Force Academy Rampart Clinic (Monument) Professional Service Building (Calhan)	Telephone
	Local Hospitals (Colorado Springs)	Telephone
	Nursing Care Facilities (Colorado Springs)	Telephone
Deputy H/M Coordinator, Public Health (Air Force Academy)	Public Health Laboratory (Air Force Academy)	Internal Telephone
	Public Health Team A (Air Force Academy)	Face to Face
	Public Health Team B (Monument Town Hall)	Telephone
	Public Health Team C (Sr. Citizens Center, Calhan)	Telephone

(Continued)

TABLE II. COMMUNICATIONS BETWEEN THE OFFICE OF THE H/M COORDINATOR AND THE OTHER H/M AND CRISIS RELOCATION EMERGENCY ORGANIZATIONS IN EL PASO COUNTY (Continued)

H/M Coordinator (Location)	Individual/Organization (Location)	Communications Link
Deputy H/M Coordinator, Mortuary (Air Force Academy)	Funeral Directors (Air Force Academy)	Face to Face
	Cemetery Officials (Air Force Academy)	Face to Face

TABLE III. REPORTS TO THE EL PASO COUNTY H/M COORDINATOR

Reporting Official	Time Period	Report Content
Deputy H/M Coordinator, Medical Care	R*+3 days	Number of hospital patients discharged, relocated, consolidated Transport problems Personnel strength and supply situation at Penrose Hospital Status of field sites
	4-17 days	Penrose patient census Personnel strength Supply needs
	17+ days	Transport requirements Return to risk area completed
Deputy H/M Coordinator, Public Health	R*+3 days	Personnel strength, supplies/equipment Transport problems Status of field teams and laboratory relocation Communicable disease reports Births, deaths

(Continued)

*Time when relocation order issued.

TABLE III. REPORTS TO THE EL PASO COUNTY H/M COORDINATOR (Continued)

Reporting Official	Time Period	Report Content
Deputy H/M Coordinator, Public Health (Continued)	4-17 days	Personnel strength Supply needs Communicable disease reports Births, deaths
	17+ days	Transport requirements Status of return to risk area
Deputy H/M Coordinator, Mortuary	R+3 days	Personnel strength Supply and Transportation
	4-17 days	Supply needs
	17+ days	Status of return to risk area

e. Arrangements for the movement of supplies and equipment have been made and are current.

f. Arrangements for the transport of El Paso County H/M Service personnel to their duty stations have been made.

g. The required communication links are in place and functional.

2. Evacuation Period

During the first three days of the Evacuation period, the H/M Service Coordinator should determine the following:

a. The extent to which nonrelocatable patients have been consolidated into Penrose Hospital.

b. The strength and operational status of Penrose Hospital.

c. The extent to which other risk-area hospitals and nursing care facilities have been evacuated and closed.

d. The strength and operational status of outpatient clinics at the Air Force Academy, Calhan, and Monument.

e. The strength and operational status of first aid stations at staging areas.

f. The strength and operational status of the Public Health Division, Public Health Team A, and the Public Health Laboratory at the Air Force Academy.

g. The strength and operational status of Public Health Team B and Public Health Team C at Monument and Calhan, respectively.

h. The strength and operational status of the Mortuary Division located at the Air Force Academy.

For the balance of the relocation period, the H/M Service Coordinator should follow the procedure outlined above in Section V.D, Reporting Procedures. In addition, the Coordinator should determine:

a. That arrangements have been made for transport of supplies, equipment, and H/M Service personnel back to the risk area when relocation is ended.

b. That all H/M Service units and personnel have been advised of the order to return to the risk area when relocation is terminated.

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Appendix 1

Office of the H/M Coordinator

ORGANIZATION:

H/M Service Coordinator: Charles Dowding, Jr.

Deputy Coordinator (Medical Care): John Gregg

Deputy Coordinator (Public Health): Frank Otoupalik

Deputy Coordinator (Mortuary): Raoul Urich

SUPPLIES AND EQUIPMENT:

Telephone and two-way radio, H/M Service plan, telephone listings for participating organizations and individuals

RESPONSIBILITIES:

Internal Readiness

1. Plan for two h/m administrative teams (Team 1 and Team 2) to staff the Emergency Operations Center (EOC) during crisis relocation on a 12-hours-on-12-hours-off basis.
2. Determine primary and back-up communication requirements in cooperation with Deputy Coordinators and other emergency services.
3. Establish liaison with El Paso County professional societies, Region IV Emergency Medical Services (EMS) Council, participating organizations, and crisis relocation emergency services.
4. Establish liaison with host-county H/M Services and with the State H/M Service.
5. Request preliminary information on the availability of beds in hospitals, nursing homes, motels and hotels, and college dormitories in the host counties; inform the Deputy Coordinator of the Medical Care Division.

6. Request from host-area H/M Service organizations expected personnel and supply needs in the areas of medical care, public health, and mortuary services; inform the appropriate Deputy Coordinators in the El Paso County H/M Service.
7. Direct the Deputy Coordinators to prepare a comprehensive integrated plan for the provision of h/m services, including medical care, public health, and mortuary services, during crisis relocation.
8. Coordinate H/M Service plan development with development of other crisis relocation emergency service plans.
9. Submit completed plan through the Civil Preparedness Director for approval by the appropriate elected official(s).
10. Direct the Deputy Coordinators to prepare lists of resources (personnel, supplies, equipment) needed during crisis relocation.
11. Request El Paso County professional societies (dental, medical, nursing, pharmaceutical) to canvas their memberships to identify persons available for a crisis relocation assignment (see Appendix 2).
12. After assignments to El Paso County H/M Service have been made, assign personnel to host counties as requested and feasible.
13. Inform Deputy Coordinators of the increasing likelihood of relocation and direct them to prepare for relocation.

Mobilization

1. Direct the Deputy Coordinators to report to their duty stations.
2. Review and update H/M Service plan, as needed.
3. Direct the Deputy Coordinators to review and update lists of supplies and equipment and make necessary arrangements with the Resource and Supply Service.

4. Direct El Paso County professional societies to update their lists of personnel available for a H/M Service assignment.
5. Direct El Paso County professional societies to verify that each person assigned to a host county H/M Service is aware of his/her assignment.
6. Direct the Deputy Coordinators to verify that each person assigned to his/her respective Division is aware of his/her crisis relocation assignment.
7. Advise host county H/M Service Coordinators of the names of h/m personnel from El Paso County assigned to their counties.
8. Advise host county H/M Service Coordinators of the number of hospital patients, nursing care facility residents, and others relocating to their respective host counties.

Evacuation

1. Notify the Deputy Coordinators that the evacuation of the El Paso County risk area has begun.
2. Obtain status reports from Deputy Coordinators at intervals specified above in Section V.D, Reporting Procedures.
3. Transmit supply and equipment requests from the Deputy Coordinators to the Resource and Supply Service.
4. Inform the Law and Order Coordinator that occasional, nonscheduled trips by representatives of the Mortuary Division from the Air Force Academy into the risk area will be made for embalming, burial, and other essential mortuary services.
5. Notify the Deputy Coordinators when the Evacuation phase is to end.
6. Contact host-county H/M Service Coordinators to obtain a status report on the health of the relocatees returning to El Paso County.

7. Direct the Deputy Coordinators to return to normalcy as conditions permit.

8. Revise the H/M Service Annex to the El Paso County Crisis Relocation Plan as indicated by the relocation experience.

DEPLOYMENT:

Team 1 members report to the EOC. The families of Team 1 members and the members of Team 2 and their families relocate to the Air Force Academy. At the end of the 12-hour shift Team 2 reports to the EOC and Team 1 retires to the Air Force Academy.

Appendix 2

Sample Letter and Registration Card

SAMPLE LETTER:

Dear Health Care Provider:

A survey is being performed to identify the health professionals in the area that would be available for emergency service in the event that a major disaster should threaten the Colorado Springs area. The agencies and organizations involved in the survey include the Colorado Springs-El Paso County Disaster Emergency Service, the El Paso County Medical Society, the Pikes Peak Pharmacal Society, District 3 of the Colorado Nurses Association, the Colorado Springs Dental Society, area hospitals and nursing homes, and other health related organizations. The information collected will be used to compile lists of the various professionals that will be available and willing to provide health and medical services during the crisis period. A registration card is enclosed for you to complete that will provide us with the necessary information. The paragraphs below summarize the situation during which you would be called upon for assistance.

Disaster plans now being prepared are for the possibility of a nuclear war in which the Colorado Springs, Denver, and Pueblo areas are the likely targets in the State of Colorado. It is felt that such plans would also be useful in a number of other emergency situations. Military leaders feel that it is possible that an enemy attack would not come as a surprise, but only after several months of mounting international tensions and failing negotiations between countries. In such a situation, if an attack appeared highly probable, the President of the United States would order an evacuation of areas considered to be targets. A relocation might also occur as a

counter response to the evacuation of people in cities of the adversary country. Under both of these conditions, several days might be available in which to relocate people from areas of high risk into areas of lower risk, or "host" areas. A relocated posture may be maintained for as long as two weeks.

Colorado has three major risk areas: Denver, Colorado Springs, and Pueblo. Each of these areas has several counties assigned to it that would be used to host relocatees from the risk area. For Colorado Springs, nine counties have been designated as "host" areas and include Gunnison, Teller, Chaffee, Rio Grande, La Plata, Fremont, Archuleta, Mineral, and Saguache Counties. In addition, a small area of northern El Paso County is considered to be at low risk from the effects of a nuclear attack and has also been designated as a host area.

As a result of greatly increased populations caused by large influxes of relocatees, the health and medical services of host areas will be overwhelmed unless they are augmented by health and medical resources from the risk areas. To ensure that health and medical resources from the risk area are adequately distributed throughout the host areas, advanced planning is needed to identify health and medical personnel, equipment, and supplies that can be called upon in the event of a crisis. The enclosed survey card is one step in this planning process. Your participation is vital to obtaining complete and accurate information. We would appreciate your cooperation in this effort.

Sincerely yours,

AD-A069 050 RESEARCH TRIANGLE INST RESEARCH TRIANGLE PARK N C F/G 15/3
DETAILED HEALTH AND MEDICAL ANNEXES TO CRISIS RELOCATION PLANS.(U)
APR 79 M N LANEY, R L CHESSIN, D R JOHNSTON DCPA01-78-C-0209
UNCLASSIFIED RTI/1626/00-04F NL

2 OF 3
AD
A069050



SAMPLE REGISTRATION CARD:

EL PASO COUNTY CRISIS RELOCATION HEALTH AND MEDICAL SERVICE REGISTRATION CARD

1. _____ NAME

2. _____ HOME ADDRESS & ZIP CODE

_____ TELEPHONE NUMBER

3. _____ BUSINESS ADDRESS & ZIP CODE

_____ TELEPHONE NUMBER

4. _____ DATE OF BIRTH

5. _____ PROFESSION

6. _____ SPECIALTY

7. _____ EMPLOYER

8. _____ HOSPITAL AFFILIATION(S)

9. _____ SPOUSE'S NAME

_____ OCCUPATION

10. AVAILABILITY

☐ I do not have a crisis relocation assignment and will accept one in the H/M Service.

☐ I do have a crisis relocation assigment:

☐ In the H/M Service as _____.

☐ Other: In the _____ as _____.

(over)

Front

EL PASO COUNTY CRISIS RELOCATION HEALTH AND MEDICAL SERVICE REGISTRATION CARD

10. AVAILABILITY (Continued)

☐ My spouse and I plan to relocate to _____ (location); I will accept an assignment in the H/M Service for that location.

11. TYPE OF CRISIS RELOCATION ASSIGNMENT PREFERRED (number in order of preference)

	Position	Location
☐ Hospital	as _____	at _____
☐ Outpatient Clinic	as _____	at _____
☐ Nursing Home	as _____	at _____
☐ Other	as _____	at _____

12. RESERVE FORCES STATUS (check one)

☐ None ☐ Military Reserve

☐ PHS Commissioned Reserve

Back

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Appendix 3

Deputy Coordinator, Medical Care Division

ORGANIZATION:

Deputy Coordinator: John Gregg

Assistants to Coordinator: _____

_____

SUPPLIES AND EQUIPMENT:

H/M Service Plans, including addresses and telephone numbers of key individuals and organizations, equipment and supply lists, and communications system

RESPONSIBILITIES:

Internal Readiness

1. Develop plans (a) for the provision of medical care to nonrelocatable patients and to residents of nonrisk areas of El Paso County, (b) for the relocation of relocatable patients from El Paso County to the host areas, and (c) for the allocation of medical resources (personnel, equipment, and supplies) to the host areas, as feasible.
2. Use the H/M Service registration cards distributed by the medical, nursing, dental, and pharmacy associations to determine the availability of their El Paso County members during crisis relocation.
3. Using the survey letter and the H/M Service registration card (see Appendix 2), determine the availability of El Paso County podiatrists and chiropractors in the event of crisis relocation.
4. Request that mental health clinics and medical laboratories survey their employees as to their availability during crisis relocation.
5. Request that hospital and nursing home administrators survey their employees as to availability during crisis relocation.

6. Request from the H/M Service Coordinator the tentative medical care personnel needs of each of the host counties. In cooperation with the professional associations and participating organizations, make tentative personnel assignments to the El Paso County H/M Service and to the host counties and prepare tentative lists of expected supply and equipment needs.

7. Request that hospitals and nursing homes establish patient classification guidelines for discharging noncritical patients.

8. Plan with Disaster Committee members from Colorado Springs hospitals to consolidate hospital patients into Penrose Hospital and to establish an outpatient clinic at Penrose Hospital. Prepare contingency plans with Memorial Hospital as an alternate consolidation facility in the event that Penrose Hospital is unavailable during crisis relocation.

9. Request that hospitals estimate their transportation needs for moving nonrelocatable patients to Penrose Hospital, the consolidation facility, and for transporting relocatable patients to host-area hospitals. With assistance from ambulance and rescue squads, the EMS Council, and the Health Department's EMS Director, plan for the use of EMS vehicles to transfer patients to Penrose Hospital during the early stages of crisis relocation. If any relocatable patients require ambulance transport to host-area hospitals, explore the possibility of having host-area ambulance services transport the patients to host-area hospitals; otherwise, arrange for transportation using risk-area services.*

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*During Internal Readiness, h/m plans should be coordinated with EMS providers directly. During Mobilization and Evacuation, coordination of h/m activities would be with the Fire and Rescue Service and/or Law and Order Service.

10. In cooperation with risk-area hospitals and host-area H/M Services, make tentative allocations of relocatable patients from risk-area hospitals to host-area hospitals (see Addenda 1 and 2 of this Appendix).
11. Arrange for Emory John Brady Hospital patients to be hosted in Fremont County (see Appendix 9).
12. Plan to establish outpatient clinics for the nonrisk areas of El Paso County. Identify sites for the clinics at the Air Force Academy, Calhan, and Monument. Determine the staffing and supply needs for the outpatient clinics (see Addendum 3 of this Appendix).
13. Request that the El Paso County Health Department assign public health nurses to the outpatient clinic at the Air Foce Academy (see Appendix 16).
14. Request that the Pikes Peak Chapter of the American Red Cross and the Director of Emergency Medical Services of the El Paso County Health Department prepare a list of volunteers that could be stationed at staging areas to provide first aid during the Mobilization and early Evacuation periods. These volunteers could be individuals with emergency medical technician (EMT) training or first aid training.
15. Develop a master list for the H/M Coordinator presenting the expected personnel, supply, and equipment needs of the Medical Care Division. Include estimates of the number of health professionals available for the host-county assignments.
16. Identify communication links with the H/M Coordinator, participating organizations, and key individuals.
17. Contact hospitals and nursing homes late in Internal Readiness to obtain an estimate of the number of hospital and nursing home patients that will be relocated to host areas and to update the estimate of supply and equipment needs.

Mobilization

1. Review and update plans to consolidate nonrelocatable patients into Penrose Hospital and to transport relocatable patients to host-area hospitals. Advise the H/M Coordinator to inform the Resource and Supply Service and the Fire and Rescue Service of the transportation needs for nonrelocatable and relocatable patients.
2. Advise hospital and nursing home administrators that crisis relocation is likely and that they should begin preparing patients for discharge and transport. Request that easily discharged patients be discharged.
3. Request that hospitals and nursing homes review and update their personnel assignments and verify that each employee knows his/her crisis relocation assignment.
4. Request that Penrose Hospital review its supply inventory and update its list of needs, if appropriate.
5. Review and update plans to staff staging areas with first aid or EMT volunteers; contact the EMS Director at the Health Department and the Red Cross to reaffirm their intent to recruit and supply volunteers.
6. Verify that volunteers assigned to staging areas know their crisis relocation assignments.
7. Review and update plans to establish outpatient clinics at the Cadet Gymnasium at the Air Force Academy, the Rampart Clinic in Monument, and the Professional Services Building in Calhan. Contact appropriate individuals at each site to reaffirm intent to occupy the facility during crisis relocation.
8. Request the assistance of the Resource and Supply Service in preparing sites selected for outpatient clinics, including making available the necessary space and providing equipment and supplies.

9. Review and update assignments of personnel to outpatient clinic sites.
10. Contact individuals assigned to outpatient clinics and verify that they know their crisis relocation assignments.
11. In cooperation with professional associations, review and update the assignments of their members to positions in the El Paso County H/M Service and to the host counties.
12. Request that the professional associations contact their members to verify that they know their crisis relocation assignments and to inform members that they should take with them essential equipment and supplies that can be readily carried with them to their assigned locations.
13. Review and update assignments of professionals that are not represented by an association or that would not otherwise be contacted by officials of participating organizations, including chiropractors, podiatrists, mental health workers, and laboratory technicians. Contact individuals and verify that they know their crisis relocation assignments.
14. Verify that the supply and equipment needs for all participating organizations have been reviewed and updated.
15. Provide the H/M Service Coordinator with all updated estimates of personnel, supply, and equipment needs for the Medical Care Division of the El Paso County H/M Service.
16. Provide the H/M Service Coordinator with the updated personnel assignments of the Medical Care Division, an updated estimate of the number of relocatable and nonrelocatable hospital patients, and an updated estimate of number of nursing home patients being relocated.
17. Check communication links with the H/M Coordinator and participating organizations.

Evacuation

1. Report to assigned duty station.
2. Establish outpatient clinics at the Air Force Academy, Calhan, and Monument.
3. Establish first aid stations at staging areas in El Paso County.
4. Direct all hospitals to transfer nonrelocatable patients to Penrose Hospital and to transport relocatable patients to host-area hospitals. Request that the H/M Service Coordinator enlist the assistance of the Fire and Rescue Service and Resource and Supply Service in transporting patients.
5. Direct nursing homes to relocate patients and staff to asssigned host-area facilities. Request the H/M Coordinator to enlist the assistance of the Resource and Supply Service in relocating nursing home patients.
6. Direct participating organizations and individuals to advise their employees to report to their assigned duty stations.
7. Direct the professional associations to advise members to report to their assigned duty stations.
8. Provide emergency room and outpatient services at Penrose Hospital for critical workers in the risk area.
9. Obtain status reports from organizations in El Paso County participating in the Medical Care Divison according to the schedule in Section V.D, Reporting Procedures.
10. Report the status of the Medical Care Division to the H/M Service Coordinator according to schedule in V.D, Reporting Procedures.
11. When crisis relocation has ended, advise participating organizations to continue providing services and to begin shifting emphasis back to the risk area as conditions dictate.

12. Request a status report on patients that will be returned to El Paso County from the host areas.
13. Request assistance from the Fire and Rescue Service and the Resource and Supply Service in returning patients to the risk area, if necessary.
14. Request assistance from the Resource and Supply Service in moving equipment from outpatient clinics back to the risk area.

DEPLOYMENT:

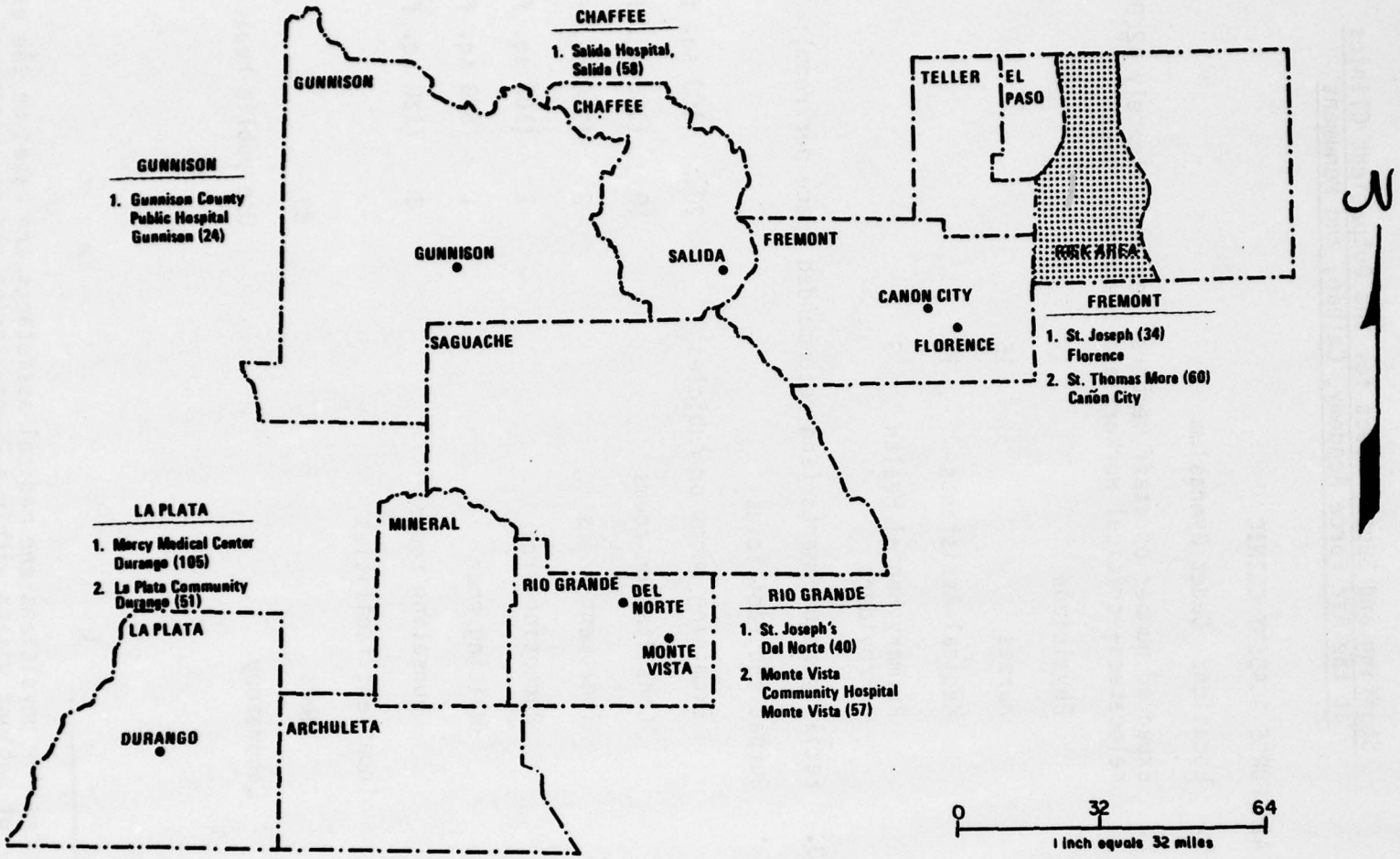
The Deputy Coordinator for the Medical Care Division and his/her assistants will be located at Penrose Hospital. Their dependents will be relocated to the Air Force Academy. The deployment of health and allied health professionals is addressed in Appendixes 12-15. Those professionals not covered in these Appendixes will be assigned according to availability and specific host-area needs.

Addendum 1

Allocation of Relocatable Hospital Patients from Risk-Area Hospitals to Host-Area Hospitals

El Paso County Hospitals	Host-Area Hospitals
Penrose Hospital	St. Thomas More Hospital Canon City, Fremont County St. Joseph Hospital Florence, Fremont County
Penrose Community Hospital	St. Joseph's Hospital Del Norte, Rio Grande County
Memorial Hospital	Monte Vista Community Hospital Monte Vista, Rio Grande County
Eisenhower Osteopathic Hospital	Monte Vista Community Hospital Monte Vista, Rio Grande County St. Joseph's Hospital Del Norte, Rio Grande County
St. Francis Hospital	Salida Hospital Salida, Chaffee County
Union Printers Home and Hospital (hospital patients only)	Gunnison County Public Hospital Gunnison, Gunnison County

Addendum 2
El Paso County Host Area Hospitals and Number of Beds



Addendum 3

Staffing and Supply Needs for the Outpatient Clinics at the Air Force Academy, Calhan, and Monument

A. AIR FORCE ACADEMY CLINIC

1. Location: Cadet Gymnasium

2. Expected number of staff members* for approximately 42,000 relocatees--critical workers and their families:

Physicians	12
Nurses	15
Medical Assistants	12
Primary Mental Health Providers	3

3. Facility requirements (and recommended space per room):

Outpatient facilities		
Examining rooms or cubicles	20	(100 sq. ft.)
Consultation rooms	10	(100 sq. ft.)
Treatment rooms	2	(180 sq. ft.)
Reception area	1	(100 sq. ft.)
Waiting room	1	(500 sq. ft.)
Counseling rooms	3	(120 sq. ft.)
Inpatient facilities		
Beds	30	
Laboratory	Use public health laboratory	

*Estimates for physicians and medical assistants are based on the expected number of patient visits within a 2-week period and an average of 10 operating hours per day. Numbers of nurses and social workers are based on national and state population ratios.

4. Supplies and Equipment:

- Examination tables and portable lights
- Benchtop sterilizer
- Resuscitator
- Suction unit
- Laryngoscopes
- Emergency airways kit
- Self-inflating bag (ambu-bag)
- EKG unit
- Defibrillator
- Microscope
- Balance
- Minor surgical instruments and supplies
- Staining rack
- Microhematocrit and analytical centrifuges
- Dressings
- Splints
- Beds
- Linens
- Bedding
- Towels
- Plaster bandages

5. Pharmaceuticals:

- Adrenergics
- Amphetamines
- Analgesics: narcotic; nonnarcotic
- Anesthetics: general; local
- Antacids
- Antibiotics: local; systemic
- Anticholinergic drugs
- Anticoagulants
- Anticonvulsants
- Antidiuretics
- Antidotes
- Emetics
- Expectorants
- Hypnotics and sedatives: barbiturate; nonbarbiturate
- Hypoglycemic agents
- Minerals, vitamins
- Oxytocics
- Serums and vaccines
- Steroids
- Vasoconstrictors
- Vasodilators
- Cardiac: depressants/ stimulants; anti-arrhythmic drugs

Antiemetics	Ataractic (tranquilizer)
Antihistaminics	Cardiotonics
Antihypertensive agents	Cathartics (laxative)
Anti-infectives: local; systemic	Cholinergics
Antipyretics	Dermatologic agents
Antitussives: narcotics; nonnarcotic	Diuretics

B. CALHAN CLINIC

1. Location: Professional Services Building, Calhan

2. Staffing for approximately 4,000 residents of the eastern nonrisk portion of El Paso County:†

Physicians	2
Nurses	4
Medical Assistants	2
Primary Mental Health Providers	1

3. Facility requirements: This facility is currently used for outpatient services and should not require significant modification.

4. Supplies and Equipment: See the list of supplies and equipment for the Air Force Academy Clinic provided above in Section A.4 of this Addendum.

5. Pharmaceuticals: See the list of pharmaceuticals for the Air Force Academy Clinic provided above in Section A.5 of this Addendum.

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†Estimates are based on the expected number of patient visits for the approximate 2-week relocation period.

C. MONUMENT CLINIC

1. Location: Rampart Clinic, Highway 80, near I-25

2. Staffing:§

Physicians	2 (presently 2 part-time)
Nurses	4
Medical Assistants	2
Primary Mental Health Providers	1

3. Facility requirements: This facility is currently used as an outpatient facility and should not require significant modification.

4. Supplies and Equipment: See the list of supplies and equipment for the Air Force Academy Clinic provided above in Section A.4 of this Addendum.

5. Pharmaceuticals: See the list of pharmaceuticals for the Air Force Academy Clinic provided above in Section A.5 of this Addendum.

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§Estimates are based on the expected number of patient visits for the approximate 2-week relocation period.

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Appendix 4

Penrose Hospital

ORGANIZATION:

Hospital Administrator: Sister Myra James

Hospital Disaster Chairperson: John Gregg

Director of Nursing: Sister Michael Miriam

Chief of Staff: Bruce A. Pattee

SUPPLIES AND EQUIPMENT:

H/M Service plans, pharmaceuticals, medical supplies (fluids and blood are critical), medical equipment (respirators, cardiac monitors, emergency resuscitators, EKG unit, and other intensive care equipment), laboratory and radiology equipment, dietary and operating rooms, laundry and housekeeping supplies, refrigeration equipment, communications system, and transportation

RESPONSIBILITIES:

Internal Readiness

1. With collaborative efforts between the Hospital Disaster Committee and the Medical Care Division Deputy Coordinator, amend present hospital disaster plans to include the contingency of crisis relocation, including plans for (a) the consolidation of all nonrelocatable hospital patients in El Paso County into Penrose Hospital,* (b) the provision of minimal outpatient and emergency medical services, (c) the relocation of relocatable hospital patients to host areas, and (d) the assignment of employees to the El Paso County H/M Service and to host counties.

*Alternate plans should also be prepared, based on present hospital evacuation plans, in the event that Penrose Hospital is unavailable as the consolidation facility. If this should occur, Memorial Hospital is the alternate consolidation facility, and Penrose Hospital would have responsibilities similar to other El Paso County hospitals (see Appendixes 5-8).

2. Using the survey letter and H/M Service registration card (see Appendix 2), survey the employees of Penrose Hospital to determine their availability in the event of crisis relocation.
3. Prepare a critical hospital employee list, a medical staff list, and an essential hospital employee list.* Maintain current telephone numbers and addresses.
4. Initiate a patient classification system with medical assistance to estimate the number of dischargeable, relocatable, or nonrelocatable patients that can be expected in the event of crisis relocation (see Addendum 1 of this Appendix).
5. Obtain estimates from the other hospitals of the expected numbers of nonrelocatable patients that would be transferred to Penrose Hospital.
6. Request assistance from the Deputy Coordinator for the Medical Care Division in providing transportation for relocatable patients from the risk area to the host areas; plan tentatively for the relocation of relocatable patients from Penrose Hospital to St. Thomas More and St. Joseph Hospitals in Fremont County.
7. Prepare a list of pharmaceuticals, medical supplies, and equipment, including the suppliers/distributors, that are expected to be critical during crisis relocation. Estimate amounts needed based on estimates of nonrelocatable patients expected to be in Penrose Hospital.
8. Estimate personnel requirements to staff Penrose Hospital during crisis relocation (see Part A of Addendum 2 of this Appendix).
9. In cooperation with the Deputy Coordinator for the Medical Care Division and other El Paso County hospitals, make tentative personnel assignments

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*The distinction between critical and essential workers is that critical workers are those that shall continue working in the risk portion of El Paso County during relocation while essential workers are those that will be needed in host counties to provide medical care.

of Penrose Hospital staff and staff from other El Paso County hospitals to Penrose Hospital during crisis relocation (see Part A of Addendum 2 of this Appendix for Penrose Hospital employee assignments).

10. Make provisions for protecting nonrelocatable patients and staff in the event of a nuclear attack.
11. Compile a list of tentative transportation, personnel, supply, and equipment needs and tentative personnel assignments to the El Paso County H/M Service and to host counties.
12. Inform the Deputy Coordinator for Medical Care of the estimated number of patients that will be retained and discharged, as well as the number that will be relocated to host counties.
13. Conduct training exercises regularly to improve employee effectiveness during emergencies and disasters.
14. Develop plans in cooperation with the Colorado Springs Police Department to continue to provide security for Penrose Hospital in the event of crisis relocation.
15. Contact the Colorado Springs Fire Department and advise it of hospital crisis relocation plans and of the need to continue fire protection.
16. During late Internal Readiness, convene the Disaster Committee. The Disaster Committee consists of:
    - Administrator
    - Chief of Staff
    - Disaster Chairperson
    - Medical Staff Disaster Chairperson
    - Nursing Service Director

    Headquarters are located in the Administrative Office.
17. During late Internal Readiness, implement the hospital's Pyramid Recall

plan to call in employees as needed. The Administrator or Nursing Service Supervisor is responsible for initiating the Recall Plan.

18. During late Internal Readiness, request that all visitors leave the patient care areas. A station will be established in the Margery Reed Auditorium for families and friends to receive discharged patients.

Mobilization

1. Secure the hospital by controlling all eight entrances with members of the security and maintenance staff.
2. Review and update, as appropriate, the patient classification system; request medical staff on each floor to begin identifying patients as dischargeable, relocatable, or nonrelocatable.
3. Prepare patients for discharge or transport. Discharge the simplest cases first. Each floor and its nursing staff is responsible for calling families and arranging for the patients' needs.
4. Discontinue admission of noncritical patients.
5. Inform the Deputy Coordinator of the Medical Care Division of the transportation needs for the relocatable patients, and confirm the host-area hospitals that will be accepting relocatable patients. The staff on each floor is responsible for informing patients' families of plans to relocate or transfer patients.
6. Prepare space and have personnel available to accept nonrelocatable patients from the other Colorado Springs hospitals.
7. Based on current inventories and updated estimates of nonrelocatable patients being consolidated into Penrose Hospital, review and update personnel, supply, and equipment needs. Inform the Deputy Coordinator of any changes in requirements.
8. Review and update, as appropriate, crisis relocation assignments of personnel to the El Paso County H/M Service and to host counties.

9. Contact each employee and verify that he/she knows his/her crisis relocation assignment; alert employees that actions are being taken in preparation for crisis relocation.
10. Establish an outpatient clinic in the emergency room.
11. Prepare to relocate critical Penrose Hospital employees and their families to the Air Force Academy. Direct essential workers assigned to host counties to relocate when the order to evacuate is given and as their responsibilites terminate at Penrose Hospital.
12. The pharmacy and central supply services should prepare to receive and send supplies as requested by the Deputy Coordinator for Medical Care.
13. Review and update, as appropriate, provisions to protect nonrelocatable patients and staff in the event of a nuclear attack.
14. Review plans for continued police protection during crisis relocation with the Law and Order Service.
15. Review plans for continued fire protection during crisis relocation with the Fire and Rescue Service.

Evacuation

1. Report to assigned duty stations.
2. Relocate Penrose Hospital employees assigned to the El Paso County H/M Service and their families to the Air Force Academy. Relocate essential workers assigned to host counties as their responsibilities terminate at Penrose Hospital.
3. Evacuate relocatable patients to St. Thomas More Hospital and St. Joseph Hospital in Canon City and Florence, respectively, keeping the necessary medical records with the patients.
4. Provide medical care in Penrose Hospital for nonrelocatable patients.
5. Maintain normal operations, with employees staying on 3-shift schedules.
6. Maintain medical records for nonrelocatable patients.

7. Inform the Deputy Coordinator for Medical Care of supply and manpower needs as they arise.

8. When crisis relocation has ended, prepare for the return of patients and staff to Penrose Hospital.

9. Return patients to hospitals that closed during crisis relocation as their staff returns and they are capable of providing medical services.

10. Return remaining supplies to hospitals from which they came, as feasible.

DEPLOYMENT:

Relocate critical workers and their families to the Air Force Academy. Relocate essential workers to host counties or to nonrisk parts of El Paso County. A 3-shift schedule will be maintained with off duty employees staying at the Air Force Academy.

If Memorial Hospital is the consolidation facility, personnel assignments of Penrose Hospital employees will be according to the scheme shown in Part B of Addendum 2 of this Appendix.

Addendum 1

Expected Number of Dischargeable, Relocatable, and Nonrelocatable Patients From Penrose Hospital

Patient Category	Number of Patients*
Dischargeable	274
Relocatable	63
Nonrelocatable	35
TOTAL	372

*Estimates are based on a 100-percent occupancy rate. The actual number of patients in each category can be expected to vary and will probably be lower than the above estimates.

Addendum 2

Staffing for Penrose Hospital During Crisis Relocation

A. If Penrose Hospital is chosen as the consolidation facility for El Paso County and 100 nonrelocatable patients are to be cared for, the following numbers of personnel will be required to staff Penrose Hospital:

Type of Personnel	Number of Personnel Per 100 Nonrelocatable Patients	Number of Personnel to Be Supplied By Penrose*
Administrative	3	2
Dietary	4	2
Laboratory	23	10
Nursing	190	86
Pharmacy	4	2
Radiology	12	6
Respiratory Therapy	10	5
Other Professional	13	6
Nonprofessional/Nontechnical	120	55
Medical	16†	
TOTAL	395	174

B. If Memorial Hospital is chosen as the consolidation facility for El Paso County and 100 nonrelocatable patients are to be cared for, the following numbers of personnel from Penrose Hospital will be required to help staff Memorial Hospital:

Type of Personnel	Number of Personnel To Be Supplied To Memorial By Penrose
Administrative	1
Dietary	1
Laboratory	10
Nursing	86
Pharmacy	1
Radiology	6
Respiratory Therapy	5
Other Professional	6
Nonprofessional/Nontechnical	55
TOTAL	171

*More will be needed until staff from the other hospitals is provided.

†The number of physicians needed at the consolidation facility is based on the types and numbers of patients being consolidated. This number would vary little with greater or lesser numbers of patients.

Appendix 5

Penrose Community Hospital

ORGANIZATION:

Hospital Director: Francisco Sabichi

Director of Nursing: Sharon Lee

Medical Chairperson: _____

SUPPLIES AND EQUIPMENT:

Transportation and communications system

RESPONSIBILITIES:

Internal Readiness

1. With collaboration between the Hospital's Disaster Committee and the Deputy Coordinator of the Medical Care Division, amend existing hospital disaster plans to include the contingency of crisis relocation, including plans for (a) the consolidation of nonrelocatable patients into Penrose Hospital (or Memorial Hospital, if Penrose Hospital is unavailable), (b) the transfer of relocatable patients to hospitals in the host area, and (c) the assignment of hospital staff to the El Paso County H/M Service and to host counties.
2. Maintain current employee telephone numbers and addresses.
3. Using the survey letter and H/M Service registration card (see Appendix 2), survey the employees of Penrose Community Hospital to determine their availability in the event of crisis relocation.
4. Initiate a patient classification scheme with medical assistance to estimate the expected number of patients that would be dischargeable, relocatable, or nonrelocatable in the event of crisis relocation (see Addendum 1 of this Appendix).

5. Advise Penrose Hospital of the approximate number of nonrelocatable patients that would be coming from Penrose Community Hospital.
6. Inform the Deputy Coordinator of the Medical Care Division of the expected numbers of nonrelocatable and relocatable patients and the resultant transportation requirements, including the need for EMS vehicles and non-EMS vehicles.
7. In cooperation with the Deputy Coordinator, determine which host-area hospitals will accept relocatable patients from Penrose Community Hospital; plan tentatively to relocate relocatable patients from Penrose Community Hospital to St. Joseph's Hospital in Rio Grande County.
8. In cooperation with the Deputy Coordinator and representatives of the consolidation facility, determine the number of employees that Penrose Community Hospital will supply to help staff the consolidation facility during crisis relocation (see Addendum 2 of this Appendix).
9. Make tentative assignments of staff to work at the consolidation facility during crisis relocation.
10. In cooperation with the Deputy Coordinator of the Medical Care Division, make tentative assignments of staff to other positions in the El Paso County H/M Service and to host counties, as feasible.
11. Prepare a list of pharmaceuticals, medical supplies, and equipment that are expected to be critical during crisis relocation.
12. Plan to protect Penrose Community Hospital and its property against a nuclear attack.
13. Conduct training exercises regularly to improve employee effectiveness during emergencies and disasters.

14. Review disaster plans periodically and address problems expected during crisis relocation.

15. Inform the Colorado Springs Police and Fire Departments of crisis relocation plans and arrange to have police and fire protection for Penrose Community Hospital continued during crisis relocation.

16. Late in the Internal Readiness phase, convene the Disaster Committee. The Disaster Committee consists of:

    - Hospital Administrator*
    - Disaster Medical Coordinator
    - Director of Nursing Service
    - Chief of Staff
    - Chief of Environmental Services

17. During late Internal Readiness, recall hospital employees as needed.

Mobilization

1. Request all visitors to leave the patient care areas during mobilization. Establish an area for families and friends to receive discharged patients.

2. Secure the hospital by controlling entrances with security and maintenance staff.

3. Suspend the following activities when the Mobilization phase begins:

    - Admittance of noncritical patients
    - Physical therapy
    - Elective surgery
    - Accounting and collections

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*The Hospital Administrator or authorized representative has overall responsibility for assessment of the situation, for ordering relocation activities, for assignment of hospital employees, and for seeing that medical care is provided for Penrose Community Hospital patients.

4. Review and update, as appropriate, the patient classification system; the medical staff on each floor should begin to identify patients as dischargeable, relocatable, or nonrelocatable.
5. Prepare patients for discharge or transport, discharging the simplest cases first. Each floor and its nursing staff is responsible for calling families and arranging for patients' needs.
6. Inform the Medical Care Division Deputy Coordinator of the number of relocatable and nonrelocatable patients and the resultant transportation needs; indicate the approximate times that patients can be ready for transfer to the consolidation facility or relocation to host-area hospitals.
7. Confirm with the Medical Care Division Deputy Coordinator the host-area facilities that will accept relocatable patients from Penrose Community Hospital. Due to their condition, it may be desirable to relocate the more critical relocatable patients to host-area hospitals that are nearer than those in Rio Grande County.
8. As beds become available in the consolidation facility and as transportation is provided, transfer nonrelocatable patients and their medical records to the consolidation facility; maintain medical care for nonrelocatable patients until they are transferred to the consolidation facility, and maintain medical care for relocatable patients until they are relocated to the host areas.
9. Review and update, as appropriate, personnel assignments to the El Paso County H/M Service and to host counties.
10. Contact each employee and verify that he/she knows his/her crisis relocation assignment; alert employees that actions are being taken in preparation for crisis relocation.

11. Determine current inventories of supplies and equipment, including pharmaceuticals, and inform the Medical Care Division Deputy Coordinator.
12. Take necessary actions to protect the Hospital and its property against a nuclear attack without creating additional risk to employees or patients. (For example, put portable equipment in protected rooms.)
13. Review and update, as appropriate, police and fire protection plans for the Hospital with the Law and Order Service and the Fire and Rescue Service, respectively.
14. Prepare to relocate critical Penrose Community Hospital employees and their families to the Air Force Academy. Direct essential employees to report with their families to reception centers in their assigned host counties when the order to evacuate is given and as their responsibilities at Penrose Community Hospital terminate.

Evacuation

1. Report to assigned duty stations.
2. Relocate employees assigned to the El Paso County H/M Service and their families to the Air Force Academy. Relocate essential workers (and their families) assigned to host counties as their responsibilities at Penrose Community Hospital terminate.
3. Complete the discharging of all elective procedure patients.
4. Relocate all relocatable patients to St. Joseph's Hospital in Del Norte, Rio Grande County, keeping their medical records with them.
5. Complete the transfer of nonrelocatable patients to the consolidation facility, keeping their medical records with them.

6. Send pharmaceutical and medical supplies to the consolidation facility or to host-area facilities as requested by the Deputy Coordinator for Medical Care.
7. Protect Penrose Community Hospital and its property against nuclear attack, short of creating additional risk to employees or patients.
8. Terminate h/m care at Penrose Community Hospital until the relocation period is over.
9. When crisis relocation has ended and as staff arrive back at Penrose Community Hospital, return to normal operations.
10. Prepare to accept nonrelocatable patients that were transferred to the consolidation facility during crisis relocation.
11. Inventory remaining supplies, and prepare orders to return inventories to their normal level.

DEPLOYMENT:

Critical workers assigned to the El Paso County H/M Service and their families will relocate to the Air Force Academy. Employees of Penrose Community Hospital assigned to host counties and their families will report to reception centers in their assigned host counties.

Addendum 1

Expected Number of Dischargeable, Relocatable, and Nonrelocatable Patients from Penrose Community Hospital

Patient Category	Number of Patients*
Dischargeable	65
Relocatable	15
Nonrelocatable	8
TOTAL	88

*Estimates are based on a 100-percent occupancy rate. The actual number of patients in each category can be expected to vary and will probably be lower than the above estimates.

Addendum 2

Critical Workers from Penrose Community Hospital Assigned to the Consolidation Hospital During Crisis Relocation

Type of Personnel	Number of Personnel
Administrative	0
Dietary	0
Laboratory	1
Nursing	11
Pharmacy	0
Radiology	1
Respiratory Therapy	1
Other Professional/Technical	1
Nonprofessional/Nontechnical	7
TOTAL	22

Appendix 6

Memorial Hospital

ORGANIZATION:

Hospital Administrator: J. Robert Peters (acting)

Hospital Disaster Chairperson: Bruce Williams

Director of Nursing: _____

Director of Medical Staff: _____

SUPPLIES AND EQUIPMENT:

Transportation and communications system

RESPONSIBILITIES:

Internal Readiness

1. With collaboration between the Hospital's Disaster Committee and the Deputy Coordinator of the Medical Care Division, amend existing hospital disaster plans to include the contingency of crisis relocation, including plans for (a) the consolidation of nonrelocatable patients into Penrose Hospital,* (b) the transfer of relocatable patients to host-area hospitals, and (c) the assignment of employees to the El Paso County H/M Service and to host counties.
2. Maintain current employee telephone numbers and addresses.
3. Using the survey letter and H/M Service registration card (see Appendix 2), survey the employees of Memorial Hospital to determine their availability in the event of crisis relocation.
4. Initiate a patient classification scheme with medical assistance to estimate the expected number of patients that would be dischargeable,

*Alternate plans, in which Memorial Hospital is the consolidation facility, should be prepared in the event that Penrose Hospital is unavailable during crisis relocation. Alternate plans for Memorial Hospital will follow crisis relocation plans for Penrose Hospital (see Appendix 4).

relocatable, or nonrelocatable in the event of crisis relocation (see Addendum 1 of this Appendix).

5. Advise Penrose Hospital of the approximate number of nonrelocatable patients from Memorial Hospital that would be consolidated into Penrose Hospital.
6. Inform the Deputy Coordinator of the Medical Care Division of the expected numbers of nonrelocatable and relocatable patients and the resultant transportation requirements, including the need for EMS vehicles and non-EMS vehicles.
7. In cooperation with the Deputy Coordinator, determine which host-area hospitals will accept relocatable patients from Memorial Hospital. Plan tentatively for relocatable patients to be relocated to Monte Vista Community Hospital in Monte Vista, Rio Grande County. Plans may also include the relocation of the more critically ill relocatable patients to host-area hospitals that are nearer than those in Rio Grande County if it is determined later that the patients are not capable of travelling to Rio Grande County.
8. In cooperation with the Deputy Coordinator and representatives of the consolidation facility, determine the number of employees that Memorial Hospital will supply to help staff the consolidation facility during crisis relocation (see Part A of Addendum 2 of this Appendix).
9. Make tentative assignments of staff to work at the consolidation facility during crisis relocation.
10. In cooperation with the Deputy Coordinator of the Medical Care Division, make tentative assignments of staff to other positions in the El Paso County H/M Service and to host counties, as feasible.

11. Prepare a list of pharmaceuticals, medical supplies, and equipment that are expected to be critical during crisis relocation.
12. Plan to protect Memorial Hospital and its property against a nuclear attack.
13. Conduct training exercises regularly to improve employee effectiveness during emergencies and disasters.
14. Review disaster plans periodically and address problems expected during crisis relocation.
15. Inform the Colorado Springs Police and Fire Departments of crisis relocation plans and arrange to have police and fire protection for Memorial Hospital continued during crisis relocation.
16. Late in the Internal Readiness phase, convene the Disaster Committee. The Disaster Committee consists of:
    - Executive Director*
    - Administrative Assistant to the Executive Director
    - Director of Administrative Services
    - Director of Nursing Services
    - Supervisor of Patient Care
    - Chief of Staff
17. During late Internal Readiness, recall hospital employees as needed.

Mobilization

1. Request all visitors to leave the patient care areas during mobilization. Establish an area for families and friends to receive discharged patients.

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*The Executive Director has overall responsibility for assessment of crisis relocation for Memorial Hospital, ordering relocation activities, assignment of hospital employees, and providing medical care to patients.

2. Secure the hospital by controlling entrances with security and maintenance staff.
3. Suspend the following activities when the Mobilization phase begins:
    - Admittance of noncritical patients
    - Physical therapy
    - Elective surgery
    - School of Nursing
    - Accounting and collections
4. Review and update, as appropriate, the patient classification system; the medical staff on each floor should begin to identify patients as dischargeable, relocatable, or nonrelocatable.
5. Prepare patients for discharge or transport, discharging the simplest cases first. Each floor and its nursing staff is responsible for calling families and arranging for patients' needs.
6. Inform the Medical Care Division Deputy Coordinator of the number of relocatable and nonrelocatable patients and the resultant transportation needs; indicate the approximate times that patients can be ready for transfer to the consolidation facility or relocation to host-area hospitals.
7. Confirm with the Medical Care Division Deputy Coordinator the host-area facilities that will accept relocatable patients from Memorial Hospital.
8. As beds become available in the consolidation facility and as transportation is provided, transfer nonrelocatable patients and their medical records to the consolidation facility; maintain medical care for nonrelocatable patients until they are transferred to the

consolidation facility, and maintain medical care for relocatable patients until they are relocated to the host areas.

9. Review and update, as appropriate, personnel assignments to the El Paso County H/M Service and to host counties.
10. Contact each employee and verify that he/she knows his/her crisis relocation assignment; alert employees that actions are being taken in preparation for crisis relocation.
11. Determine current inventories of supplies and equipment, including pharmaceuticals, and inform the Medical Care Division Deputy Coordinator.
12. Take necessary actions to protect the Hospital and its property against a nuclear attack without creating additional risk to employees or patients. (For example, put portable equipment in protected rooms.)
13. Review and update, as appropriate, police and fire protection plans for the Hospital with the Law and Order Service and the Fire and Rescue Service, respectively.
14. Prepare to relocate critical Memorial Hospital employees and their families to the Air Force Academy. Direct essential employees to report with their families to reception centers in their assigned host counties when the order to evacuate is given and as their responsibilities at Memorial Hospital terminate.

Evacuation

1. Report to assigned duty stations.
2. Relocate employees assigned to the El Paso County H/M Service and their families to the Air Force Academy. Relocate essential workers (and their families) assigned to host counties as their responsibilities at Memorial Hospital terminate.

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3. Complete the discharging of all elective procedure patients.
4. Relocate all relocatable patients to Monte Vista Community Hospital in Rio Grande County, keeping their medical records with them.
5. Complete the transfer of nonrelocatable patients to the consolidation facility, keeping their medical records with them.
6. Send pharmaceutical and medical supplies to the consolidation facility or to host-area facilities as requested by the Deputy Coordinator for Medical Care.
7. Protect Memorial Hospital and its property against nuclear attack, short of creating additional risk to employees or patients.
8. Terminate h/m care at Memorial Hospital until the relocation period is over.
9. When crisis relocation has ended and as staff arrive back at Memorial Hospital, return to normal operations.
10. Prepare to accept nonrelocatable patients that were transferred to the consolidation facility during crisis relocation.
11. Inventory remaining supplies, and prepare orders to return inventories to their normal level.

DEPLOYMENT:

Critical workers assigned to the El Paso County H/M Service and their families will relocate to the Air Force Academy. Employees of Memorial Hospital assigned to host counties and their families will report to reception centers in their assigned host counties.

If Memorial Hospital is the consolidation facility, personnel assignments of Memorial Hospital employees will be according to the scheme shown in Part B of Addendum 2 of this Appendix.

Addendum 1

Expected Number of Dischargeable, Relocatable, and Nonrelocatable Patients from Memorial Hospital

Patient Category	Number of Patients*
Dischargeable	108
Relocatable	24
Nonrelocatable	14
TOTAL	146

*Estimates are based on a 100-percent occupancy rate. The actual number of patients in each category can be expected to vary and will probably be lower than the above estimates.

Addendum 2

Staffing for Memorial Hospital During Crisis Relocation

A. If Penrose Hospital is the consolidation facility for El Paso County, the following numbers of personnel from Memorial Hospital will be required to help staff Penrose Hospital:

Type of Personnel	Number of Personnel to be Supplied to Penrose by Memorial
Administrative	1
Dietary	1
Laboratory	4
Nursing	34
Pharmacy	1
Radiology	2
Respiratory Therapy	2
Other Professional/Technical	2
Nonprofessional/Nontechnical	21
TOTAL	68

B. If Memorial Hospital is the consolidation facility for El Paso County and 100 nonrelocatable patients are to be cared for, the following numbers of personnel will be required to staff Memorial Hospital:

Type of Personnel	Number of Personnel Per 100 Nonrelocatable Patients	Number of Personnel to be Supplied by Memorial
Administrative	3	2
Dietary	4	2
Laboratory	23	5
Nursing	190	34
Pharmacy	4	2
Radiology	12	3
Respiratory Therapy	10	4
Other Professional/Technical	13	3
Nonprofessional/Nontechnical	120	22
Physician	16*	
TOTAL	395	77

*The number of physicians needed at the consolidation facility is based on the types and numbers of patients being consolidated. This number would vary little with greater or lesser numbers of patients.

Appendix 7

Eisenhower Osteopathic Hospital

ORGANIZATION:

Administrator: B. P. Beardon

Hospital Disaster Chairperson: Donald Harris

Director of Nursing: _____

Chief of Staff: _____

SUPPLIES AND EQUIPMENT:

Transportation and communications system

RESPONSIBILITIES:

Internal Readiness

1. With collaboration between the Hospital's Disaster Committee and the Deputy Coordinator of the Medical Care Division, amend existing hospital disaster plans to include the contingency of crisis relocation, including plans for (a) the consolidation of nonrelocatable patients into Penrose Hospital (or Memorial Hospital, if Penrose Hospital is unavailable), (b) the transfer of relocatable patients to hospitals in the host area, and (c) the assignment of hospital staff to the El Paso County H/M Service and to host counties.
2. Maintain current employee telephone numbers and addresses.
3. Using the survey letter and H/M Service registration card (see Appendix 2), survey the employees of Eisenhower Osteopathic Hospital to determine their availability in the event of crisis relocation.
4. Initiate a patient classification scheme with medical assistance to estimate the expected number of patients that would be dischargeable, relocatable, or nonrelocatable in the event of crisis relocation (see Addendum 1 of this Appendix).

5. Advise Penrose Hospital of the approximate number of nonrelocatable patients from Eisenhower Osteopathic Hospital that would be consolidated into Penrose Hospital.

6. Inform the Deputy Coordinator of the Medical Care Division of the expected numbers of nonrelocatable and relocatable patients and the resultant transportation requirements, including the need for EMS vehicles and non-EMS vehicles.

7. In cooperation with the Deputy Coordinator, determine which host-area hospitals will accept relocatable patients from Eisenhower Osteopathic Hospital; plan tentatively for relocatable patients to be relocated, as appropriate, to either one of two hospitals in Rio Grande County: Monte Vista Community Hospital in Monte Vista and St. Joseph's Hospital in Del Norte. If it is determined that there are relocatable patients that may not be able to travel to Rio Grande County, arrange to have them relocated to host-area hospitals that are closer, such as St. Thomas More and St. Joseph Hospitals in Fremont County.

8. In cooperation with the Deputy Coordinator and representatives of the consolidation facility, determine the number of employees that Eisenhower Osteopathic Hospital will supply to help staff the consolidation facility during crisis relocation (see Addendum 2 of this Appendix).

9. Make tentative assignments of staff to work at the consolidation facility during crisis relocation.

10. In cooperation with the Deputy Coordinator of the Medical Care Division, make tentative assignments of staff to other positions in the El Paso County H/M Service and to host counties, as feasible.

11. Prepare a list of pharmaceuticals, medical supplies, and equipment that are expected to be critical during crisis relocation.
12. Plan to protect Eisenhower Osteopathic Hospital and its property against a nuclear attack.
13. Conduct training exercises regularly to improve employee effectiveness during emergencies and disasters.
14. Review disaster plans periodically and address problems expected during crisis relocation.
15. Inform the Colorado Springs Police and Fire Departments of crisis relocation plans and arrange to have police and fire protection for Eisenhower Osteopathic Hospital continued during crisis relocation.
16. Late in the Internal Readiness phase, convene the Disaster Committee. The Disaster Committee consists of:
    - Executive Director*
    - Disaster Committee Chairperson
    - Director of Nursing Services
    - Chief of Staff
    - Administrative Assistant(s)
17. During late Internal Readiness, recall hospital employees as needed.

Mobilization

1. Request all visitors to leave the patient care areas during mobilization. Establish an area for families and friends to receive discharged patients.
2. Secure the hospital by controlling entrances with security and maintenance staff.

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*The Executive Director has overall responsibility for the assessment of crisis relocation for Eisenhower Hospital, for ordering crisis relocation activities, for the assignment of hospital employees, and for seeing that medical care is provided for Eisenhower Osteopathic Hospital patients.

3. Suspend the following activities when the Mobilization phase begins:
    - Admittance of noncritical patients
    - Physical therapy
    - Elective surgery
    - Accounting and collections
4. Review and update, as appropriate, the patient classification system; the medical staff on each floor should begin to identify patients as dischargeable, relocatable, or nonrelocatable.
5. Prepare patients for discharge or transport, discharging the simplest cases first. Each floor and its nursing staff is responsible for calling families and arranging for patients' needs.
6. Inform the Medical Care Division Deputy Coordinator of the number of relocatable and nonrelocatable patients and the resultant transportation needs; indicate the approximate times that patients can be ready for transfer to the consolidation facility or relocation to host-area hospitals.
7. Confirm with the Medical Care Division Deputy Coordinator the host-area facilities that will accept relocatable patients from Eisenhower Osteopathic Hospital.
8. As beds become available in the consolidation facility and as transportation is provided, transfer nonrelocatable patients and their medical records to the consolidation facility; maintain medical care for nonrelocatable patients until they are transferred to the consolidation facility, and maintain medical care for relocatable patients until they are relocated to the host areas.
9. Review and update, as appropriate, personnel assignments to the El Paso County H/M Service and to host counties.

10. Contact each employee and verify that he/she knows his/her crisis relocation assignment; alert employees that actions are being taken in preparation for crisis relocation.
11. Determine current inventories of supplies and equipment, including pharmaceuticals, and inform the Medical Care Division Deputy Coordinator.
12. Take necessary actions to protect the Hospital and its property against a nuclear attack without creating additional risk to employees or patients. (For example, put portable equipment in protected rooms.)
13. Review and update, as appropriate, police and fire protection plans for the Hospital with the Law and Order Service and the Fire and Rescue Service, respectively.
14. Prepare to relocate critical Eisenhower Osteopathic Hospital employees and their families to the Air Force Academy. Direct essential employees to report with their families to reception centers in their assigned host counties when the order to evacuate is given and as their responsibilities at Eisenhower Osteopathic Hospital terminate.

Evacuation

1. Report to assigned duty stations.
2. Relocate employees assigned to the El Paso County H/M Service and their families to the Air Force Academy. Relocate essential workers (and their families) assigned to host counties as their responsibilities at Eisenhower Osteopathic Hospital terminate.
3. Complete the discharging of all elective procedure patients.
4. Relocate all relocatable patients to Monte Vista Community Hospital and St. Joseph's Hospital, keeping their medical records with them.

5. Complete the transfer of nonrelocatable patients to the consolidation facility, keeping their medical records with them.
6. Send pharmaceutical and medical supplies to the consolidation facility or to host-area facilities as requested by the Deputy Coordinator for Medical Care.
7. Protect Eisenhower Osteopathic Hospital and its property against nuclear attack, short of creating additional risk to employees or patients.
8. Terminate h/m care at Eisenhower Osteopathic Hospital until the relocation period is over.
9. When crisis relocation has ended and as staff arrive back at Eisenhower Osteopathic Hospital, return to normal operations.
10. Prepare to accept nonrelocatable patients that were transferred to the consolidation facility during crisis relocation.
11. Inventory remaining supplies, and prepare orders to return inventories to their normal level.

DEPLOYMENT:

Critical workers assigned to the El Paso County H/M Service and their families will relocate to the Air Force Academy. Employees of Eisenhower Osteopathic Hospital assigned to host counties and their families will report to reception centers in their assigned host counties.

Addendum 1

Expected Number of Dischargeable, Relocatable, and Nonrelocatable Patients from Eisenhower Osteopathic Hospital

Patient Category	Number of Patients*
Dischargeable	90
Relocatable	20
Nonrelocatable	12
TOTAL	122

*Estimates are based on a 100-percent occupancy rate. The actual number of patients in each category can be expected to vary and will probably be lower than the above estimates.

Addendum 2

Staff From Eisenhower Osteopathic Hospital Assigned to the Consolidation Hospital During Crisis Relocation

Type of Personnel	Number of Personnel
Administrative	0
Dietary	0
Laboratory	3
Nursing	21
Pharmacists	0
Radiology	1
Respiratory Therapy	0
Other Professional/Technical	1
Nonprofessional/Nontechnical	13
TOTAL	39

Appendix 8

St. Francis Hospital

ORGANIZATION:

Hospital Administrator: Sister Ann Francis

Hospital Disaster Chairperson: Jeffrey Long

Director of Nursing: _____

Medical Chairperson: _____

SUPPLIES AND EQUIPMENT:

Transportation and communications system

RESPONSIBILITIES:

Internal Readiness

1. With collaboration between the Hospital's Disaster Committee and the Deputy Coordinator of the Medical Care Division, amend existing hospital disaster plans to include the contingency of crisis relocation, including plans for (a) the consolidation of nonrelocatable patients into Penrose Hospital (or Memorial Hospital, if Penrose Hospital is unavailable), (b) the transfer of relocatable patients to hospitals in the host area, and (c) the assignment of hospital staff to the El Paso County H/M Service and to host counties.
2. Maintain current employee telephone numbers and addresses.
3. Using the survey letter and H/M Service registration card (see Appendix 2), survey the employees of St. Francis Hospital to determine their availability in the event of crisis relocation.
4. Initiate a patient classification scheme with medical assistance to estimate the expected number of patients that would be dischargeable, relocatable, or nonrelocatable in the event of crisis relocation (see Addendum 1 of this Appendix).

5. Advise Penrose Hospital of the approximate number of nonrelocatable patients from St. Francis Hospital that would be consolidated into Penrose Hospital.

6. Inform the Deputy Coordinator of the Medical Care Division of the expected numbers of nonrelocatable and relocatable patients and the resultant transportation requirements, including the need for EMS vehicles and non-EMS vehicles.

7. In cooperation with the Deputy Coordinator, determine which host-area hospitals will accept relocatable patients from St. Francis Hospital; plan tentatively to relocate relocatable patients to Salida Hospital in Salida, Chaffee County. If it is determined that there may be relocatable patients that should not travel the long distance to Salida, arrange to move them to nearer host-area hospitals, such as the hospitals in Fremont County.

8. In cooperation with the Deputy Coordinator and representatives of the consolidation facility, determine the number of employees that St. Francis Hospital will supply to help staff the consolidation facility during crisis relocation (see Addendum 2 of this Appendix).

9. Make tentative assignments of staff to work at the consolidation facility during crisis relocation.

10. In cooperation with the Deputy Coordinator of the Medical Care Division, make tentative assignments of staff to other positions in the El Paso County H/M Service and to host counties, as feasible.

11. Prepare a list of pharmaceuticals, medical supplies, and equipment that are expected to be critical during crisis relocation.

12. Plan to protect St. Francis Hospital and its property against a nuclear attack.
13. Conduct training exercises regularly to improve employee effectiveness during emergencies and disasters.
14. Review disaster plans periodically and address problems expected during crisis relocation.
15. Inform the Colorado Springs Police and Fire Departments of crisis relocation plans and arrange to have police and fire protection for St. Francis Hospital continued during crisis relocation.
16. Late in the Internal Readiness phase, convene the Disaster Committee. The Disaster Committee consists of:
    - Executive Director
    - Administrative Assistant
    - Medical Chairperson (Pathologist on call)*
    - Nursing Supervisor
17. Late in the Internal Readiness phase, activate the nursing staff pyramid call system.

Mobilization

1. Request that all visitors leave the patient care areas when Mobilization begins. Families and friends will be allowed in the old main lobby to receive discharged patients.
2. Secure the hospital by controlling entrances with security and maintenance staff.

---

*The Medical Chairperson becomes the official Disaster Coordinator for St. Francis Hospital. The Nursing Supervisor assumes the Coordinator's responsibilities in his/her absence.

3. Suspend the following activities when the Mobilization phase begins:
    - Admittance of noncritical patients
    - Physical therapy
    - Elective surgery
    - Accounting and collections
4. Review and update, as appropriate, the patient classification system; the nursing staff and physicians on each floor should begin to identify patients as dischargeable, relocatable, or nonrelocatable.
5. Prepare patients for discharge or transport, discharging the simplest cases first. Each floor and its nursing staff is responsible for calling families and arranging for patients' needs.
6. Inform the Medical Care Division Deputy Coordinator of the number of relocatable and nonrelocatable patients and the resultant transportation needs; indicate the approximate times that patients can be ready for transfer to the consolidation facility or relocation to host-area hospitals.
7. Confirm with the Medical Care Division Deputy Coordinator the host-area facilities that will accept relocatable patients from St. Francis Hospital.
8. As beds become available in the consolidation facility and as transportation is provided, transfer nonrelocatable patients and their medical records to the consolidation facility; maintain medical care for nonrelocatable patients until they are transferred to the consolidation facility, and maintain medical care for relocatable patients until they are relocated to the host areas.
9. Review and update, as appropriate, personnel assignments to the El Paso County H/M Service and to host counties.

10. Contact each employee and verify that he/she knows his/her crisis relocation assignment; alert employees that actions are being taken in preparation for crisis relocation. In addition, post announcements and personnel assignments on the Disaster Message Board in the main lobby.
11. Determine current inventories of supplies and equipment, including pharmaceuticals, and inform the Medical Care Division Deputy Coordinator.
12. Take necessary actions to protect the Hospital and its property against a nuclear attack without creating additional risk to employees or patients. (For example, put portable equipment in protected rooms on basement level.)
13. Review and update, as appropriate, police and fire protection plans for the Hospital with the Law and Order Service and the Fire and Rescue Service, respectively.
14. Prepare to relocate critical St. Francis Hospital employees and their families to the Air Force Academy. Direct essential employees to report with their families to reception centers in their assigned host counties when the order to evacuate is given and as their responsibilities at St. Francis Hospital terminate.

Evacuation

1. Report to assigned duty stations.
2. Relocate employees assigned to the El Paso County H/M Service and their families to the Air Force Academy. Relocate essential workers (and their families) assigned to host counties as their responsibilities at St. Francis Hospital terminate.
3. Complete the discharging of all elective procedure patients.

4. Relocate all relocatable patients to Salida Hospital in Salida, keeping their medical records with them.
5. Complete the transfer of nonrelocatable patients to the consolidation facility, keeping their medical records with them.
6. Send pharmaceutical and medical supplies to the consolidation facility or to host-area facilities as requested by the Deputy Coordinator for Medical Care.
7. Protect St. Francis Hospital and its property against nuclear attack, short of creating additional risk to employees or patients.
8. Terminate h/m care at St. Francis Hospital until the relocation period is over.
9. When crisis relocation has ended and as staff arrive back at St. Francis Hospital, return to normal operations.
10. Prepare to accept nonrelocatable patients that were transferred to the consolidation facility during crisis relocation.
11. Inventory remaining supplies, and prepare orders to return inventories to their normal level.

DEPLOYMENT:

Critical workers assigned to the El Paso County H/M Service and their families will relocate to the Air Force Academy. Employees of St. Francis Hospital assigned to host counties and their families will report to reception centers in their assigned host counties.

Addendum 1

Expected Number of Dischargeable, Relocatable, and Nonrelocatable Patients from St. Francis Hospital

Patient Category	Number of Patients*
Dischargeable	138
Relocatable	31
Nonrelocatable	18
TOTAL	187

*Estimates are based on a 100-percent occupancy rate. The actual number of patients in each category can be expected to vary and will probably be lower than the above estimates.

Addendum 2

Staff From St. Francis Hospital Assigned to the Consolidation Hospital During Crisis Relocation

Type of Personnel	Number of Personnel
Administrative	0
Dietary	1
Laboratory	5
Nursing	38
Pharmacy	1
Radiology	2
Respiratory Therapy	2
Other Professional/Technical	3
Nonprofessional/Nontechnical	24
TOTAL	76

Appendix 9

Emory John Brady Hospital

ORGANIZATION:

Hospital Administrator: Dennis Brady

Director of Nursing Service: Jane Collins

Medical Staff Director: E. James Brady

SUPPLIES AND EQUIPMENT:

Pharmaceuticals, transportation, and communications

RESPONSIBILITIES:

Internal Readiness

1. With collaborative efforts between the Hospital's Disaster Committee and the Deputy Coordinator of the Medical Care Division, amend existing hospital disaster plans to include the contingency of crisis relocation, including plans for (a) the relocation of patients and staff to the host area, and (b) the continuation of psychiatric care for patients.
2. Maintain current employee telephone numbers and addresses.
3. Using the survey letter and H/M Service registration card (see Appendix 2), survey the employees of Emory John Brady Hospital to determine their availability in the event of crisis relocation.
4. Initiate a patient classification scheme with medical assistance to estimate the expected number of patients that could be discharged and the number that would be relocated to the host area in the event of crisis relocation.*
5. Inform the Deputy Coordinator of the Medical Care Division of the expected numbers of patients to be discharged and relocated.

---

*Fifty to sixty percent of Emory John Brady patients can be discharged. The approximately 25-30 remaining patients can be relocated to the host area.

6. Plan to use hospital and staff vehicles to relocate patients to the host area.
7. In cooperation with the Deputy Coordinator, identify a facility in the host area to accommodate patients from Emory John Brady Hospital. Plan tentatively to use the Thunderbird Motel at Royal Gorge in Fremont County.
8. Visit the Thunderbird Motel at Royal Gorge and determine its suitability; identify measures to be taken for upgrading the facility in the event of crisis relocation.
9. Estimate the number of hospital personnel needed to accompany the patients to the host area (see the Addendum for this Appendix).
10. Make tentative assignments of staff to accompany Emory John Brady patients to the host area during crisis relocation.
11. In cooperation with the Deputy Coordinator of the Medical Care Division, make tentative assignments of staff to other positions in the El Paso County H/M Service and to host counties as appropriate, giving special attention to utilizing Emory John Brady employees to meet the increased demand in host areas for mental health professionals.
12. Prepare a list of pharmaceuticals, medical supplies, and equipment that are expected to be critical during crisis relocation; inform the Deputy Coordinator of anticipated needs.
13. Plan to protect Emory John Brady Hospital and its property against a nuclear attack.
14. Conduct training exercises regularly to improve employee effectiveness during emergencies and disasters.
15. Review disaster plans periodically and address problems expected during crisis relocation.

16. Inform the Colorado Springs Police and Fire Departments of crisis relocation plans and arrange to have police and fire protection for Emory John Brady Hospital continued during crisis relocation.

17. Late in the Internal Readiness phase, convene the Disaster Committee. The Disaster Committee consists of:

- Hospital Administrator*
- Three Nurses
- Two Maintenance Department Representatives
- Dietary Representative
- Laundry Representative
- Laboratory Representative
- Medical Records Representative

18. During late Internal Readiness recall hospital employees as needed.

19. Inform the family of each patient of his/her status and the location of the proposed host-area facility.

Mobilization

1. Request all visitors to leave the patient care areas during Mobilization. Establish an area for families to receive discharged patients.

2. Secure the hospital by controlling entrances with security and maintenance staff.

3. Suspend the admittance of noncritical patients when the Mobilization phase begins.

4. Review and update, as appropriate, the patient classification system; the staff on each floor should begin to identify patients as dischargeable or relocatable.

---

*The Hospital Administrator, or authorized representative, has overall responsibility for assessment of the situation, for ordering relocation, for assignment of hospital employees, and for seeing that medical care is provided for Emory John Brady Hospital patients.

5. Prepare patients for discharge or relocation, discharging the simplest cases first. Each floor and its nursing staff is responsible for calling families and arranging for the patients' needs.
6. Inform the Medical Care Divison Deputy Coordinator of the number of patients to be relocated to Fremont County.
7. Confirm with the Medical Care Division Deputy Coordinator that the Thunderbird Motel at Royal Gorge is still the facility that will be used to accommodate patients from Emory John Brady Hospital.
8. Review and update, as appropriate, personnel assignments to the El Paso County H/M Service and to host counties.
9. Contact each employee and verify that he/she knows his/her crisis relocation assignment; alert employees that actions are being taken in preparation for crisis relocation.
10. Determine current inventories of supplies and equipment, including pharmaceuticals, and inform the Medical Care Division Deputy Coordinator of additional needs.
11. Take necessary actions to protect the Hospital and its property against a nuclear attack without creating additional risk to employees or patients. (For example, put portable equipment in protected rooms.)
12. Review and update, as appropriate, police and fire protection plans for the Hospital with the Law and Order Service and the Fire and Rescue Service, respectively.
13. Prepare to relocate critical Emory John Brady Hospital employees and their families to the Air Force Academy. Direct essential employees to report with their families to reception centers in their assigned host counties when the order to evacuate is given and as their responsibilities at Emory John Brady Hospital terminate.

Evacuation

1. Report to assigned duty stations.
2. Relocate employees assigned to the El Paso County H/M Service and their families to the Air Force Academy. Relocate essential workers (and their families) assigned to host counties as their responsibilities at Emory John Brady Hospital terminate.
3. Complete the discharging of patients.
4. Relocate relocatable patients and the assigned staff to the Thunderbird Motel in Fremont County, keeping their medical records with them.
5. Protect Emory John Brady Hospital and its property against nuclear attack, short of creating additional risk to employees or patients. Gas, electric, and/or fuel lines should be closed when the patients and staff are gone.
6. Terminate h/m care at Emory John Brady Hospital until the relocation period is over.
7. Provide inpatient care to relocated patients during the relocation period.
8. Report additional supply needs to the Medical Care Division Deputy Coordinator of the Fremont County H/M Service.
9. When crisis relocation has ended, return relocated patients and staff back to Emory John Brady Hospital.
10. As staff arrive back at Emory John Brady Hospital, return to normal operations.
11. Inventory remaining supplies, and prepare orders to return inventories to their normal level.

DEPLOYMENT:

Critical workers assigned to the El Paso County H/M Service and their families will relocate to the Air Force Academy. Employees of Emory John Brady Hospital assigned to host counties and their families will report to reception centers in their assigned host counties. Emory John Brady Hospital Staff will accompany patients to the Thunderbird Motel at Royal Gorge in Fremont County.

Addendum

Staff From Emory John Brady Hospital Assigned to the Thunderbird Motel Host Facility at Royal Gorge*

Type of Personnel	Number of Personnel
Nurses and mental health workers	25
Social workers	2
Administrative assistants	2
Recreational therapists	2
Housekeeping and maintenance personnel†	6
Dietary services personnel	3
Medical personnel	1
Pharmacy personnel	2
Other nonprofessional/nontechnical personnel	5
TOTAL	48

*Staff numbers included here are those expected to be necessary to provide care for 25 patients.

†Includes laundry.

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Appendix 10

Union Printers Home*

ORGANIZATION:

Superintendent: Vincent Hansen

Director of Nursing: _____

Maintenance-Housekeeping Supervisor: _____

SUPPLIES AND EQUIPMENT:

Transportation and communications system

RESPONSIBILITIES:

Internal Readiness

1. With collaborative efforts between Union Printers Home's Disaster Committee and the Deputy Coordinator of the Medical Care Division, amend existing disaster plans to include the contingency of crisis relocation, including plans for (a) the consolidation of nonrelocatable hospital patients into Penrose Hospital and (b) the relocation of relocatable hospital patients and of nursing home patients to the host area.
2. Maintain current employee telephone numbers and addresses.
3. Using the survey letter and H/M Service registration card (see Appendix 2), survey the employees of Union Printers Home to determine their availability in the event of crisis relocation.
4. Initiate a patient classification scheme with medical assistance to estimate the expected number of hospital patients that would be dischargeable, relocatable, or nonrelocatable in the event of crisis

*Union Printers Homes is both a hospital and a nursing home. Responsibilites are specified separately here for Union Printers Home; responsibilities for all of the other nursing homes are specified collectively in Appendix 11.

relocation; estimate the number of nursing home patients that could be discharged.*

5. Inform the Deputy Coordinator of the Medical Care Division of the expected numbers of relocatable hospital and nursing home patients and the resultant transportation requirements, including the need for EMS vehicles and non-EMS vehicles.
6. In cooperation with the Deputy Coordinator, determine which host-area hospitals will accept relocatable hospital patients from Union Printers Home; plan tentatively to relocate relocatable hospital patients from Union Printers Home to Gunnison County Public Hospital in Gunnison.
7. In cooperation with the Deputy Coordinator identify host-area facilities that can be used to host nursing home residents from Union Printers Home; plan tentatively for nursing home residents to be relocated to Teller County.
8. Make tentative assignments of Union Printers Home personnel to Teller County to care for nursing home patients.
9. In cooperation with the Medical Care Division Deputy Coordinator, make tentative assignments of remaining unassigned personnel to either the El Paso County H/M Service or to host counties, as appropriate.
10. Prepare a list of pharmaceuticals, medical supplies, and equipment that are expected to be critical during crisis relocation.
11. Plan to protect Union Printers Home and its property against a nuclear attack.

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*Union Printers Home has eleven hospital beds with an average occupancy of about six. It is unlikely that any of Union Printers' patients would be nonrelocatable; instead, they would be either dischargeable or relocatable. However, patients come to Union Printers Home from all over the United States, and there may not be families or friends to accept discharged patients. It is also likely that many dischargeable nursing home patients do not have families or friends in the risk area. These patients will stay with the other relocatable patients.

12. Conduct training exercises regularly to improve employee effectiveness during emergencies and disasters.

13. Review disaster plans periodically and address problems expected during crisis relocation.

14. Inform the Colorado Springs Police and Fire Departments of crisis relocation plans and arrange to have police and fire protection for Union Printers Home continued during crisis relocation.

15. Late in the Internal Readiness phase, convene the Disaster Committee. The Disaster Committee consists of:

- Hospital Superintendent*
- Nursing Supervisor
- Medical Staff Representative
- Maintenance-Housekeeping Supervisor

16. During late Internal Readiness recall employees as needed.

Mobilization

1. Request all visitors to leave the patient care areas during Mobilization. Establish an area for families to receive discharged patients.

2. Secure the facility by controlling entrances with security and maintenance staff.

3. Suspend nonessential activities when the Mobilization phase begins.

4. Review and update, as appropriate, the patient and resident classification system; the medical staff should begin to identify patients and residents as dischargeable or relocatable.

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*The Hospital Superintendent has overall responsibility for evacuation and care of the Union Printers Home patients and residents and for assigning responsibilities to Union Printers Home employees.

5. Prepare patients and residents for discharge or transport, discharging the simplest cases first. The nursing staff is responsible for calling families and arranging for the patients' needs.
6. Inform the Medical Care Divison Deputy Coordinator of the number of dischargeable and relocatable patients and residents and the resultant transportation needs; indicate the approximate times that patients and residents can be ready for relocation to the host area.
7. Confirm with the Medical Care Division Deputy Coordinator the host-area facilities that will accept relocatable patients from Union Printers Home.
8. Review and update, as appropriate, personnel assignments to Teller County, to the El Paso County H/M Service, and to other host counties.
9. Contact each employee and verify that he/she knows his/her crisis relocation assignment; alert employees that actions are being taken in preparation for crisis relocation.
10. Determine current inventories of supplies and equipment, including pharmaceuticals, and inform the Medical Care Division Deputy Coordinator of additional needs.
11. Take necessary actions to protect Union Printers Home and its property against a nuclear attack without creating additional risk to employees or patients. (For example, put portable equipment in protected rooms.)
12. Review and update, as appropriate, police and fire protection plans for Union Printers Home with the Law and Order Service and the Fire and Rescue Service, respectively.
13. Prepare to relocate critical employees and their families to the Air Force Academy. Direct essential employees to report with their families

to reception centers in their assigned host counties when the order to evacuate is given and as their responsibilities at Union Printers Home terminate.

Evacuation

1. Report to assigned duty stations.
2. Relocate employees assigned to the El Paso County H/M Service and their families to the Air Force Academy. Relocate essential workers (and their families) assigned to Teller County and other host counties as their responsibilities at Union Printers Home terminate.
3. Complete the discharging of all patients and residents, as appropriate.
4. Relocate all relocatable hospital patients to Gunnison County Public Hospital in Gunnison, keeping their medical records with them.
5. Relocate nursing home residents and patients to assigned hotels and motels in Teller County, keeping their records with them.
6. Protect Union Printers Home and its property against nuclear attack, short of creating additional risk to employees or patients.
7. Terminate h/m care at Union Printers Home until the relocation period is over.
8. Provide health care to relocated patients and residents during the Evacuation period.
9. Report additional supply needs of nursing home patients in Teller County to the Teller County H/M Service during the Evacuation period.
10. When crisis relocation has ended, return staff and relocated patients to Union Printers Home. Return to normal operations as conditions permit.
11. Inventory remaining supplies, and prepare orders to return inventories to their normal level.

DEPLOYMENT:

Critical workers assigned to the El Paso County H/M Service and their families will relocate to the Air Force Academy. Employees of Union Printers Home assigned to host counties and their families will report to reception centers in their assigned host counties. Union Printers Home staff will accompany the nursing home residents to Teller County.

Appendix 11

El Paso County Nursing Care Facilities*

ORGANIZATION:

Facilities	Key Personnel
Beverly Hills Recovery Center	Otelia Hovland
Casburn Residential Care Facility	Myrtle Casburn
Cheyenne Mountain Nursing Center	Ann Bates
Cheyenne Village	James Vammer
Colonial Columns Medical and Retirement Center, Inc.	Helen McOllough
Colorado Springs Life Care Center, Inc.	Berna Mae Smith
Fairview Care Center	Cynthia Cordle
Four Seasons Nursing Center of Colorado	Mary Jean Tenhaeff
Garden of the Gods Nursing Home	Phyllis Campbell
Medalion Med-Center	Hamilton Law
Norton's Nursing Home, Inc.	Olga Pratt
Pikes Peak Manor, Inc.	William Weber
Prospect Lake Nursing Facility	Rex Gillete
Springs Village Recovery Center	Louella Milligan
Sunnyrest Sanatorium	Mary Ann Sparks
Terrace Gardens Nursing Center, Inc.	Delores Heindenreich
Union Printers Home†	Vincent Hansen

*Because of the similarities in crisis relocation responsibilities for the nursing homes in El Paso County, they are considered collectively here.

†See Appendix 10 for separate responsibilities for Union Printers Home.

SUPPLIES AND EQUIPMENT:

Pharmaceutical and other medical supplies, housekeeping supplies, linen, and communications systems

RESPONSIBILITIES:

Internal Readiness

1. With collaborative efforts between the nursing home Disaster Committee and the Deputy Coordinator of the Medical Care Division, amend existing disaster plans to include the contingency of crisis relocation, including plans for the relocation of nursing home patients/residents to the host area.
2. Maintain current employee telephone numbers and addresses.
3. Using the survey letter and H/M Service registration card (see Appendix 2), survey nursing home employees to determine their availability in the event of crisis relocation.
4. Initiate a classification scheme with medical assistance to estimate the expected number of patients/residents that would be dischargeable and relocatable in the event of crisis relocation.
5. Inform the Deputy Coordinator of the Medical Care Division of the expected numbers of relocatable patients/residents and the resultant transportation requirements.
6. In cooperation with the Deputy Coordinator, identify host-area facilities (such as hotels and motels) that can be used to host nursing home patients/residents (see Addendum 1 of this Appendix and Table I, Section V. B, Locations and Telephone Numbers, for nursing home assignments to the host area).
7. Plan for nursing home staff to accompany patients/residents to their assigned facilities in the host area to continue providing patients/residents with nursing care.

8. Make tentative assignments of nursing home staff to host-area facilities to which patients/residents will be relocated.
9. Estimate additional nursing staff needs for patients/residents that will relocate to host-area facilities (see Addendum 2 of this Appendix).
10. Prepare a list of pharmaceuticals, medical supplies, and equipment that are expected to be critical during crisis relocation.
11. Plan to protect nursing home and nursing home property against a nuclear attack. (For example, portable equipment can be placed in protected rooms.)
12. Conduct training exercises regularly to improve employee effectiveness during emergencies and disasters.
13. Review disaster plans periodically and address problems expected during crisis relocation.
14. Inform the Colorado Springs Police and Fire Departments of crisis relocation plans and arrange to have police and fire protection continued during crisis relocation.
15. Late in the Internal Readiness phase, convene the Disaster Committee. The Disaster Committee consists of:
    - Administrator of Nursing Care Facility
    - Nursing Supervisor/Director
    - Business Manager (if separate from administrator)
    - Administrative Secretary
    - Maintenance Supervisor
    - Activity Director

    Their responsibilities are:

    <u>Administrator</u>

    - Coordinate Mobilization and Evacuation
    - Assign tasks to committee members

- Recall off-duty personnel and assign duties
- Communicate with the Office of the H/M Coordinator

Nursing Supervisor Director

- Assume overall responsibility in absence of Administrator
- Assign nursing staff
- Initiate classification of patients
- Advise Administrator of patient needs

Administrative Secretary

- Supervise discharging procedures
- Keep Administrator informed
- Secure medical records and supplies

Maintenance Supervisor

- Continue housekeeping duties until Evacuation
- Secure supplies and property
- Assist in transportation

Activity Director

- Assist in discharging residents
- Assist in transport of residents
- Assure that activity supplies are available in host facility

16. Late in Internal Readiness, recall employees as needed.

Mobilization

1. Request all visitors to leave the patient care areas during Mobilization. Establish an area for families to receive discharged patients/residents.
2. Secure the facility by controlling entrances with maintenance staff.
3. Suspend nonessential activities when the Mobilization phase begins.
4. Review and update, as appropriate, the patient/resident classification system; the nursing staff should begin to identify patients/residents as dischargeable or relocatable.

5. Prepare patients/residents for discharge or relocation. The nursing staff should call families to arrange for discharge of patients/residents or to inform them of the host-area facility to which patients/residents are to be relocated.
6. Inform the Medical Care Divison Deputy Coordinator of the number of relocatable patients/residents and the resultant transportation needs; indicate the approximate times that patients/residents can be ready for relocation to the host area.
7. Confirm with the Deputy Coordinator the host-area facilities that will host relocatable patients/residents.
8. Review and update, as appropriate, personnel assignments.
9. Contact each employee and verify that he/she knows his/her crisis relocation assignment; alert employees that actions are being taken in preparation for crisis relocation.
10. Review and update, as appropriate, additional personnel needs; inform the Deputy Coordinator for the Medical Care Division.
11. Determine current inventories of supplies, including pharmaceuticals, and inform the Deputy Coordinator of needs.
12. Take necessary actions to protect the nursing home building and property against a nuclear attack.
13. Review and update, as appropriate, police and fire protection plans for the nursing home with the Law and Order Service and the Fire and Rescue Service, respectively.
14. Prepare to relocate employees and their families to reception centers in their assigned host counties when the order to evacuate is given and as their responsibilities in the nursing home terminate.
15. Late in the Mobilization period, send a few employees to the host-area facility(s) to prepare it for relocating patients/residents.

Evacuation

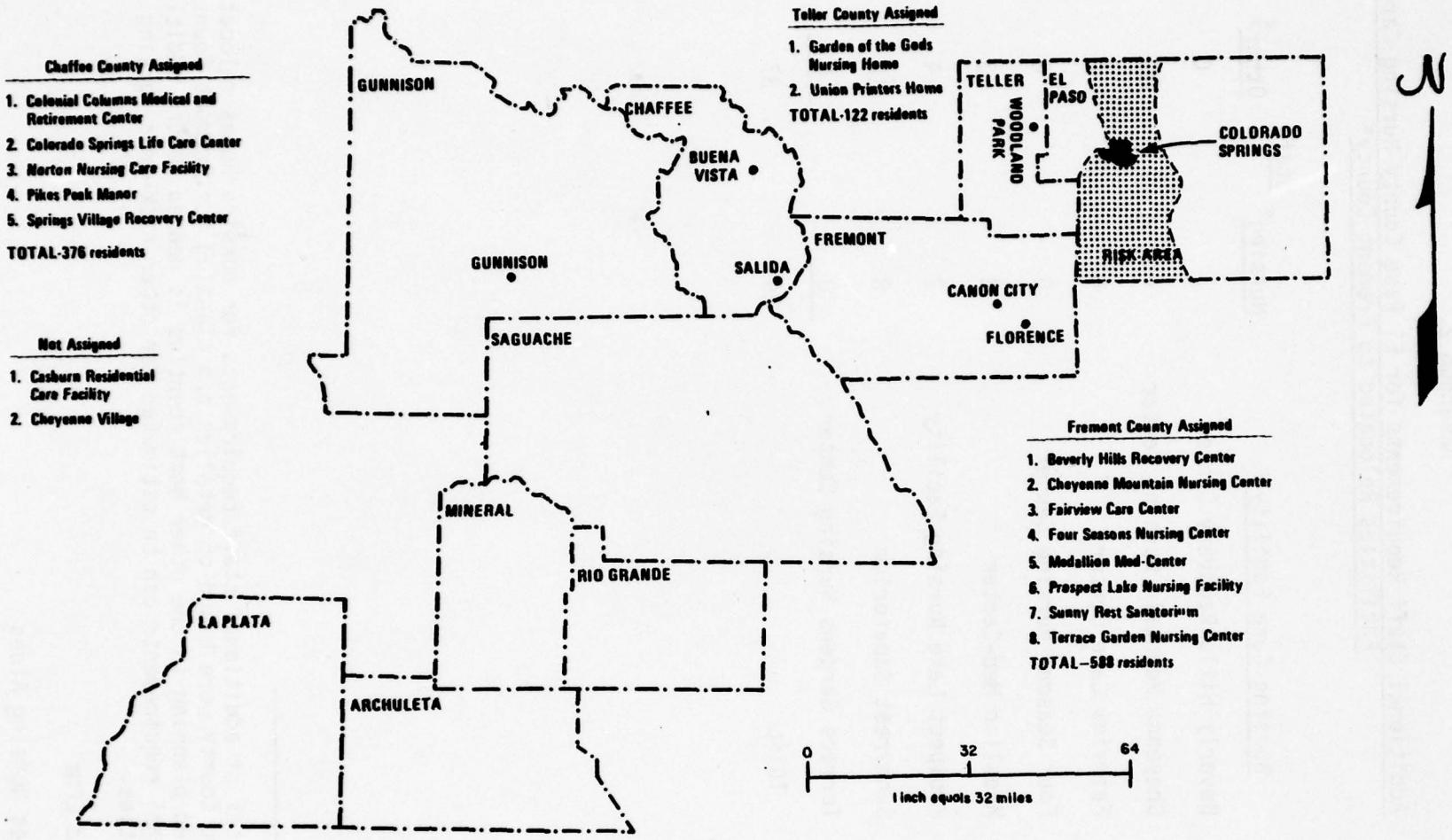
1. Complete the discharge of patients/residents.
2. Relocate all relocatable patients/residents to assigned hotels and motels in the host area, keeping their records with them; they should be accompanied by nursing personnel during the move.
3. Relocate employees and their families to their assigned host county as their responsibilities in the nursing home terminate.
4. Take the necessary steps to protect the nursing home and its property against nuclear attack, short of creating additional risks to employees or patients.
5. Terminate h/m care in the nursing home until the relocation has ended.
6. Provide health care to relocated patients/residents during the Evacuation period.
7. Report additional supply needs to the host-county H/M Service.
8. When crisis relocation has ended, return staff and patients/residents to the nursing home in El Paso County.
9. Return to normal operations as conditions permit.
10. Inventory remaining supplies, and prepare orders to return inventories to their normal level.

DEPLOYMENT:

Employees and their families will report to reception centers in host counties to which they are assigned. The host-area assignments of El Paso County nursing homes are shown in Addendum 1 of this Appendix.

Specific locations of El Paso County nursing homes assigned to Fremont County are contained in Section V.B, Locations and Telephone Numbers.

Addendum 1
Host Area Assignments for El Paso County Nursing Care Facilities



Addendum 2

Additional Staff Requirements for El Paso County Nursing Care Facilities Relocated to Fremont County*

Nursing Care Facility	Staff	
	Nursing†	Other§
Beverly Hills Recovery Center	3	0
Cheyenne Mountain Nursing Center	4	10
Fairview Care Center	4	8
Four Seasons Nursing Center	0	0
Medalion Med-Center	2	3
Prospect Lake Nursing Facility	3	4
Sunnyrest Sanatorium	8	12
Terrace Gardens Nursing Center	0	0
TOTAL	24	37

*Estimates of additional staff requirements for nursing homes relocating to Fremont County were based on detailed h/m planning for Fremont County. Detailed planning in the other host counties is needed before additional personnel requirements can be estimated for other risk-area nursing facilities.

†RNs and LPNs

§Includes Nursing Aides

Appendix 12

El Paso County Medical Society

ORGANIZATION:

Executive Secretary: Carol Walker

SUPPLIES AND EQUIPMENT:

Membership list and H/M Service registration cards

RESPONSIBILITIES:

Internal Readiness

1. Maintain up-to-date membership list with names, addresses and telephone numbers.
2. Distribute H/M Service registration cards to members and request that they be filled out and returned.
3. Late in the Internal Readiness phase, and in cooperation with the Deputy Coordinator of the Medical Care Division, assign physicians to duty stations indicated below under DEPLOYMENT.
4. Advise each physician of his/her crisis relocation assignment.

Mobilization

1. Review and update physician assignments.
2. Contact each physician and verify that he/she knows his/her assignment.

Evacuation

1. Advise individuals to relocate to their assigned duty stations.

DEPLOYMENT:

The assignment of physicians to the El Paso County H/M Service and to host counties is given below. Physicians and their families will report to reception centers in the counties to which they are assigned.

County	Number of Physicians*
Archuleta	6
Chaffee	20
El Paso	
Penrose Hospital	16†
Air Force Academy	12§
Calhan	2§
Monument	2§
Fremont	
St. Thomas More Hospital	4**
St. Joseph Hospital	3††

*The numbers of physicians assigned to each of the counties, with the exception of El Paso County and Fremont County, were estimated by multiplying the commonly used "desired" ratio of 1 physician per 1,000 population by the number of relocatees assigned to the county. The numbers of physicians assigned to El Paso County and Fremont County were based on detailed planning for these two counties.

†Includes physicians in several specialties which depend on the number of patient diagnosis categories.

§These should be primary care physicians.

**Includes two general surgeons, one orthopedist, and at least one specialty surgeon.

††Includes two general surgeons and an obstetrician-gynecologist.

DEPLOYMENT: (Continued)

County	Number of Physicians*
Fremont (Continued)	
Outpatient Clinics	
Canon City	10§
Florence	2§§
West Central Mental Health Clinic	1***
Gunnison	16
La Plata	37
Mineral	1
Rio Grande	21
Saguache	4
Teller	8
TOTAL	165

*The numbers of physicians assigned to each of the counties, with the exception of El Paso County and Fremont County, were estimated by multiplying the commonly used "desired" ratio of 1 physician per 1,000 population by the number of relocatees assigned to the county. The numbers of physicians assigned to El Paso County and Fremont County were based on detailed planning for these two counties.

§These should be primary care physicians.

§§These should be a pediatrician or family practitioner and an obstetrician-gynecologist.

***This should be a psychiatrist.

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Appendix 13

District 3, Colorado Nurses Association

ORGANIZATION:

Secretary: Hattie Kirkland

SUPPLIES AND EQUIPMENT:

Membership list and H/M Service registration cards

RESPONSIBILITIES:

Internal Readiness

1. Maintain up-to-date membership list with names, addresses, and telephone numbers.
2. Distribute H/M Service registration cards to members and request that they be filled out and returned.
3. Late in the Internal Readiness period, and in cooperation with the Deputy Coordinator of the Medical Care Division, assign nurses to duty stations indicated below under DEPLOYMENT.
4. Advise each nurse of his/her crisis relocation assignment.

Mobilization

1. Review and update nurse assignments.
2. Contact each nurse and verify that he/she knows his/her assignment.

Evacuation

1. Advise individuals to relocate to their assigned duty stations.

DEPLOYMENT:

The assignment of nurses to the El Paso County H/M Service and to host counties is shown below. Nurses and their families will report to reception centers in the counties to which they are assigned.

County	Number of Nurses*
Archuleta	38
Chaffee	135
El Paso	
Penrose Hospital	190†
Air Force Academy	15
Calhan	4
Monument	4
Fremont	
St. Thomas More Hospital	20
St. Joseph Hospital	10
Outpatient Clinics	
Canon City	20
Florence	4
El Paso County Nursing Homes§	
Canon City	22
Florence	2

*Estimates of nursing personnel needs for El Paso and Fremont Counties are based on detailed plans for those counties. For the other host counties, Colorado's ratio of nurses (RNs and LPNs) per 1,000 population (6.7) was multiplied by the number of relocatees assigned to each county.

†Nursing personnel needs for Penrose Hospital were taken from Appendix 4.

§This is the additional nursing staff that is needed by El Paso County nursing facilities that are relocating to Fremont County.

DEPLOYMENT: (Continued)

County	Number of Nurses*
Gunnison	110
La Plata	246
Mineral	7
Rio Grande	143
Saguache	26
Teller	52
TOTAL	1048

*Estimates of nursing personnel needs for El Paso and Fremont Counties are based on detailed plans for those counties. For the other host counties, Colorado's ratio of nurses (RNs and LPNs) per 1,000 population (6.7) was multiplied by the number of relocatees assigned to each county.

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Appendix 14

Pikes Peak Pharmacal Society

ORGANIZATION:

President: Gerry Sormani

SUPPLIES AND EQUIPMENT:

Membership list and H/M Service registration cards

RESPONSIBILITIES:

Internal Readiness

1. Maintain up-to-date membership list with names, addresses, and telephone numbers.
2. Distribute H/M Service registration cards to members and request that they be filled out and returned.
3. Late in the Internal Readiness period, and in cooperation with the Deputy Coordinator of the Medical Care Division, assign pharmacists to duty stations indicated below under DEPLOYMENT.
4. Advise each pharmacist of his/her crisis relocation assignment.

Mobilization

1. Review and update pharmacist assignments.
2. Contact each pharmacist and verify that he/she knows his/her assignment.

Evacuation

1. Advise individuals to relocate to their assigned duty stations.

DEPLOYMENT:

The assignment of pharmacists to the El Paso County H/M Service and to host counties is based on the needs presented below. Pharmacists and their families will report to reception centers in the counties to which they are assigned.

County	Number of Pharmacists*
Archuleta	4
Chaffee	14
El Paso	
Penrose Hospital	4†
Air Force Academy	2
Calhan	1
Monument	1
Fremont	
St. Thomas More Hospital	1
St. Joseph Hospital	2
Outpatient Clinics	6§
Gunnison	11
La Plata	25
Mineral	1
Rio Grande	14
Saguache	3
Teller	5
TOTAL	94

*The numbers of pharmacists assigned to each of the counties, with the exception of El Paso County and Fremont County, were estimated by multiplying the Colorado ratio of 0.69 pharmacists per 1,000 population by the number of relocatees assigned to the county. The numbers of pharmacists assigned to El Paso County and Fremont County were based on detailed planning for these two counties.

†Pharmacy personnel for Penrose Hospital was taken from Appendix 4.

§Pharmacy technicians or LPNs trained in medicines could also be used to dispense drugs.

Appendix 15

Colorado Springs Dental Society

ORGANIZATION:

President: Richard Carter

SUPPLIES AND EQUIPMENT:

Membership list and H/M Service registration cards

RESPONSIBILITIES:

Internal Readiness

1. Maintain current membership list with names, addresses, and telephone numbers.
2. Distribute H/M Service registration cards to members and request that they be filled out and returned.
3. Develop a plan for providing dental services during crisis relocation.
4. During late Internal Readiness, and in cooperation with the Medical Care Division Deputy Coordinator, assign dentists to duty stations indicated below under DEPLOYMENT.
5. Inform dentists and their staffs of their crisis relocation assignments.

Mobilization

1. Review and update dentist assignments.
2. Contact each dentist and verify that he/she knows his/her assignment.

Evacuation

1. Advise individuals to relocate to their assigned duty stations.

DEPLOYMENT:

The assignment of dentists to the El Paso County H/M Service and to host counties is based on the estimated needs presented below. Dentists and their families will report to reception centers in the counties to which they are assigned.

County	Number of Dentists*
Archuleta	3
Chaffee	10
El Paso	
Air Force Academy†	2
Calhan	0
Monument	0
Fremont	12
Gunnison	8
La Plata	18
Mineral	1
Rio Grande	11
Saguache	2
Teller	4
TOTAL	71

*The numbers of dentists assigned to each of the counties, with the exception of El Paso County and Fremont County, were estimated by multiplying the Colorado ratio of 0.50 dentists per 1,000 population by the number of relocatees assigned to the county. Numbers of dentists assigned to El Paso County and Fremont County were based on detailed planning for these two counties.

†Two dentists in the Chapel Hills subdivision of Colorado Springs will remain open and serve relocatees from the Academy and residents of nonrisk areas of El Paso County.

Appendix 16

El Paso County Health Department

ORGANIZATION:

Medical Director: Charles H. Dowding, Jr.

Director, Administration Division: Walter Scott

Clinical Director, Clinical Services Division: Richard D. King

Director, Environmental Health Services Division: Frank Otoupalik

Director, Public Health Nursing Division: Marian Alt

SUPPLIES AND EQUIPMENT:

See Appendix 17.

RESPONSIBILITIES:

Internal Readiness

1. Using the H/M Service registration card, determine the availability of staff members for crisis relocation assignments.
2. Prepare plans for the use of office space at the Air Force Academy, Monument Town Hall, and the Senior Citizens Center at the fairgrounds in Calhan.
3. In cooperation with the head of the Department of Chemistry and Biological Sciences at the Air Force Academy, prepare a plan for the relocation of the El Paso County Health Department laboratory to the biology laboratories in Fairchild Hall at the Academy.
4. Determine which items of laboratory equipment and supplies must be relocated from the Health Department to the Air Force Academy.
5. Make a tentative estimate of the public health equipment and supplies (see Appendix 17) that will be needed during crisis relocation.

6. Review the immunization status of El Paso County residents and forecast the requirements for immunizations during crisis relocation.
7. Plan for the provision of essential public health functions during crisis relocation as follows:
    a. Examine food and water supplies for contaminants and initiate corrective measures, as appropriate.
    b. Inspect solid and liquid waste disposal systems/facilities for conformance to sanitary requirements and arrange for corrections, if required.
    c. Inspect congregate housing, food serving, and food processing establishments to ensure conformance with sanitary requirements.
    d. Determine the presence of disease vectors, identify them, and arrange for their control.
    e. Investigate disease outbreaks and direct disease control measures.
    f. Make home nursing visits in the stay-put areas of the county.
    g. Collect birth and death certificates.
    h. Provide laboratory support for essential public health functions.
8. Assess ability to provide personnel to host counties to assist in meeting their public health needs during crisis relocation.
9. Arrange for employees to have identification cards designating them as public health workers.
10. Plan for the movement of vital statistics files to the Air Force Academy.

11. Late in the Internal Readiness phase, assign employees to the El Paso County H/M Service and to the H/M Service in other counties as indicated in Addendums 1 and 2 of this Appendix.

Mobilization

1. Review plans for establishing offices at the Air Force Academy, the Monument Town Hall, and the Senior Citizens Center in Calhan; contact local officials to reaffirm intent to occupy office space during crisis relocation.
2. Review plan to relocate the El Paso County Health Department laboratory to the Air Force Academy. Contact the head of the Department of Chemistry and Biological Sciences to make final arrangements.
3. Prepare laboratory equipment and supplies for transport to the Air Force Academy.
4. Prepare other public health supplies and equipment for transport to the Air Force Academy, Monument, and Calhan.
5. Prepare vital statistics files for transport to the Air Force Academy.
6. Make final arrangements with the Resource and Supply Service to transport supplies, equipment, and vital records to specified locations.
7. Review public health inventories, giving special attention to immunization supplies, pesticides, portable monitoring equipment, water treatment chemicals, etc.
8. Advise the H/M Coordinator of additional supply and equipment needs together with delivery instructions if crisis relocation is ordered.
9. Review plans for provision of environmental health services, communicable disease control activities, vital statistics program, and public health laboratory services during crisis relocation.

10. Review and update, as appropriate, crisis relocation assignments of employees.
11. Contact each employee and verify that he/she knows his/her crisis relocation assignment.
12. Assess the communicable disease status of El Paso County residents and advise the H/M Service Coordinator to notify the host-area H/M Service of any potentially significant problems.
13. Arrange for relocation of dependents together with employees.

Evacuation

1. Report to assigned duty stations.
2. Establish operations offices at the Air Force Academy, Monument, and Calhan.
3. Provide environmental health services and communicable disease control activities for critical workers and dependents at the Academy and in the risk area.
4. Provide laboratory support for public health programs in El Paso County.
5. Continue to register births and deaths.
6. Provide environmental health, communicable disease control, and essential home nursing services in the northwestern stay-put area of El Paso County.
7. Provide environmental health, communicable disease control, and essential home nursing services in the eastern stay-put area of El Paso County.
8. Continue communicable disease surveillance throughout the crisis relocation period.
9. Periodically, report status of public health to the H/M Service Coordinator.
10. During step-down operations, continue to provide public health services, shifting emphasis gradually back to the risk area as people leave the host areas and return to Colorado Springs.

11. Assess the communicable disease status of returning relocatees to determine if steps need to be taken to prevent disease outbreaks in the risk area.

12. Request transportation to move equipment and supplies back to health department offices.

13. Return to normal operations as the situation permits.

DEPLOYMENT:

The Office of the Deputy H/M Coordinator will be located at the Air Force Academy. Personnel assigned to that office and their families will relocate to the Academy.

Public health laboratory personnel and their families will relocate to the Air Force Academy. The laboratory will be located in the biology laboratories in Fairchild Hall at the Academy.

Field Team A and their families will relocate to the Air Force Academy. Team A will be responsible for public health services for the civilian population at the Academy and in Colorado Springs.

Field Team B and their families will relocate to Monument. Team B will serve the northwestern stay-put area of El Paso County. The team will be located at the Monument Town Hall.

Field Team C and their families will relocate to Calhan. Team C will serve the eastern stay-put area of El Paso County. The team will be located at the Senior Citizens Center at the fairgrounds in Calhan.

Addendum 3 of this Appendix illustrates the locations of the Office of the Deputy Coordinator, the laboratory, and Field Teams A, B, and C of the Public Health Division.

Other employees report to assigned host counties with their families.

Addendum 1

Crisis Relocation Assignments: Numbers and Locations of El Paso County Health Department Employees Assigned to El Paso County

Air Force Academy:

Office of the Deputy H/M Coordinator

Deputy Coordinator	1
Nonmedical Epidemiologist	1
Vital Statistics Registrar	1
Secretary	1
Clerk	2
Public Health Nurse (for both outpatient clinic and sick call)	9

Public Health Laboratory (Fairchild Hall)

Director	1
Laboratorian	6
Medical Assistant	2

Field Team A (Fairchild Hall)

Environmentalist	1
Technician	1
Nurse	1
Clerk	1

Monument:

Field Team B (Monument Town Hall)

Environmentalist	1
Nurse	2
Clerk	1

Calhan:

Field Team C (Senior Citizens Center, Calhan Fairgrounds)

Environmentalist	1
Nurse	1
Clerk	1

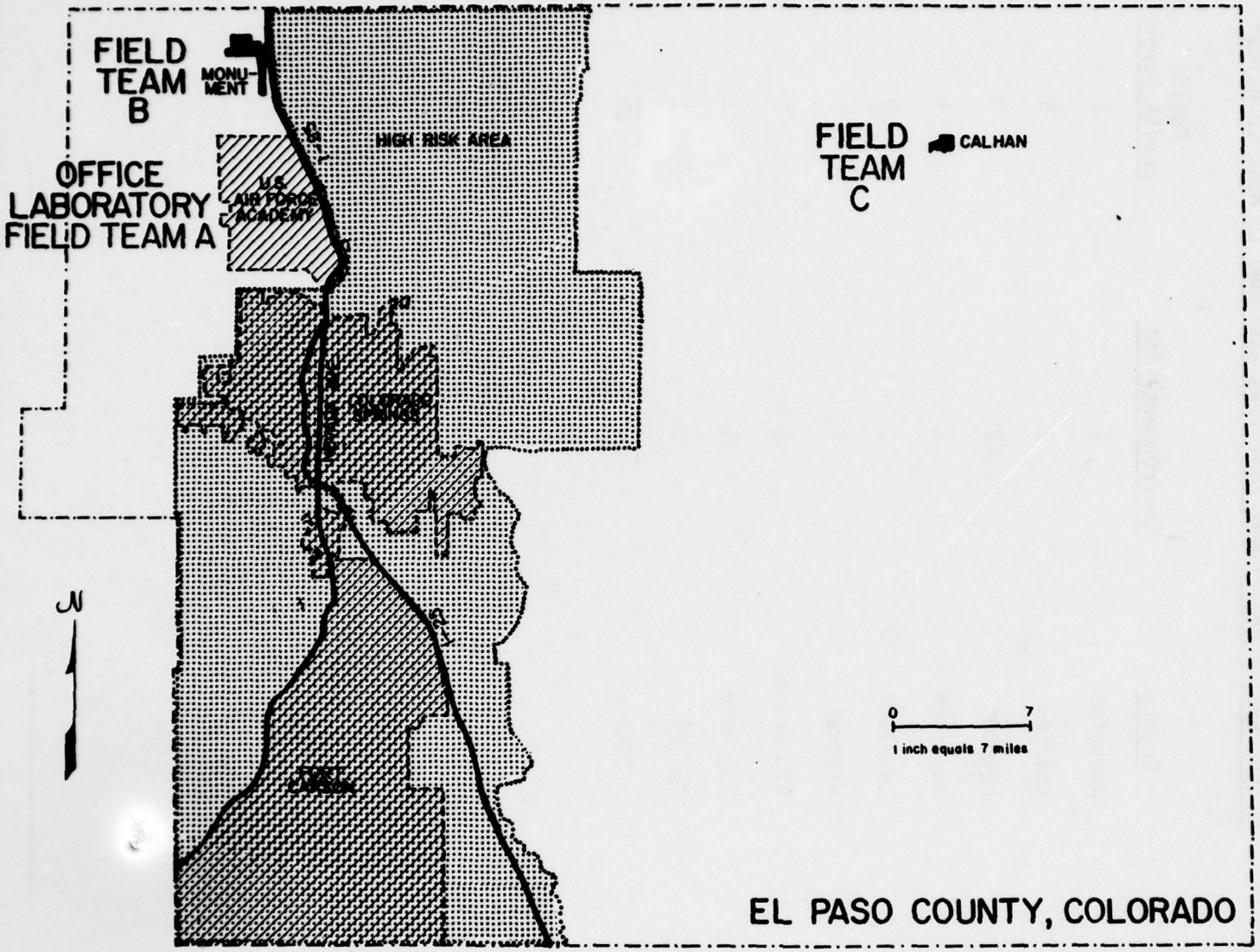
Addendum 2

Crisis Relocation Assignments: Numbers and Locations of El Paso County Health Department Employees Assigned to Host Counties*

County	Environmentalist	Public Health Nurse
Archuleta	1	1
Chaffee	1	5
Fremont	2	9
Gunnison	1	4
La Plata	2	9
Mineral	1	1
Rio Grande	1	5
Saguache	1	1
Teller	0	1
TOTAL	10	36

*Numbers of environmentalists and public health nurses (PHNs) assigned to each county are based on a desirable ratio of 1 environmentalist per 18,000 population and 1 PHN per 4,000 population.

Addendum 3
Location of Public Health Personnel in El Paso County During Crisis Relocation



Appendix 17

Public Health Supplies and Equipment

Laboratory Equipment and Supplies

Bacteriological culture media and apparatus
Balance, analytical
Blood and urine analysis instruments, equipment, and supplies
Chemical reagents, stains, and apparatus
Glassware cleaning equipment
Laboratory glassware
Microscope and slides
Water purification apparatus
Autoclave
Dry sterilizer
Incubator
Colorimeter
Membrane filter apparatus

Water Supply Disinfectants

High-test hypochlorites (70 percent) in drums, cans, and ampules
Iodine tablets
Liquid chlorine, including containers
Chlorine compounds (not gas)
Bromine compounds

Insect and Rodent Control Items

Carbaryl
Lindane powder, dusting (10 percent)
Lindane powder, dusting (1 percent)
Malathion, liquid, emulsifiable concentrate (57 percent)
DET (diethyltoluamide) 75 percent in denatured alcohol
Pyrethrum
Hand sprayer, continuous type
Hand sprayer, compression type
Hand duster, plunger type
Spraying equipment for use on trucks, etc.
Ready-mixed bait, anticoagulant type
"1080" (sodium monofluoroacetate), for controlled use only

General Sanitation

Thermometers
Lye
Flashlights

Field Monitoring Equipment and Supplies

Membrane filter kits with filters, media, and portable incubators
Chlorine and pH determination equipment

Immunization Items

Vaccines
Syringes
Needles

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Appendix 18

El Paso County Coroner's Office

ORGANIZATION:

Coroner: Raoul Urich*

SUPPLIES AND EQUIPMENT:

H/M Service plans, registration cards, medical instruments, records, official forms, and office supplies and equipment

RESPONSIBILITIES:

Internal Readiness

1. Determine the availability of staff members for crisis relocation assignments.
2. Plan for the use of office space at the Mortuary Affairs Office at the Air Force Academy.
3. Determine which items of equipment and supplies must be relocated from the Coroner's Office to the Air Force Academy.
4. Plan for the continuation of coroner functions during crisis relocation.
5. In cooperation with funeral directors and clergymen, develop a plan for the provision of mortuary services during crisis relocation.
6. Identify key funeral home and cemetery personnel.
7. Late in the Internal Readiness phase, assign personnel to the El Paso County H/M Service.

Mobilization

1. Review plan for establishing offices at the Air Force Academy.
2. Review plan for continuation of coroner functions during crisis relocation.

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*Dr. Urich is also the Deputy Coordinator for the Mortuary Division.

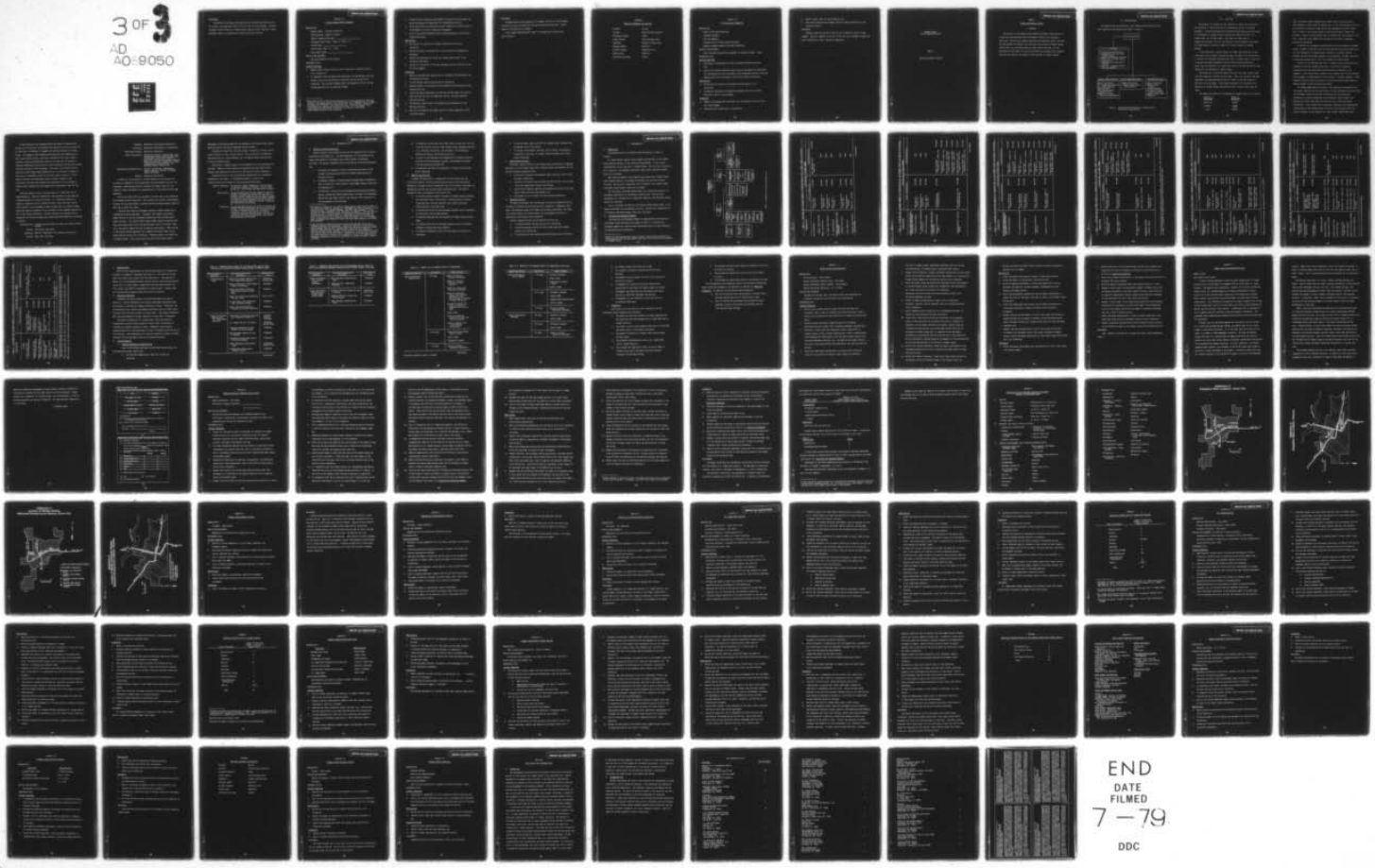
3. Review plan for provision of mortuary services during crisis relocation.
4. Prepare supplies, equipment, records, etc., for transport to the Air Force Academy.
5. Make final arrangements with the Resource and Supply Service for transport of supplies, equipment, and records to the Air Force Academy.
6. Review and update, as appropriate, crisis relocation assignments of Coroner's Office employees.
7. Contact each employee and verify that he/she knows his/her crisis relocation assignment.
8. Arrange for relocation of employees and their families to the Air Force Academy.
9. Advise the Resource and Supply Service of additional supply and equipment needs together with delivery instructions if crisis relocation is ordered.

Evacuation

1. Report to assigned duty stations.
2. Establish operations office at the Air Force Academy.
3. Perform coroner functions as required.
4. Coordinate mortuary services in El Paso County.
5. Inform the H/M Service Coordinator when trips into the risk area are necessary for mortuary services, e.g., embalming and burial.
6. Periodically, report status of Mortuary Division to H/M Service Coordinator.
7. When relocation period ends, request transportation to return supplies, equipment, and records to County Coroner's Office.
8. Return to normal operations as the situation permits.

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DEPLOYMENT:

The Office of the Deputy H/M Coordinator for the Mortuary Division will be located in the Mortuary Affairs Office at the Air Force Academy. Personnel assigned to that office will relocate there along with their families. Other employees report to assigned host counties with their families.

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Appendix 19

El Paso County Funeral Directors

ORGANIZATION:

Angelus Chapel: Charles W. McCulley

Blunt Mortuary: Edward S. Shouse

Chapel of Memories Mortuary: _____

Evergreen Funeral Home: Samuel C. Hunter, Jr.

Law Mortuary: _____

Nolan Funeral Home: M. L. Hipp

Swan Funeral Home: _____

SUPPLIES AND EQUIPMENT:

See the Addendum of this Appendix.

RESPONSIBILITIES:

Internal Readiness

1. Identify which funeral directors plan to continue in operation during crisis relocation.*
2. In cooperation with the Deputy H/M Coordinator for the Mortuary Division, develop a plan for the provision of mortuary services during crisis relocation. The plan must address burial and cremation, as well as body storage when next of kin cannot be located.

*Since most of the El Paso County population will have evacuated to locations outside of the county during crisis relocation, it is expected that the number of deaths (and funerals) in El Paso County will decline sharply during this time period, if a nuclear attack does not occur. For this reason, it is anticipated that some funeral directors will choose to close their establishments during crisis relocation.

3. Estimate crisis relocation requirements for supplies and equipment and advise the Deputy H/M Coordinator for the Mortuary Division.
4. Using the H/M Service registration cards, determine the availability of staff members for crisis relocation assignments.
5. Late in the Internal Readiness phase, assign personnel to the El Paso County H/M Service.

Mobilization

1. Review plan for provision of mortuary services during crisis relocation.
2. Review and update, as appropriate, crisis relocation assignments of employees.
3. Contact each employee and verify that he/she knows his/her crisis relocation assignment.
4. Arrange for relocation of critical employees and their families to the Air Force Academy.

Evacuation

1. Report to assigned duty stations and to the Deputy H/M Coordinator for the Mortuary Division.
2. Provide mortuary services during crisis relocation.
3. Request supplies or assistance from the Deputy H/M Coordinator for the Mortuary Division.
4. Inform the Deputy Coordinator for Mortuary Services when trips must be made into the risk area for embalming, burial, and other essential mortuary services.
5. Periodically, report status to the Deputy H/M Coordinator for the Mortuary Division.
6. When crisis relocation has ended, return to normal operations as the situation permits.

DEPLOYMENT:

Assigned funeral home personnel will commute from the Air Force Academy into the risk area as dictated by the need for morturary services. Funeral homes will be open only as needed.

Other funeral home personnel report to assigned host counties with their families.

Addendum

Mortuary Equipment and Supplies

Scalpels	Syringe
Scissors	Blood drainage apparatus
Dissecting forceps	Trocar
Artery forceps	Fluid drainage tubes
Separator	Stomach drainage tubes
Aneurysm needle	Aspirator
Surgical needles	Embalming fluid
Artery tubes	Cosmetics
Containers and pumps	Coffins

Appendix 20

El Paso County Cemeteries

ORGANIZATION:

Abbey of the Angels Mausoleum

Evergreen Cemetery

Fairview Cemetery

Evergreen Shrine of Rest Chapel Mausoleum

Memorial Gardens Cemetery and Chapel Mausoleums

SUPPLIES AND EQUIPMENT:

Tools for grave preparation, equipment for handling caskets, trucks

RESPONSIBILITIES:

Internal Readiness

1. Participate in development of crisis relocation mortuary services plan.
2. Late in the Internal Readiness phase, give to the Deputy H/M Coordinator for the Mortuary Division the names of the responsible official from each cemetery that will be assigned to the El Paso County H/M Service.

Mobilization

1. Review plan for provision of mortuary services during crisis relocation.
2. Arrange for relocation of responsible cemetery officials and their families to the Air Force Academy.

Evacuation

1. Report to the Deputy H/M Coordinator for the Mortuary Division at the Air Force Academy.
2. Supervise burial operations, as appropriate.

3. Recruit casual labor for grave opening, etc.

4. When crisis relocation has ended, return to normal operations as the situation permits.

DEPLOYMENT:

Cemetery officials and their families will relocate to the Air Force Academy. They will commute in and out of the risk area as needed to supervise burial operations at their respective cemeteries.

FREMONT COUNTY
CRISIS RELOCATION PLAN

ANNEX D

HEALTH AND MEDICAL SERVICE

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ANNEX D

Health and Medical Service

I. MISSION

The mission of the Fremont County Health and Medical (H/M) Service is to plan for and coordinate health and medical (h/m) crisis relocation activities, including (a) austere inpatient and outpatient medical services, (b) the transfer of patients from risk-area institutions to Fremont County institutions, (c) continued essential public health services, (d) the disposition of the dead, and (e) the allocation of personnel and equipment from the risk area for the support of h/m services in Fremont County.

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II. PARTICIPATION

The organizations participating in the Fremont County H/M Service and their functional relationships are shown in Figure 1.

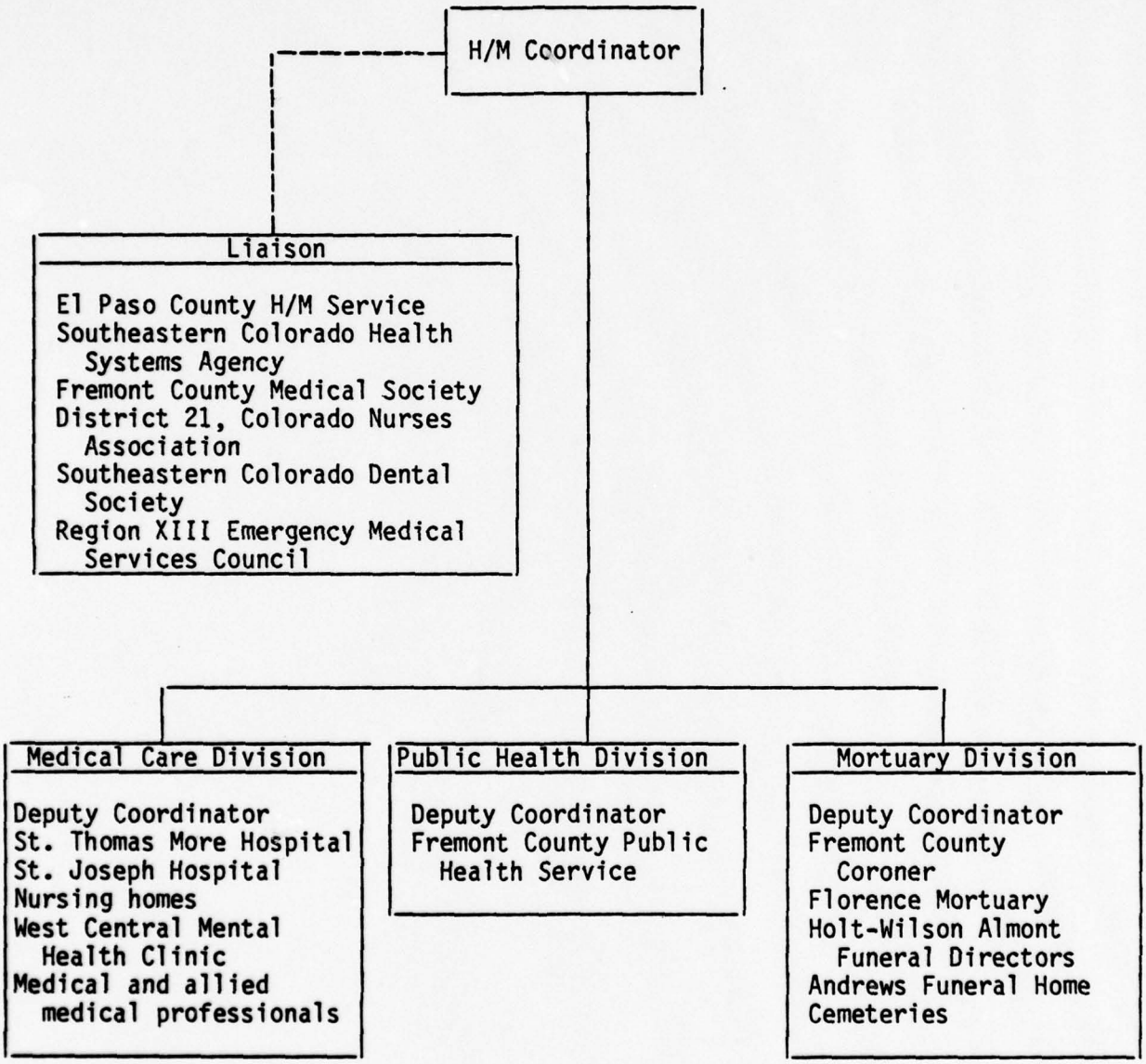


Figure 1. Functional Relationships of Fremont County H/M Service Organizations

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III. SITUATION

The Governor of Colorado has the authority to direct the relocation of any population in that State that is threatened by natural or man-made disasters. To facilitate population relocations made necessary by the event or likelihood of a nuclear attack, Colorado has identified within its borders both risk and host areas. Risk areas are those areas at comparatively greater risk from the effects of nuclear weapons; host areas are those areas at relatively lower risk from the effects of nuclear weapons.

In the event that a nuclear attack is likely, the populations in the risk areas (such as Denver, Colorado Springs, and Pueblo) will be directed to relocate to previously specified host areas. Fremont County is only one of several host areas designated for the Colorado Springs population. Hence, only the population in a particular area of Colorado Springs (El Paso County) will be relocated to Fremont County.

The relocation of specified populations from risk areas to host areas will take place over a period of three days. After the relocation has been completed, the relocated populations will remain in the host areas for a period of up to two weeks. Plans contained herein for h/m services are based on this 2-week period, during which time a nuclear attack does not occur.

The number and location of relocatees for Fremont County is as follows:

Location of Relocatees	Number of Relocatees
Canon City	32,500
Florence	6,000
Total	38,500

Thus, the Fremont County population will swell from its usual 22,000 to about 60,000, or three times its normal size. Of the 6,000 persons that will be relocating to Florence, 5,000 are military dependents from Fort Carson. This is likely to be a young population consisting largely of women and children. Plans to provide health care in Florence must take account of this fact. Both public and commercial buildings will be used as congregate housing for relocatees.

In addition to the general population that will be relocated to Fremont County, a number of patients from risk-area hospitals and nursing homes also will be transported to Fremont County; as many as 70 general hospital patients and 600 nursing home patients can be expected. Residents and staff of Emory John Brady Hospital will also relocate to Fremont County.

So that all h/m problems that arise in Fremont County during the crisis relocation period are managed effectively, a h/m crisis relocation organization has been established from existing h/m resources in the community. This h/m structure operates on the premise that all h/m problems can be managed as either medical, public health, or mortuary problems. Three separate divisions within the overall h/m organization have been formed to manage problems in each of these three areas.

As already demonstrated in Figure 1, the organization responsible for the overall planning for and coordination of crisis relocation h/m activities is the Fremont County H/M Service, directed by the H/M Coordinator. Subordinate to the H/M Coordinator are the Medical, Public Health, and Mortuary Divisions, each under the direction of an individual Deputy Coordinator. To the extent that is possible, individuals and organizations participating in the Fremont County H/M Service are assigned duties that closely resemble, or are identical to, their normal, peace-time duties.

To help cope with the increased health care needs of Fremont County during crisis relocation, h/m personnel and supplies from the risk area will be drawn upon, as feasible, to augment the existing resources in Fremont County. For example, while Fremont County physicians will operate out of their usual offices and will continue to provide care for their regular patients, primary care physicians from the risk area will be located in temporary outpatient clinics and will provide outpatient services and limited inpatient services for the relocatees. Obviously, this situation can be modified so that Fremont County physicians will be available if needed to help care for relocatees as well as for their regular patients. Allied medical services--including mental health, dental, podiatric, and chiropractic services--for residents and relocatees will be provided by Fremont County professionals and augmented by professionals from the risk area.

Inpatient medical care will be provided by St. Thomas More and St. Joseph Hospitals. They will expand their bed capacities to help meet the increased demands for inpatient services. St. Thomas More Hospital is capable of expansion from its current 60 beds to about 100 beds, and St. Joseph Hospital can be expanded to about 45 beds from its current 34 beds. Additional hospital personnel will be provided for the expanded hospitals by the El Paso County H/M Service. Hospital personnel are grouped into 10 categories for planning purposes and, unless specified otherwise, are defined as follows:

Administrative: Includes administrators, but does not include clerical support.

Dietary: Dietitians, head cooks.

Laboratory: Medical technologists and laboratory assistants.

Nursing: RNs, LPNs, and aides.

Pharmacy:	Pharmacists and pharmacy technicians.
Radiology:	Radiologic technologists or technicians.
Respiratory Therapy:	Respiratory therapists.
Other Professional:	Therapists (physical, recreational, and occupational) mental health professionals (psychologists and social workers), physicians' assistants and aides, medical machine technicians, anesthetists, speech pathologists and audiologists, and emergency medical technicians.
Nonprofessional/Nontechnical:	Laundry, maintenance, housekeeping, supply, security, clerical, and other support personnel.
Medical:	Physicians (MD and DO).

In addition to the hospitals, limited inpatient facilities will be available at temporary clinics established to provide medical care for the relocatees. Nursing home patients relocated to Fremont County will be located in hotels and motels and accompanied by El Paso County nursing home personnel.

A first aid station will be provided at the rest stop to be located at the entrance to Royal Gorge Park. This station will provide limited medical services for the large number of persons traveling through Fremont County on their way to other host areas.

Like many other counties throughout Colorado, Fremont County has no comprehensive health department. Presently, the Fremont County Public Health Service is the only government organization that provides public health services. Four public health nurses (PHNs) regularly operate adult, baby, and immunization clinics and perform home visits in Florence, Canon City, and smaller communities such as Rockvale and Coaldale. PHNs from the El Paso County Health Department will augment the Fremont County Public Health Service during crisis relocation. Presently there is no sanitarian in Fremont County. Thus, sanitarians from the El Paso County Health

Department in Colorado Springs will be assigned to the Fremont County Public Health Service to provide environmental health services.

Currently in Canon City, the water supply is marginal; Florence's water supply situation is only slightly better. Thus, during crisis relocation, the possibility of a water shortage, and its apparent health implications, exists for Fremont County.

Morticians in Fremont County will be responsible for the disposition of the dead. Twenty to thirty deaths are expected during the 2-week period. However, more deaths could occur due to the stress of crisis relocation.

Responsibilities for the participating organizations are included as Appendixes to the Annex. A time-phased approach is used for the responsibilites and includes the three periods defined below:

Internal Readiness: The period of normal readiness up to the receipt of advice to prepare to relocate. Actions taken during this time include the preparation of plans.

Mobilization: The period beginning with the receipt of advice to prepare to evacuate and ending with the order to evacuate. Actions taken during this period include the activation of personnel and equipment necessary to effect an orderly evacuation and to provide for the continuation of essential services in the host and evacuating jurisdictions.

Evacuation: The period beginning with the order to evacuate and ending with the announcement that crisis relocation is over, including the return of relocatees to the risk area. Actions taken during this period include alerting and evacuating the risk area and caring for the civilian populations in both host and evacuating jurisdictions.

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IV. RESPONSIBILITIES

A. Office of the H/M Coordinator

Overall control of h/m operations will be the responsibility of the H/M Coordinator (see Appendix 1). The H/M Coordinator will be assisted by the Deputy Coordinators of the Medical Care, Public Health, and Mortuary Divisions. The general responsibilities of the Office of the H/M Coordinator are:

1. To prepare and implement a plan to provide h/m services for the resident and evacuee populations of Fremont County during the relocation period.
2. To develop a method of surveying health professionals to determine their availability to participate in the Fremont County H/M Service (see Appendix 2).*
3. To establish liaison with the Southeastern Colorado Health Systems Agency, professional health associations, and Region XIII Emergency Medical Services (EMS) Council† and to enlist their assistance in the development of the H/M Annex.

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*The potential problem of role conflict among persons asked to participate in the H/M Service should be recognized. Assignments of such individuals to the H/M Service may, if accepted, separate them from family members or close friends that have different crisis relocation assignments. This has serious implications as to the willingness of individuals to participate and the resulting overall availability of h/m personnel during crisis relocation. This is less likely to be a problem in host areas than it is in risk areas, where assignments may threaten to send risk-area family members to different host counties.

†Close coordination between H/M Service activities and EMS activities is essential during crisis relocation. Especially important is the transition period between the late Mobilization period and the early Evacuation period, when risk-area hospitals are reducing their operations and eventually closing, and when overall emphasis of h/m services is being shifted away from the risk area and to the host areas. Coordination of h/m services with EMS activities during this transition is essential to ensure the proper medical response by emergency vehicles and personnel to victims of sudden illness or accidents.

4. To establish liaison with the El Paso County H/M Service, with the State H/M Service, and with other Fremont County emergency services, i.e., Direction and Control, Law and Order, Fire and Rescue, Resource and Supply, and Reception and Care.
5. To plan for and coordinate the augmentation of Fremont County h/m services with h/m personnel, supplies, and equipment allocated from the evacuating jurisdiction.
6. To coordinate and direct h/m operations in Fremont County during crisis relocation.

B. Medical Care Division

A Deputy H/M Coordinator is responsible for the planning for and provision of medical care and related services during crisis relocation. Appendixes 3 through 9 specify responsibilities for the Deputy Coordinator of the Medical Care Divison and participating organizations. The overall responsibilities of the Medical Care Division are:

1. To provide essential hospital services to Fremont County residents and relocatees from El Paso County, including hospital patients discharged from risk-area hospitals that require continued hospitalization in the host area.
2. To provide facilities for the continued inpatient care of relocated El Paso County nursing home patients.
3. To continue inpatient care for patients of Fremont County nursing homes.
4. To provide facilities for continued inpatient care of relocated residents of Emory John Brady Hospital.
5. To establish outpatient clinics for the primary care needs of relocatees.

6. To provide mental health services for Fremont County residents and relocatees from El Paso County.

7. To provide allied medical services, such as dental, chiropractic, and podiatric services, for Fremont County residents and El Paso County relocatees.

C. Public Health Division

The Public Health Division of the Fremont County H/M Service is composed essentially of the Fremont County Public Health Service (see Appendix 10) and has the following responsibilities:

1. Provision of essential environmental health services, such as food and water inspections.

2. Provision of essential public health nursing services, such as home visits and communicable disease surveillance.

3. Securing the necessary supplies and equipment with which to provide public health services (see Appendix 11).

4. Maintenance of vital records for the relocated population.

D. Mortuary Division

The Deputy Coordinator for the Mortuary Division has responsibility for planning for mortuary services during crisis relocation. Appendixes 12-15 detail the necessary steps to be taken by the Deputy Coordinator, the three area funeral homes, the County Coroner, and the cemetery officials in preparing for and during crisis relocation.

General responsibilities for the Mortuary Division are:

1. To provide coroner services during crisis relocation.

2. To provide mortuary services for the larger population present during crisis relocation.

3. To provide burial and cremation services during crisis relocation.

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V. COORDINATION

A. Organization

The organization for the Fremont County H/M Service is shown in Figure 2.

Dr. Henry Grabow, Fremont County Coroner and President of the Fremont County Medical Society, is the H/M Service Coordinator. He has overall responsibility for h/m services in Fremont County. During crisis relocation, he is located at the Emergency Operations Center (EOC), 409 Macon Avenue, Canon City, Colorado.

Mrs. Donna Lee Moberg, Public Health Nurse Supervisor, Fremont County Public Health Service, is the Deputy Coordinator for the Public Health Division. During crisis relocation, she is located at the Fremont County Courthouse, Macon Avenue, Canon City, Colorado.

Mr. Paul Masar, Assistant Administrator, St. Thomas More Hospital, is the Deputy Coordinator for the Medical Care Division. During crisis relocation, he is located at St. Thomas More Hospital, 1019 Sheridan Street, Canon City, Colorado.

Mr. W. A. Wilson, Co-Director, Holt-Wilson Almont Funeral Home, is the Deputy Coordinator for the Mortuary Division. During crisis relocation, he is located at 806 Macon Avenue, Canon City, Colorado.

B. Locations and Telephone Numbers

The locations and telephone numbers of organizations participating in the Fremont County H/M Service are shown in Table I.* Locations and telephone numbers are listed for both the period prior to crisis relocation and the period during relocation.

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*Several of the organizations listed in Table I are actually located in El Paso County but are included because they have crisis relocation assignments in Fremont County.

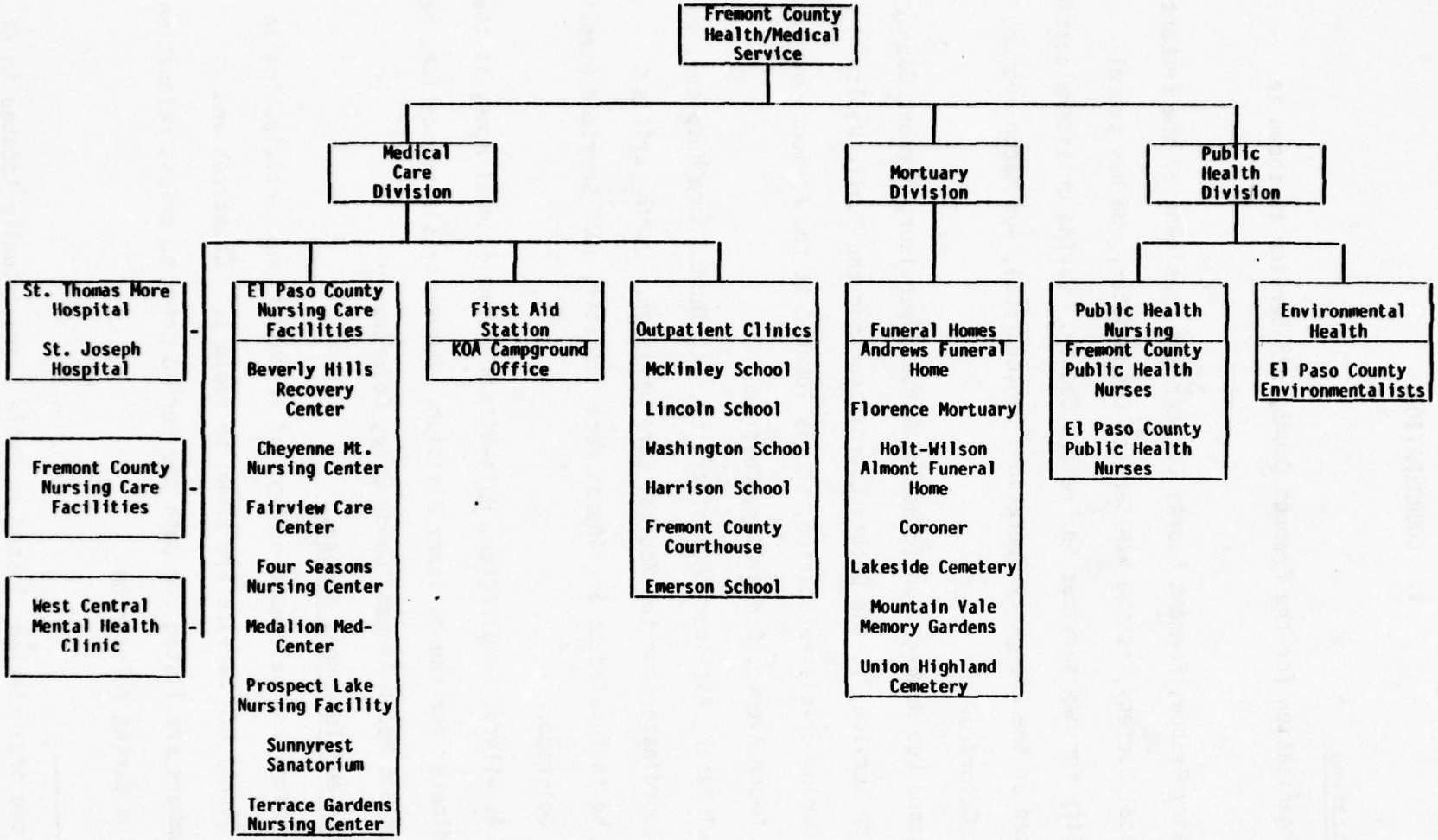


Figure 2. Organization of the Fremont County H/M Service

TABLE I. LOCATIONS AND TELEPHONE NUMBERS OF ORGANIZATIONS IN THE FREMONT COUNTY H/M SERVICE

ORGANIZATION	LOCATION AND TELEPHONE NUMBER	
	Prior to Relocation	During Relocation
H/M Coordinator	116 N. 7th St. Canon City 275-2867	EOC, 409 Macon Ave. Canon City 275-1553
MEDICAL CARE DIVISION		
Deputy Coordinator	1019 Sheridan St. Canon City 275-3381	Same
St. Thomas More Hospital	1019 Sheridan St. Canon City 275-3381	Same
St. Joseph Hospital	600 W. 3rd St. Florence 784-6361	Same
Fremont County Nursing Care Facilities		
Bethesda Care Center	515 Fairview Ave. Canon City 275-9303	Same
Canon Lodge, Inc.	905 Harding Ave. Florence 275-4106	Same
Colorado State Veterans Nursing Home	Moore Dr., Florence 784-6331	Same

(Continued)

TABLE I. LOCATIONS AND TELEPHONE NUMBERS OF ORGANIZATIONS IN THE FREMONT COUNTY H/M SERVICE (Continued)

ORGANIZATION	LOCATION AND TELEPHONE NUMBER	
	Prior to Relocation	During Relocation
Fremont County Nursing Care Facilities (Continued)		
Hildebrand Care Center	1401 Phay Ave. Canon City 275-8656	Same
St. Thomas More Progressive Care Center	1019 Sheridan St. Canon City 275-3381	Same
Valli-Vu Nursing Home	2120 N. 10th St. Canon City 275-7569	Same
El Paso County Nursing Care Facilities		
Beverly Hills Recovery Center	1795 Monterey Rd. Colorado Springs 471-7850	Canon City Motel 1232 Main St., Canon City 275-5018 Travelers Motel 1025 Main St., Canon City 275-2395 Bel-Aire Motel, 1031 Royal Gorge Blvd., Canon City 275-9601 Colorado Motel, 1231 Royal Gorge Blvd., Canon City 275-5321
Cheyenne Mountain Nursing Center	835 Tenderfoot Hill Rd. Colorado Springs 576-8380	Royal Gorge Motel, 1925 Fremont Dr., Canon City 275-3377 Sky Valley Motel, 205 Greydene Ave., Canon City 275-2783

(Continued)

TABLE I. LOCATIONS AND TELEPHONE NUMBERS OF ORGANIZATIONS IN THE FREMONT COUNTY H/M SERVICE (Continued)

ORGANIZATION	LOCATION AND TELEPHONE NUMBER	
	Prior to Relocation	During Relocation
El Paso County Nursing Care Facilities (Continued)		
Fairview Care Center	825 S. Hancock Ave. Colorado Springs 635-2531	Century Motel 2990 Main St., Canon City 275-2829
		El Camino Motel 2980 Main St., Canon City 275-4280
Four Seasons Nursing Center	920 S. Chelton Rd. Colorado Springs 473-7780	Ramada Inn Hwy. 50, Canon City 275-8676
Medalion Med-Center	1719 E. Bijou St. Colorado Springs 471-4800	Rainbow Motel 720 E. Main St., Florence 784-6488
		Riviera Motel 136 E. Front St., Florence 784-6371
Prospect Lake Nursing Facility	1420 E. Fountain Blvd. Colorado Springs 632-7604	Holiday Motel 1502 Main St., Canon City 275-3317
		Park Lane Motel 1401 Main St., Canon City 275-7240
Sunnyrest Sanatorium	2400 Cache La Poudre St. Colorado Springs 471-8700	Cadaleen Motel, 403 Royal Gorge Blvd., Canon City 275-9980
		Parkview Motel, 231 Royal Gorge Blvd., Canon City 275-3319

(Continued)

TABLE I. LOCATIONS AND TELEPHONE NUMBERS OF ORGANIZATIONS IN THE FREMONT COUNTY H/M SERVICE (Continued)

ORGANIZATION	LOCATION AND TELEPHONE NUMBER	
	Prior to Relocation	During Relocation
Sunnyrest Sanatorium (Continued)	2400 Cache La Poudre St. Colorado Springs 471-8700	Pioneer Motel 201 Main St., Canon City 275-3015
		Star Court, 331 Royal Gorge Blvd., Canon City 275-9351
Terrace Gardens Nursing Center, Inc.*	2438 Fountain Blvd. Colorado Springs 473-8000	Florence Hotel 201 W. Main St., Florence 784-6373
		St. Joseph Manor 600 W. 3rd St., Florence 784-6361
		State Veterans Nursing Home, Moore Dr., Florence 784-6331
West Central Mental Health Clinic	502 Greenwood Ave. Canon City 275-6400	Same
	119 W. Main St., Florence 784-4147	Same
Outpatient Clinics		
McKinley School	1240 McKinley St. Canon City 275-5691	Same

(Continued)

*If the Florence Hotel has insufficient space and beds, St. Joseph Manor and the State Veterans Nursing Home will be asked to cooperate in housing residents of Terrace Gardens Nursing Center.

TABLE I. LOCATIONS AND TELEPHONE NUMBERS OF ORGANIZATIONS IN THE FREMONT COUNTY H/M SERVICE (Continued)

ORGANIZATION	LOCATION AND TELEPHONE NUMBER		
	Prior to Relocation		During Relocation
Outpatient Clinics (Continued)			
Lincoln School	420 Myrtle Lane Canon City	275-5544	Same
Washington School	N. 9th St., Canon City	275-9126	Same
Harrison School	485 Cottonwood Ave. Canon City	275-6475	Same
Fremont County Courthouse	Macon Ave., Canon City	275-1511 Ext. 19	Same
Emerson School	W. 2nd St., Florence	no phone	Same
Florence Community Center†	100 Railroad St., Florence	784-3914	Same
Florence High School (cafeteria)†	401 W. 5th St. Florence	784-6312	Same
First Aid Station Royal Gorge KOA Campground	0559 Fremont County Rd. 3-A, Canon City	275-6116	Same
PUBLIC HEALTH DIVISION			
Deputy Coordinator	Fremont County Courthouse Macon Ave., Canon City	275-1511 Ext. 19	Same
Fremont County Public Health Nurses	Fremont County Courthouse Macon Ave., Canon City	275-1511	Same

†Alternate site in the event that Emerson School is not available.

(Continued)

TABLE I. LOCATIONS AND TELEPHONE NUMBERS OF ORGANIZATIONS IN THE FREMONT COUNTY H/M SERVICE (Continued)

ORGANIZATION	LOCATION AND TELEPHONE NUMBER	
	Prior to Relocation	During Relocation
PUBLIC HEALTH DIVISION (Continued)		
El Paso County Public Health Nurses	El Paso County Public Health Dept. 501 N. Foote Ave. Colorado Springs 475-8240	Fremont County Courthouse Macon Ave., Canon City 275-1511
El Paso County Environmentalists	El Paso County Public Health Dept. 501 N. Foote Ave. Colorado Springs 475-8240	Fremont County Courthouse Macon Ave., Canon City 275-1511
MORTUARY DIVISION		
Deputy Coordinator	806 Macon Ave., Canon City 275-3372	Same
Fremont County Coroner[9]	116 N. 7th St., Canon City 275-2867	EOC, 409 Macon Ave. Canon City 275-1553
Andrews Funeral Home	422 Macon Ave., Canon City 275-7583	Same
Florence Mortuary	120 N. Pikes Peak Ave. Florence 784-6389	Same
Holt-Wilson Almont Funeral Home	806 Macon Ave., Canon City 275-3372	Same
Lakeside Cemetery	1008 Elm Ave., Canon City 275-5725	Same
Mountain Vale Memory Gardens	1700 Chestnut, Canon City 275-7444	Same
Union Highland Cemetery	0791 Fremont Co. Rd. 95 Florence 784-3357	Same

[9]This person is also the acting H/M Coordinator.

(Continued)

TABLE I. LOCATIONS AND TELEPHONE NUMBERS OF ORGANIZATIONS IN THE FREMONT COUNTY H/M SERVICE (Continued)

ORGANIZATION	LOCATION AND TELEPHONE NUMBER	
	Prior to Relocation	During Relocation
LIAISON		
El Paso County H/M Service (Coordinator)	El Paso County Health Dept., 501 N. Foote Ave. Colorado Springs 475-8240	El Paso County EOC, 230 E. Kiowa St., Colorado Springs 632-1180 or 632-2210
Southeastern Colorado Health Systems Agency	1715 Monterey Rd. Colorado Springs 475-9395	**
Region XIII EMS Council (Judy Pauley, Chairperson)	316 West Main St. Buena Vista 395-2961	Same
Southeastern Colorado Dental Society	2037 Jerry Murphy Rd. Pueblo 545-3070	††
District 21, Colorado Nurses Assn.	206 W. 7th St., Florence 784-4336	Same
Fremont County Medical Society§§	116 N. 7th St., Canon City 275-2867	EOC, 409 Macon Ave. Canon City 275-1553

**This organization does not have a h/m service assignment during the Evacuation period, however some of its employees may be stationed at Penrose Hospital in Colorado Springs during the Evacuation phase.

††This organization does not have a h/m service assignment during the Evacuation phase.

§§The President of the Fremont County Medical Society is also the acting H/M Service Coordinator.

C. Communications

Participating organizations and the H/M Coordinators will communicate primarily via commercial telephone (see Table II). The sheriff's office (EOC) has two-way radio contact with the State Patrol. The hospitals in Region XIII of the Emergency Medical Service area are installing two-way VHF radios that will permit them to communicate with each other and with the fire, police, and sheriff's departments in Fremont County. Two-way radio will provide backup communications during crisis relocation.

D. Reporting Procedures

Procedures for making reports to the H/M Coordinator are shown in Table III. The H/M Coordinator will contact each Deputy Coordinator when the Governor of Colorado has ordered relocation to begin. Thereafter, the H/M Coordinator will contact each Deputy Coordinator every six hours until the end of the third day to obtain a status report. Each Deputy Coordinator will then be contacted at 12-hour intervals, or more often if necessary.

The Deputy Coordinators will contact each of the participating organizations to obtain status reports six hours after the Governor of Colorado has ordered relocation to begin. Thereafter, participating organizations will be contacted every six hours if feasible until the end of the third day. Each organization will then be contacted at least at 12-hour intervals for the remainder of the crisis relocation period.

E. Action Checklist

1. Internal Readiness and Mobilization

Late in the Internal Readiness or early Mobilization phase, the H/M Coordinator should verify that:

a. The required communication links are in place and functional.

TABLE II. COMMUNICATIONS BETWEEN THE H/M COORDINATORS AND THE OTHER H/M AND CRISIS RELOCATION EMERGENCY ORGANIZATIONS IN FREMONT COUNTY

H/M Coordinators (Location)	Individual/Organization (Location)	Communications Link
H/M Coordinator (EOC)	Deputy Coordinator, Medical Care (St. Thomas More Hospital)	Telephone, Two-way radio
	Deputy Coordinator, Public Health (County Courthouse)	Telephone
	Deputy Coordinator, Mortuary (Holt-Wilson Almont Funeral Home)	Telephone
	Other Crisis Relocation Emergency Services (EOC)	Face to Face
	El Paso County H/M Coordinator (EOC, Colorado Springs)	Telephone
	Other Liaison Organizations (Fremont and El Paso Counties)	Telephone
Deputy Coordinator, Medical Care (St. Thomas More Hospital)	Outpatient and Inpatient Services (St. Thomas More Hospital)	Intercom, Internal Telephone
	St. Joseph Hospital (Florence)	Telephone, Two-way radio
	Temporary Outpatient Clinics (Canon City and Florence)	Telephone
	Nursing Homes (Canon City and Florence)	Telephone
	Relocated Nursing Homes (Canon City and Florence)	Telelphone
	Other Emergency Organizations (EOC)	Telephone, Two-way radio
	Professional Associations (Fremont County)	Telephone

(Continued)

TABLE II. COMMUNICATIONS BETWEEN THE H/M COORDINATORS AND THE OTHER H/M AND CRISIS RELOCATION EMERGENCY ORGANIZATIONS IN FREMONT COUNTY (Continued)

H/M Coordinators (Location)	Individual/Organization (Location)	Communications Link
Deputy Coordinator, Public Health (County Courthouse)	Other Emergency Organizations (EOC)	Telephone
	Laboratory (St. Thomas More Hospital)	Telephone
Deputy Coordinator, Mortuary (Holt-Wilson Almont Funeral Home)	Funeral Directors (Canon City and Florence)	Telephone, Face to Face
	Cemetery Officials (Canon City and Florence)	Telephone
	Other Emergency Organizations (EOC)	Telephone

TABLE III. REPORTS TO THE FREMONT COUNTY H/M COORDINATOR

Reporting Official	Time Period	Report Content
Deputy Coordinator, Medical Care	R*+3 days	Number of hospital patients discharged Number of risk-area hospital patients admitted Number of nursing home patients discharged Number of risk-area nursing home patients admitted to local nursing homes or located in hotels and motels Personnel strength and supply situation at hospitals and nursing homes Supply needs Status of temporary outpatient clinics and first aid station Status of medical and allied medical professionals
	4-17 days	Hospitals/nursing homes patient census Supply needs Personnel strength
	17+ days	Return to normal operations completed

(Continued)

*Time when relocation order is issued.

TABLE III. REPORTS TO THE FREMONT COUNTY H/M COORDINATOR (Continued)

Reporting Official	Time Period	Report Content
Deputy Coordinator, Public Health	R+3 days	Personnel strength Supply needs Communicable disease status Births, deaths
	4-17 days	Personnel strength Supply needs Communicable disease status Births, deaths
	17+ days	Return to normal operations completed
Deputy Coordinator, Mortuary	R+3 days	Personnel strength Supply needs
	4-17 days	Personnel strength Supply needs
	17+ days	Return to normal operations completed

b. All Fremont County H/M billets are filled.

c. All personnel assigned to the H/M Service have been notified.

d. Arrangements for h/m support from the El Paso County H/M Service are current.

e. Arrangements for hospital and nursing home patients coming from El Paso County to Fremont County are current.

f. Arrangments have been made with the Resource and Supply Service for additional equipment and supplies.

g. Arrangements for the outpatient clinics and first aid station have been made.

2. Evacuation

During the first three days of crisis relocation, the H/M Coordinator should determine the following:

a. The extent to which able patients have been discharged and bed capacities have been expanded by St. Thomas More and St. Joseph Hospitals.

b. The extent to which nursing home patients from El Paso County have been placed in local motels and hotels.

c. The degree of reduction in Fremont County nursing homes' patient census.

d. The strength and operational status of St. Thomas More and St. Joseph Hospitals.

e. The strength and operational status of nursing homes in Fremont County and of the motels and hotels housing relocated nursing home patients.

f. The strength and operational status of outpatient clinics and the first aid station.

g. The strength and operational status of the Public Health Division.

h. The strength and operational status of the Mortuary Division.

For the balance of the relocation period, the H/M Service Coordinator should follow the procedures outlined above in Section V.D, Reporting Procedures. In addition, the Coordinator should determine:

a. That all H/M Service units and personnel in Fremont County have been advised that crisis relocation has ended.

b. That all H/M Service operations have returned to normal readiness and that h/m supplies and equipment from the risk area have been returned.

Appendix 1

Office of the H/M Coordinator

ORGANIZATION:

H/M Coordinator: Henry Grabow

Deputy Coordinator (Medical Care): Paul Masar

Deputy Coordinator (Public Health): Donna Moberg

Deputy Coordinator (Mortuary): W. A. Wilson

SUPPLIES AND EQUIPMENT:

Telephone and two-way radio, H/M Service plans with addresses and telephone listings for key individuals and organizations

RESPONSIBILITIES:

Internal Readiness

1. Plan for two h/m administrative teams (the H/M Coordinator and assistants, Team 1, and his alternate and his/her assistants, Team 2) during crisis relocation to staff the EOC on a 12-hours-on-12-hours-off basis.
2. Identify primary and back-up communications with the Deputy Coordinators and with other crisis relocation emergency organizations.
3. Establish a liaison with the professional health associations in Fremont County (or that include Fremont County in their jurisdictions); with the Region XIII EMS Council; with the other Fremont County crisis relocation emergency services, e.g., the Resource and Supply Service; with the El Paso County H/M Service Coordinator; and with the State H/M Service.
4. Direct the three Deputy Coordinators to prepare crisis relocation plans for the provision of medical, public health, and mortuary

services in Fremont County, developing individual plans for the key h/m organizations in Fremont County; coordinate their efforts.

5. Request that the medical, nursing, and dental associations use the survey letter and H/M Service registration card (see Appendix 2) to survey their Fremont County members for availability during crisis relocation.
6. Using the survey letter and H/M Service registration card (see Appendix 2), survey Fremont county podiatrists, pharmacists, and chiropractors as to their availability during crisis relocation.
7. Coordinate H/M Service plans with plans prepared by other crisis relocation emergency services.
8. Direct the Deputy Coordinators to submit lists of additional equipment, supplies, and h/m personnel that will be required during crisis relocation.
9. Submit completed plans through the Civil Preparedness Director for approval by the appropriate elected official(s).
10. Inform the El Paso County H/M Service Coordinator of the expected number of beds that would be available during crisis relocation in hospitals, nursing homes, and hotels and motels; request tentative information on the hospital and nursing home patients that will be relocated to Fremont County and, in cooperation with the Deputy Coordinator for the Medical Care Division and the El Paso County H/M Service Coordinator, prepare tentative assignments of risk-area hospital and nursing home patients to facilities in Fremont County.
11. During late Internal Readiness, inform the Deputy Coordinators of the increasing probability of crisis relocation and direct them to review H/M Service plans.
12. During late Internal Readiness, inform the El Paso County H/M Service Coordinator of the h/m personnel needs of the Fremont County H/M

Service, including the specific duty stations for which allocated h/m personnel will be needed.

Mobilization

1. Direct the Deputy Coordinators to report to their duty stations.
2. Review and update, as appropriate, H/M Service plans.
3. Direct the Deputy Coordinators to review and update their lists of equipment and supplies, and make necessary arrangements with the Resource and Supply Service.
4. Direct the professional associations and the Deputy Coordinators to update the lists of individuals available to serve in the Fremont County H/M Service.
5. Direct the professional associations and the Deputy Coordinators to verify that each person is aware of his/her crisis relocation assignment.
6. Request from the H/M Coordinator of the El Paso County H/M Service an updated estimate of the number of hospital and nursing home patients and/or residents relocating to Fremont County that will need continued inpatient care.
7. Request from the H/M Coordinator of the El Paso County H/M Service the names of h/m personnel from El Paso County assigned to Fremont County; provide the Deputy Coordinators of the Fremont County H/M Service with this information.

Evacuation

1. Notify the Deputy Coordinators that the evacuation of the El Paso County risk area has begun.

2. Monitor the status of the Fremont County H/M Service by communicating regularly with each of the Deputy Coordinators as specified above in Section V.D, Reporting Procedures.
3. Relay from the Deputy Coordinators to the Resource and Supply Service all equipment and supply requests.
4. Notify the Deputy Coordinators when the Evacuation phase is to end.
5. Request a status report on communicable disease in Fremont County from the Deputy Coordinator of the Public Health Division; report existing or potential communicable disease problems among returning relocatees to the Coordinator for the El Paso County H/M Service.
6. Request a status report on the hospitalized population from the Deputy Coordinator for the Medical Care Division; report to the Coordinator of the El Paso County H/M Service the number of returning relocatees that are in need of hospitalization.
7. Direct the Deputy Coordinators to return to normal operations as the conditions allow during the step-down period of crisis relocation.
8. Based on experience obtained during crisis relocation, make revisions to the H/M Service Annex of the Fremont County Crisis Relocation Plan.

DEPLOYMENT:

Team 1 reports to the EOC for a 12-hour shift and is then replaced by Team 2.

Appendix 2

Sample Letter and Registration Card

SAMPLE LETTER:

Dear Health Care Provider:

A survey is being performed to identify health professionals in Fremont County that will be available for emergency service in the event of a major disaster. The agencies and organizations involved in this survey include the Fremont County Civil Defense Agency, the Fremont County Medical Society, District 21 of the Colorado Nurses Association, the Southeastern Colorado Dental Society, area hospitals and nursing homes, and other health related organizations. The information collected will be used to compile lists of the various professionals that will be available and willing to provide health and medical services during a crisis period. A registraton card is enclosed for you to complete that will provide us with the necessary information. The paragraphs below summarize the situation during which you would be called upon for assistance.

Disaster plans are now being prepared for the possibility of a nuclear war in which the Colorado Springs, Denver, and Pueblo areas are the likely targets in the State of Colorado. It is felt that such plans would also be useful in a number of other emergency situations. Military and defense leaders feel that it is possible that an enemy attack would not come as a surprise, but only after several months of mounting international tensions and failing negotiations between countries. In such a situation, if an attack appeared highly probable, the President of the United States would order an evacuation of areas considered to be targets. A relocation might also occur as a counter response to the evacuation of people in cities of the adversary

country. Under both of these conditions, several days might be available in which to relocate people from areas of high risk into areas of lower risk, or "host " areas. Such a relocated posture may be maintained for as long as two weeks.

Colorado has three major risk areas: Denver, Colorado Springs, and Pueblo. Each of these areas has several counties assigned to it that would be used to host relocatees from the risk area. For Colorado Springs, nine counties have been designated as "host" areas and include: Gunnison, Teller, Chaffee, Rio Grande, La Plata, Fremont, Archuleta, Mineral, and Saguache Counties. In addition, a small area of northern El Paso County is considered to be at low risk from the effects of a nuclear attack and has also been designated as a host area.

Under a plan that distributes the population of Colorado Springs among its nine host counties, Fremont County will receive approximately 38,500 people from the risk area. As a result of this influx of people during crisis relocation, the health and medical services of Fremont County will be overwhelmed unless additional support is provided from outside the host area. Planning efforts in the El Paso County risk area are directed toward ensuring that its health and medical personnel, equipment, and supplies are adequately distributed throughout the host areas to help ease the burden of providing health services. Plans for Fremont County must provide not only for the efficient use of Fremont County's own health resources, but also for the utilization of health and medical resources allocated to it from the risk area.

The enclosed registration card is an important step toward successful completion of crisis relocation planning. In addition to that specifically requested on the card, information is needed on the types and amounts of

additional supplies and equipment you would expect to need as a result of a large influx of people for the 2-week period of crisis relocation. Please include this information on a separate sheet. Your participation is vital to obtaining complete and accurate information. We appreciate your cooperation in this effort.

Sincerely yours,

SAMPLE REGISTRATION CARD:

FREMONT COUNTY CRISIS RELOCATION HEALTH AND MEDICAL SERVICE REGISTRATION CARD

1. _____ NAME

2. _____ HOME ADDRESS & ZIP CODE

_____ TELEPHONE NUMBER

3. _____ BUSINESS ADDRESS & ZIP CODE

_____ TELEPHONE NUMBER

4. _____ DATE OF BIRTH

5. _____ PROFESSION

6. _____ SPECIALTY

7. _____ EMPLOYER

8. _____ HOSPITAL AFFILIATION

9. _____ SPOUSE'S NAME

_____ OCCUPATION

10. AVAILABILITY

☐ I do not have a crisis relocation assignment and will accept one in the Fremont County H/M Service.

☐ I do have a crisis relocation assignment

☐ In the Fremont County H/M Service as _____.

☐ Other: In the _____ as _____.

(Over)

Front

FREMONT COUNTY CRISIS RELOCATION HEALTH AND MEDICAL SERVICE REGISTRATION CARD

10. AVAILABILITY (Continued)

☐ I will share my professional facility with someone of my profession.

My facility can accommodate _____ (number) additional professional(s) either during or after my regular office hours.

11. TYPE OF CRISIS RELOCATION ASSIGNMENT PREFERRED (Number in Order of Preference):

	Position	Location
☐ Administrative	as	at
☐ Inpatient Medical Care	as	at
☐ Outpatient Medical Care	as	at
☐ Public Health	as	at
☐ Mortuary	as	at
☐ Other	as	at

12. RESERVE FORCES STATUS (Check one)

☐ None ☐ Military Reserve

☐ PHS Commissioned Reserve

Back

Appendix 3

Deputy Coordinator, Medical Care Division

ORGANIZATION:

Deputy Coordinator: Paul Masar

Assistants to Deputy Coordinator: _____

_____

SUPPLIES AND EQUIPMENT:

H/M Service plans with addresses and telephone numbers of key individuals, organizations, and personnel; equipment and supply lists; communications; H/M Service registration cards

RESPONSIBILITIES:

Internal Readiness

1. Provide for the medical needs of relocatees and residents of Fremont County during crisis relocation by developing plans for hospital coverage, outpatient clinics, mental health services, nursing home services, and other allied medical services.
2. Using the information obtained from the H/M Service registration cards (see Appendix 2), compile tentative lists of individuals available to serve in the Medical Care Division and their expected additional supply and equipment needs.
3. Determine the feasibility of dentists, chiropractors, and podiatrists adding one or more professionals from El Paso County to their offices during crisis relocation.
4. Request that hospital and nursing home administrators survey their employees as to availability and prepare tentative lists of expected supply and equipment needs.
5. Request that the director of the West Central Mental Health Clinic survey

its employees as to their availability in the event of crisis relocation and prepare a list of supplies and equipment that will be needed during crisis relocation.

6. In cooperation with the hospitals, nursing homes, West Central Mental Health Clinic, professional associations, and other organizations and individuals participating in the H/M Service, prepare tentative personnel assignments to the Fremont County H/M Service.
7. Determine the number of outpatient clinics that will be needed to meet the outpatient health needs of relocatees and identify sites for clinics (see Addenda 1, 2, and 3 of this Appendix).
8. Visit proposed outpatient clinic sites and determine specific locations in each for setting up waiting areas, examination and treatment areas, etc.
9. Determine personnel and supply needs required to establish and operate outpatient clinics (see Addendum 1 of this Appendix).
10. Obtain an estimate from hospitals and nursing homes of the number of beds that could be made available during crisis relocation by discharging noncritical patients and expanding bed capacities.
11. Determine the number of additional beds that can be gained through the use of motels and hotels. Inform the motel and hotel owners of the possibility of using their facilities to provide inpatient care in the event of crisis relocation.
12. In cooperation with the Fremont County Civil Preparedness Coordinator, determine the status of the Packaged Disaster Hospital in Florence. If the cots are not useable, other sources of beds must be identified.
13. In cooperation with the six ambulance services in Fremont County and the Region XIII EMS Council, plan for the establishment of a first aid

station at the KOA Campground at Royal Gorge, to be staffed by one or more emergency medical technicians (EMT).

14. Develop a master list for the H/M Service Coordinator presenting the expected personnel (by proposed assignment), supply, and equipment needs of the Medical Care Division; include estimates of the number of available beds in hospitals and nursing homes as well as motels and hotels. Inform the H/M Service Coordinator that h/m personnel from El Paso County assigned to the Medical Care Division of the Fremont County H/M Service should bring with them their own supplies and equipment, as feasible.
15. Plan, in cooperation with St. Thomas More Hospital, the H/M Service Coordinator, and the Resource and Supply Service, to receive hospital, nursing home, and outpatient clinic supplies and equipment at St. Thomas More Hospital for distribution to other sites in the county.
16. In cooperation with the Resource and Supply Service, determine transportation needs for the distribution of supplies from St. Thomas More Hospital to St. Joseph Hospital, nursing homes, outpatient clinics, and motels and hotels being used as inpatient health facilities.
17. Identify communication links with the H/M Coordinator, participating organizations, and key individuals.
18. Obtain from the H/M Service Coordinator an estimate of the number of hosptial and nursing home patients that will be relocated to Fremont County in need of continued inpatient care.
19. Plan for the institutionalization of relocated nursing home patients from El Paso County in motels and hotels in Fremont County, utilizing the nursing staff from the relocated nursing facilities (see Addenda 4 and 5 of this Appendix and Section V.B, Locations and Telephone Numbers,

for relocation assignments of El Paso County nursing homes to Fremont County).

20. Determine the need for food and laundry services for El Paso County nursing home patients that will be cared for in local motels and hotels.
21. Plan for the support of Emory John Brady Hospital patients which will relocate to the Thunderbird Motel, including the provision of food and laundry services.

Mobilization

1. Check communication links with the H/M Service Coordinator and participating organizations.
2. Advise participating organizations and individuals that crisis relocation is likely and that they should begin preparing for the arrival of relocatees.
3. Request that professional associations and participating organizations review and update, as appropriate, personnel assignments to the Medical Care Division.
4. Advise the professional associations and participating organizations to verify that personnel are aware of their assignments.
5. Contact hospitals, nursing homes, health associations, individual health professionals, and the West Central Mental Health Clinic and request that they review and update their lists of supplies and personnel needed for crisis relocation. Inform the H/M Service Coordinator of any changes in the personnel and supply needs in the Medical Care Division.
6. Request from the H/M Service Coordinator the names of h/m personnel from El Paso County that are assigned to the Medical Care Division of the Fremont County H/M Service and verify that there is someone from Fremont or El Paso Counties assigned for all crisis relocation positions.

7. Advise dentists, chiropractors, and podiatrists to take the necessary actions to prepare to share their offices with one or more health professionals from El Paso County.
8. Direct the hospitals and nursing homes to update their estimates of the number of available beds and inform the H/M Service Coordinator of any changes in the original estimate.
9. Review and update estimates of available beds in motels and hotels in Fremont County; advise owners of these facilities that crisis relocation appears likely and that they should assist in making beds available for patients from El Paso County.*
10. Inform the Reception and Care Service of the expected food and laundry needs for relocated nursing home patients and for patients of Emory John Brady Hospital.
11. Request from the H/M Service Coordinator an updated estimate of the numbers of hospital and nursing home patients that will be relocated to facilities in Fremont County and inform the administrators of these facilities.
12. Request the assistance of the Resource and Supply Service in preparing sites selected for outpatient clinics, including making the necessary space available and obtaining and transporting equipment and supplies.
13. Review plans with the Fire and Rescue Service for the establishment of a first aid station and plans for staffing it.

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*Persons staying in motels and hotels in Fremont County when crisis relocation occurs could be housed in congregate care facilities along with relocatees.

Evacuation

1. When the order for crisis relocation is received, advise participating organizations, as appropriate; thereafter contact participating individual organizations according to the schedule in Section V.D, Reporting Procedures.
2. Establish outpatient clinics and cooperate in the establishment of the first aid station.
3. Verify that all positions have been filled.
4. Relay requests for additional supplies and equipment to the H/M Coordinator.
5. Prepare reports on the status of the Medical Care Division for the H/M Service Coordinator according to Section V.D, Reporting Procedures.
6. When crisis relocation has ended, notify participating individuals and organizations to return to normal operations as conditions allow.
7. Request a status report on patients in hospitals and nursing homes that will be returning to El Paso County and are in need of continued inpatient care; inform the H/M Service Coordinator.
8. Based on crisis relocation experience, revise the crisis relocation plans for the Medical Care Division of the H/M Service Annex of the Fremont County Crisis Relocation Plan.

DEPLOYMENT:

The Deputy Coordinator for the Medical Care Division and his assistants will be located at St. Thomas More Hospital. The deployment of physicians, dentists, and nurses is addressed in Appendixes 4, 5, and 6, respectively.

Chiropractors, podiatrists, and pharmacists in Fremont County will continue to operate out of their own facilities. In addition, chiropractors

and podiatrists from Fremont County will share their facilities with chiropractors and podiatrists from El Paso County as follows:*

Fremont County Practitioners	Number of El Paso County Practitioners Sharing Offices of Fremont County Practitioners
Chiropractors	
Chiropractic Health Clinic	1
M. Christiansen	1
Country Green Chiropractic Office	1
L. Shonyo	1
Podiatrists	
Canon City Foot and Leg Clinic	2

The West Central Mental Health Clinic will function as usual. In addition, the following personnel from El Paso County are assigned to the clinic:

Type of Practitioner	Number
Psychiatrist	1
Psychologist/Social Worker	2

El Paso County nursing home personnel and personnel from Emory John Brady Hospital assigned to Fremont County will work in their assigned motels and hotels (see Section V.B, Locations and Telephone Numbers).

Deployment for the other organizations participating in the Medical Care Division is included in Appendixes 7, 8, and 9.

Locations and staffing of outpatient clinics are addressed in Addenda 1, 2, and 3 of this Appendix.

*A facility may be shared by making it available for additional services during the practitioner's nonworking hours. Or, if the facility is large enough, it may be divided up to allow another practitioner to see patients.

Addenda 4 and 5 show the location of the motels and the hotel in Canon City and Florence that will be used to host relocated patients from El Paso County nursing facilities.

Addendum 1

Outpatient Clinic Locations, Staffing, Equipment, Supplies, and Pharmaceuticals

A. Location:

McKinley School	1240 McKinley St., Canon City
Lincoln School	420 Myrtle Lane, Canon City
Washington School	N. 9th St., Canon City
Harrison School	485 Cottonwood Ave., Canon City
Fremont County Courthouse	Macon Ave., Canon City
Emerson School	W. 2nd St., Florence

B. Personnel (for each of the six clinics):

- 2 Physicians (primary care)
- 4 Nurses
- 1 Primary Mental Health Provider
- 2 Medical assistants
- 1 Pharmacist (or pharmacy technician, or LPN trained in medicines)
- 1 Medical Technician
- 4 Support personnel

C. Supplies and Equipment (not including pharmaceuticals):

- Examination table and portable lights
- Benchtop sterilizer
- Resuscitator
- Suction unit
- Laryngoscopes
- Emergency airways kit
- Self-inflating bag (ambu-bag)
- EKG unit
- Defibrillator
- Microscope
- Balance
- Minor surgical instruments and supplies
- Staining rack
- Microhematocrit and analytical centrifuges
- Dressings
- Splints
- Beds (5 per clinic)
- Linens
- Bedding
- Towels
- Plaster bandages

D. Pharmaceuticals:

Adrenergics

Amphetamines

Analgesics: narcotic; nonnarcotic

Anesthetics: general; local

Antacids

Antibiotics: local, systemic

Anticholinergic drugs

Anticoagulants

Anticonvulsants

Antidiuretics

Antidotes

Antiemetics

Antihistaminics

Antihypertensive agents

Anti-infectives: local; systemic

Antipyretics

Antitussives: narcotics; nonnarcotic

Ataractic (tranquilizer)

Emetics

Expectorants

Hypnotics and sedatives: barbiturate; nonbarbiturate

Hypoglycemic agents

Minerals, vitamins

Oxytocics

Serums and vaccines

Steroids

Vasoconstrictors

Vasodilators

Cardiac: depressants/ stimulants; anti-arrhythmic drugs

Cardiotonics

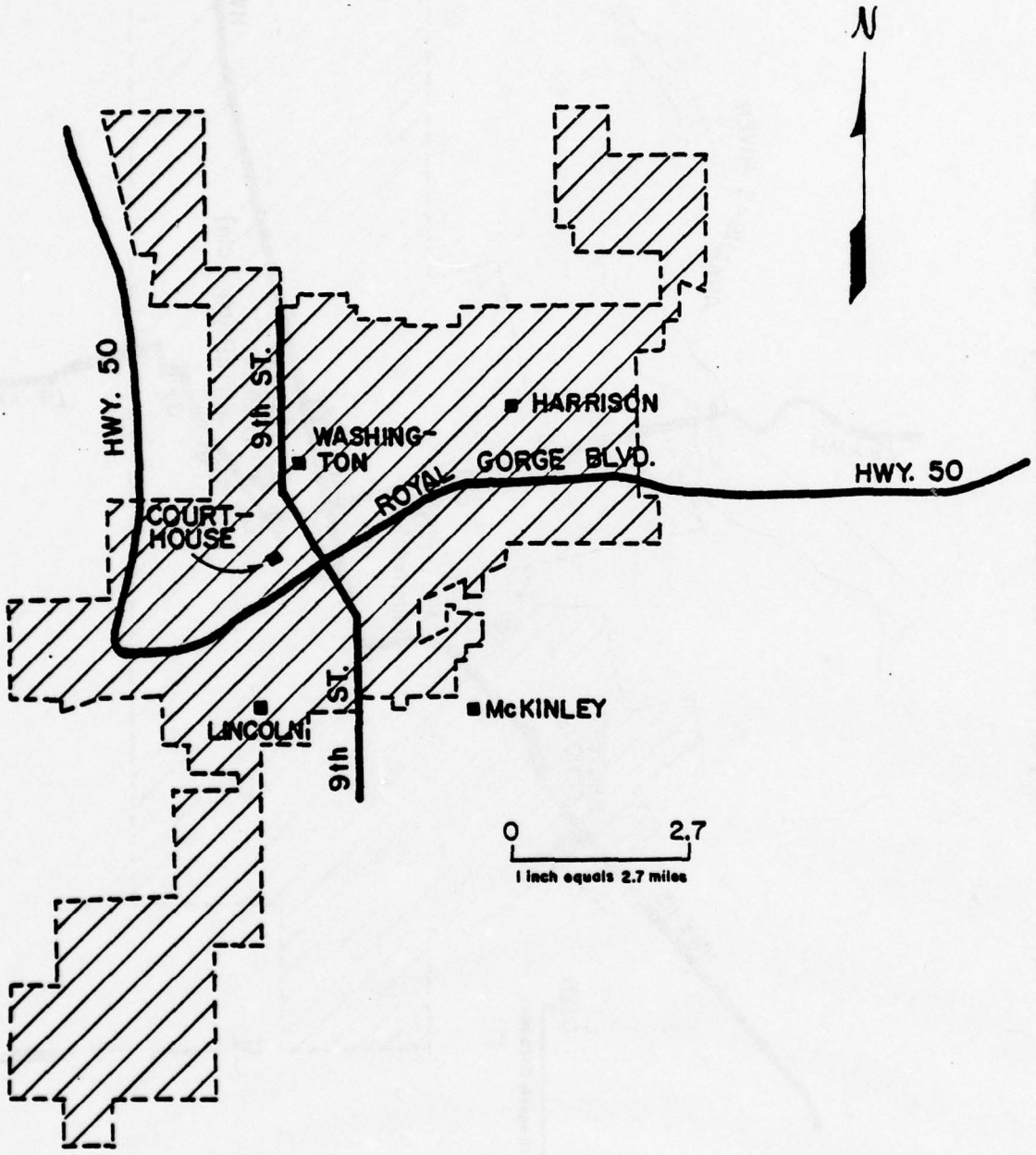
Cathartics (laxative)

Cholinergics

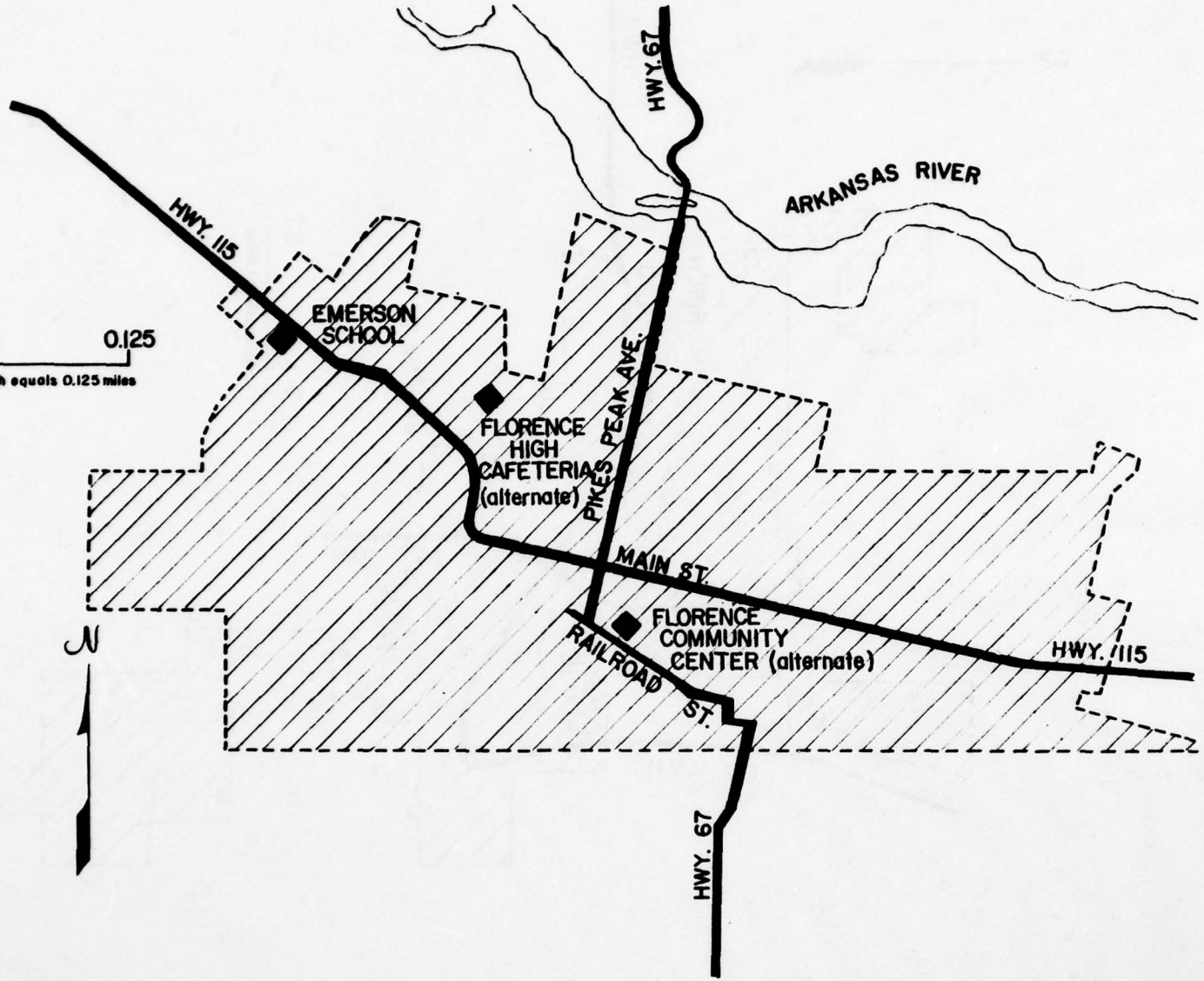
Dermatologic agents

Diuretics

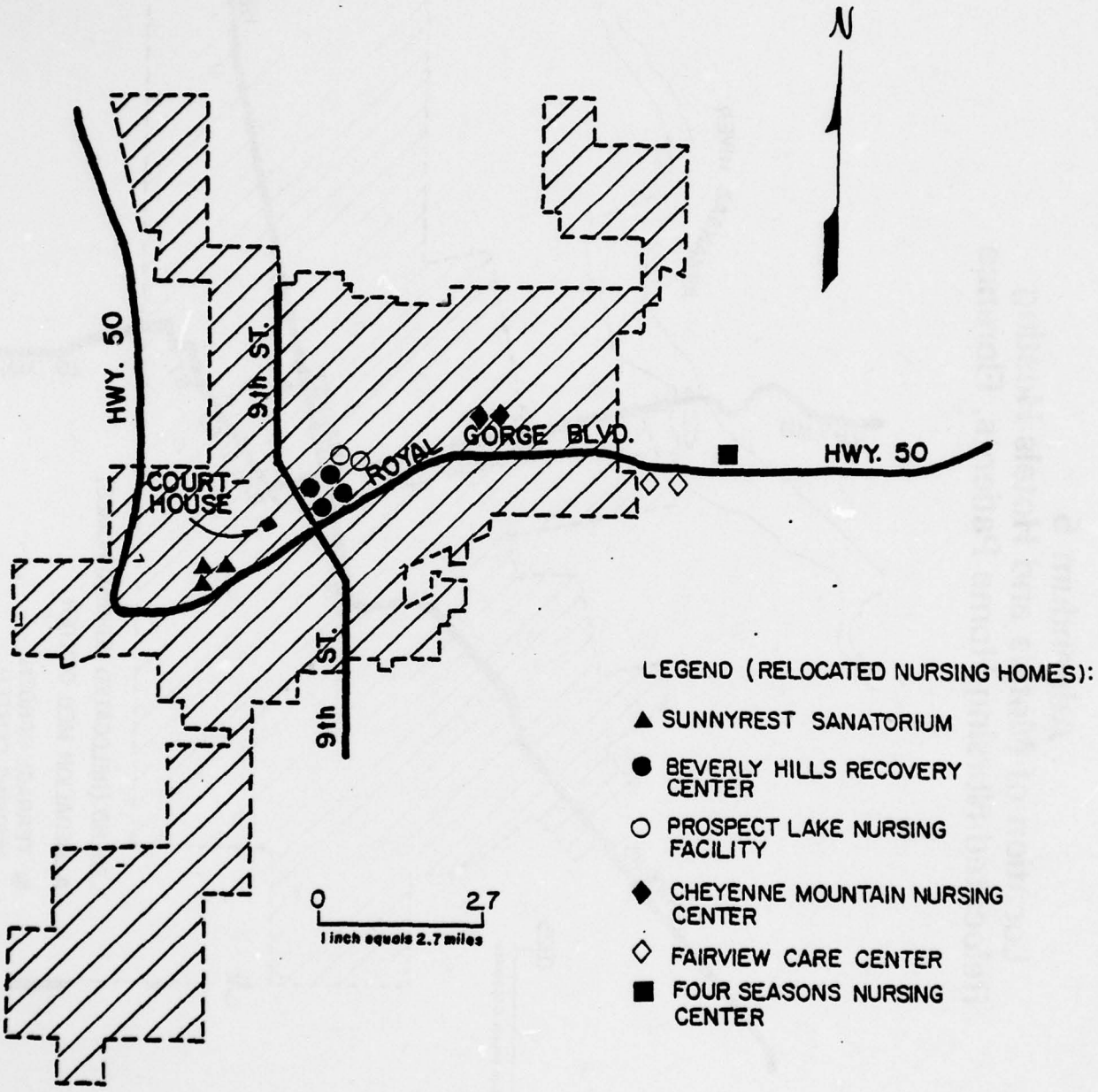
Addendum 2
Outpatient Clinic Locations, Canon City



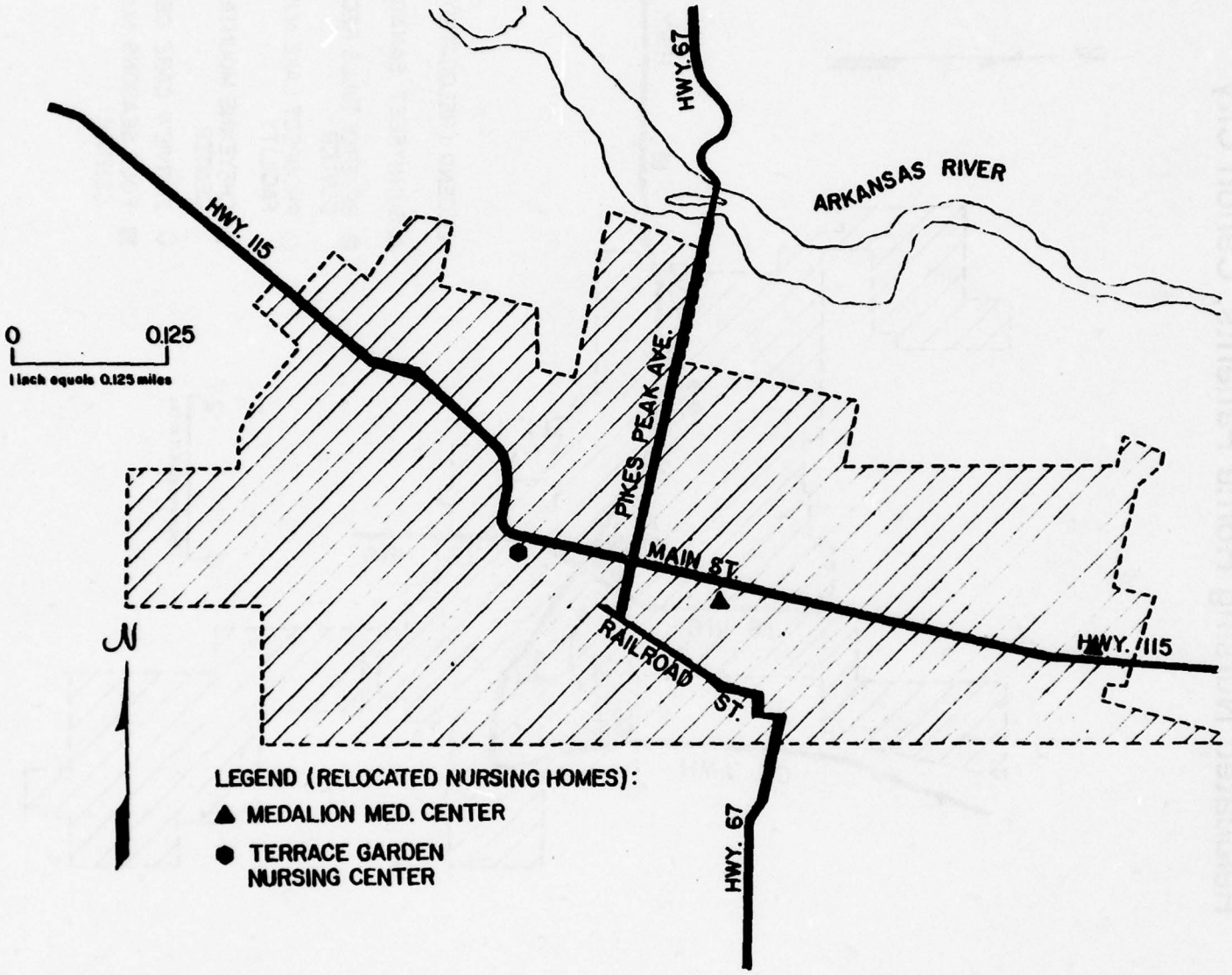
Addendum 3
Outpatient Clinic Location, Florence



Addendum 4
Location of Motels Hosting Relocated Nursing Home Patients, Canon City



Addendum 5
Location of Motels and Hotels Hosting Relocated Nursing Home Patients, Florence



Appendix 4

Fremont County Medical Society

ORGANIZATION:

President: Henry Grabow

SUPPLIES AND EQUIPMENT:

Membership list and H/M Service registration cards

RESPONSIBILITIES:

Internal Readiness

1. Maintain a current membership list with names, addresses, and telephone numbers.
2. Distribute H/M Service registration cards to members and request that they be completed and returned.
3. Late in Internal Readiness, assign physicians to duty stations indicated below under DEPLOYMENT.
4. Late in Internal Readiness, advise each physician of his/her crisis relocation assignment.

Mobilization

1. Review and update, as appropriate, physician assignments.
2. Contact each physician and verify that he/she knows his/her assignment.

Evacuation

1. Advise individuals to report to their assigned duty stations.

DEPLOYMENT:

Fremont County physicians will continue to see their patients in their private offices. They will, in addition, have increased responsibilities at the hospitals in which they have staff privileges. Twenty-four-hour hospital coverage will be provided by Fremont County physicians by having them alternate between being on call for 24 hours and off duty for one or two days before serving another 24-hour on-call shift. By being on call, the physicians can continue their own practices. There should be 24-hour coverage at each hospital by one or two surgeons, several family/general practitioners, and an internal medicine specialist. It should be noted that El Paso County H/M Service plans provide physicians as full time staff to each of Fremont County's hospitals.

Appendix 5

Southeastern Colorado Dental Society

ORGANIZATION:

President: Ronald Concialdi

SUPPLIES AND EQUIPMENT

Membership list and H/M Service registration cards

RESPONSIBILITIES:

Internal Readiness

1. Maintain a current membership list with names, addresses, and telephone numbers.
2. Distribute H/M Service registration cards to members and request that they be completed and returned.
3. Determine the number of additional dentists that can be accommodated by dentists in Fremont County; report the number to the H/M Service Coordinator.
4. Late in Internal Readiness, assign dentists to duty stations indicated below under DEPLOYMENT.
5. Late in Internal Readiness, request from the H/M Service Coordinator the names of dentists assigned to Fremont County from El Paso County.
6. Advise each dentist of his/her crisis relocation assignment.

Mobilization

1. Review and update, as appropriate, dentist assignments.
2. Contact each dentist and verify that he/she knows his/her assignment; include the name(s) of the dentist(s) from El Paso County that will share an office with him/her.

Evacuation

1. Advise individuals to report to their assigned duty stations.

DEPLOYMENT:

Dentists in Fremont County will operate out of their own facilities. Twelve dentists from El Paso County will share the dental facilities of Fremont County dentists.

The President of the Southeastern Colorado Dental Society is in Pueblo and will relocate to one of the host counties for Pueblo.

Appendix 6

District 21, Colorado Nurses Association

ORGANIZATION:

President: Pat Vannorsdel

SUPPLIES AND EQUIPMENT:

Membership list and H/M Service registration cards

RESPONSIBILITIES:

Internal Readiness

1. Maintain a current membership list with names, addresses, and telephone numbers.
2. Distribute H/M Service registration cards to members and request that they be completed and returned.
3. Late in Internal Readiness, assign nurses to duty stations indicated below under DEPLOYMENT.
4. Advise each nurse of his/her crisis relocation assignment.

Mobilization

1. Review and update, as appropriate, nurse assignments.
2. Contact each nurse and verify that he/she knows his/her assignment.

Evacuation

1. Advise individuals to report to their assigned duty stations.

DEPLOYMENT:

Nurses employed in St. Thomas More Hospital, St. Joseph Hospital, area nursing homes, private physicians' offices, or the Fremont County Public Health Service will report to their respective employers' places of business. Nurses not currently active will be available for assignment to the above organizations.

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Appendix 7

St. Thomas More Hospital

ORGANIZATION:

Hospital Administrator: Sister Judith Kuhn

Assistant Administrator: Paul Masar

Director of Nursing: Sister Jacqueline Fox

SUPPLIES AND EQUIPMENT (in addition to normal supplies):

Pharmaceuticals, blood supplies, intravenous fluids, respirators, monitoring equipment, transportation (ambulances), back-up communications system (two-way radio), beds

RESPONSIBILITIES:

Internal Readiness

1. Amend hospital disaster plans to include the contingency of crisis relocation, including plans to expand both existing bed capacity and inpatient, outpatient, and emergency medical care services.
2. Maintain current employee telephone numbers and addresses.
3. Using the survey letter and registration card (see Appendix 2), canvas the employees and determine their availability; make tentative personnel assignments.
4. Estimate the number of noncritical patients by diagnosis whose hospitalization can be delayed or terminated early.
5. Determine the ability of the hospital to expand its patient handling capacity, e.g., by increasing bed and laboratory capacities.
6. Inform the Deputy Coordinator of the expected number of available beds after discharging noncritical patients and expanding the bed capacity.

7. Establish contact with other health care facilities in Fremont County, e.g., nursing homes, and assess the possibility of using these facilities to accept noncritical hospital patients.
8. Estimate the increased personnel requirements (see the Addendum for this Appendix), in addition to the drugs, medical supplies, and equipment required to provide medical care for the increased patient load during crisis relocation.
9. Inform the Deputy Coordinator of expected needs of drugs, blood, fluids, equipment, and personnel.
10. Establish procedures with the Deputy Coordinator for Medical Care and the H/M Coordinator to receive medical supplies during crisis relocation.
11. Plan for the admittance of relocated risk-area hospital patients through the emergency department.
12. Conduct training exercises for hospital employees in order that they become familiar with crisis relocation problems and improve their emergency medical skills and efficiency.
13. Late in the Internal Readiness phase, convene the Disaster Committee. The Disaster Committee consists of:
    - Hospital Administrator
    - Administrative Assistant
    - Director of Nursing
    - Chief of Medical Staff
14. During late Internal Readiness, recall hospital employees as needed.
15. During late Internal Readiness, inform the Police Department of the need to control traffic around the Hospital during crisis relocation.

Mobilization

1. Secure the Hospital by controlling entrances with security and maintenance staff.
2. Review and update personnel assignments, as needed.
3. Inform all hospital employees that crisis relocation is likely and verify that they know their crisis relocation assignments.
4. Determine the status of all patients and prepare and discharge those patients who can be discharged. The simplest cases will be discharged first. The nursing staff on each floor is responsible for calling families and arranging for patients' needs.
5. Evacuate all visitors from patient care areas and establish a visitors' area in the hospital for families to receive discharged patients.
6. Provide the full range of medical services for those patients remaining.
7. Take steps to increase the bed capacity, requesting assistance from the Resource and Supply Service in obtaining additional beds.
8. Inform the Deputy Coordinator for Medical Care of the number of available beds expected.
9. Determine current inventories of supplies and equipment and inform the Deputy Coordinator of additional needs.
10. Prepare personnel assignments for risk-area hospital personnel relocating to St. Thomas More Hospital.
11. Confirm the number of relocated patients expected at St. Thomas More Hospital.
12. Review and update, as appropriate, plans for traffic control around the Hospital.
13. Maintain acceptable blood supplies through increased recruitment of blood donors.

14. Discontinue admission of noncritical patients, including patients that can be treated on an outpatient basis.

Evacuation

1. Report to assigned duty stations.
2. Discharge remaining patients as their conditions allow during the Evacuation period.
3. Complete the expansion of bed capacity (additional beds may be available from the Packaged Disaster Hospital in Florence).
4. Make preparations for and receive patients from Colorado Springs.
5. Inform relocated hospital personnel of their duties and work schedule.
6. Provide medical care for all patients, including inpatient, outpatient, and emergency services.
7. Notify the Deputy Coordinator for Medical Care of any personnel or supply needs.
8. Provide laboratory support to the Fremont County Public Health Service.
9. When crisis relocation has ended, prepare El Paso County patients for discharge or transfer back to risk-area hospitals.
10. Return to normal operations as conditions permit.
11. Inventory supply levels and prepare orders to return inventories to their normal level.

DEPLOYMENT:

St. Thomas More Hospital employees will continue to work their normal 8-hour shifts, assisted by personnel from El Paso County.

Addendum

Additional Staffing for St. Thomas More Hospital

Type of Personnel	Number of Personnel Needed in Addition to Regular Staff*
Administrative	0
Dietary	2
Laboratory	5
Nursing	20 (RNs)
Pharmacy	1
Radiology	1
Respiratory therapy	2†
Other professional	3§
Nonprofessional/ Nontechnical	6
Medical	4**
TOTAL	44

*Estimates are based on conversation with Paul Masar, St. Thomas More Hospital, September 14, 1978. Additional personnel will be allocated to St. Thomas More Hospital by the El Paso County H/M Service.

†A limiting factor is respiratory equipment. Additional staff is needed where additional equipment is available.

§St. Thomas More Hospital would not need all of its physical therapy staff; additional social workers would be needed.

**Includes two general surgeons, one orthopedist, and at least one specialty surgeon.

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Appendix 8

St. Joseph Hospital

ORGANIZATION:

Hospital Administrator: John Vowell

Disaster Committee Chairperson: Dennis Green

Director of Nursing: Linda Hoover

SUPPLIES AND EQUIPMENT (in addition to normal supplies):

Pharmaceuticals, blood supplies, intravenous fluids, respirators, monitoring equipment, transportation (ambulances), back-up communications system (two-way radio), beds

RESPONSIBILITIES:

Internal Readiness

1. Amend hospital disaster plans to include the contingency of crisis relocation, including plans to expand both existing bed capacity and inpatient, outpatient, and emergency medical care services.
2. Maintain current employee telephone numbers and addresses.
3. Using the survey letter and registration card (see Appendix 2), canvas the employees and determine their availability; make tentative personnel assignments.
4. Estimate the number of noncritical patients by diagnosis whose hospitalization can be delayed or terminated early.
5. Determine the ability of the hospital to expand its patient handling capacity, e.g., by increasing bed and laboratory capacities.
6. Inform the Deputy Coordinator of the expected number of available beds after discharging noncritical patients and expanding the bed capacity.

7. Establish contact with other health care facilities in Fremont County, e.g., nursing homes, and assess the possibility of using these facilities to accept noncritical hospital patients.
8. Estimate the increased personnel requirements (see the Addendum for this Appendix), in addition to the drugs, medical supplies, and equipment required to provide medical care for the increased patient load during crisis relocation.
9. Inform the Deputy Coordinator of expected needs of drugs, blood, fluids, equipment, and personnel.
10. Establish procedures with the Deputy Coordinator for Medical Care and the H/M Coordinator to receive medical supplies during crisis relocation.
11. Plan for the admittance of relocated risk-area hospital patients through the emergency department.
12. Conduct training exercises for hospital employees in order that they become familiar with crisis relocation problems and improve their emergency medical skills and efficiency.
13. Late in the Internal Readiness phase, convene the Disaster Committee. The Disaster Committee consists of:
    - Hospital Administrator
    - Disaster Committee Representative
    - Nursing Supervisor
    - Chief of Medical Staff
14. During late Internal Readiness, recall hospital employees as needed.
15. During late Internal Readiness, inform the Police Department of the need to control traffic around the Hospital during crisis relocation.

Mobilization

1. Secure the Hospital by controlling entrances with security and maintenance staff.
2. Review and update personnel assignments, as needed.
3. Inform all hospital employees that crisis relocation is likely and verify that they know their crisis relocation assignments.
4. Determine the status of all patients and prepare and discharge those patients who can be discharged. The simplest cases will be discharged first. The nursing staff on each floor is responsible for calling families and arranging for patients' needs.
5. Evacuate all visitors from patient care areas and establish a visitors' area in the chapel in St. Joseph Manor for families to receive discharged patients.
6. Provide the full range of medical services for those patients remaining.
7. Take steps to increase the bed capacity, requesting assistance from the Resource and Supply Service in obtaining additional beds.
8. Inform the Deputy Coordinator for Medical Care of the number of available beds expected.
9. Determine current inventories of supplies and equipment and inform the Deputy Coordinator of additional needs.
10. Prepare personnel assignments for risk-area hospital personnel relocating to St. Joseph Hospital.
11. Confirm the number of relocated patients expected at St. Joseph Hospital.
12. Review and update, as appropriate, plans for traffic control around the Hospital.
13. Maintain acceptable blood supplies through increased recruitment of blood donors.

14. Discontinue admission of noncritical patients, including patients that can be treated on an outpatient basis.

Evacuation

1. Report to assigned duty stations.
2. Discharge remaining patients as their conditions allow during the Evacuation period.
3. Complete the expansion of bed capacity (additional beds may be available from the Packaged Disaster Hospital in Florence).
4. Make preparations for and receive patients from Colorado Springs.
5. Inform relocated hospital personnel of their duties and work schedule.
6. Provide medical care for all patients, including inpatient, outpatient, and emergency services.
7. Notify the Deputy Coordinator for Medical Care of any personnel or supply needs.
8. Provide laboratory support to the Fremont County Public Health Service if needed.
9. When crisis relocation has ended, prepare El Paso County patients for discharge or transfer back to risk-area hospitals.
10. Return to normal operations as conditions permit.
11. Inventory supply levels and prepare orders to return inventories to their normal level.

DEPLOYMENT:

St. Joseph Hospital employees will continue to work regular 8-hour shifts, assisted by personnel from El Paso County.

Addendum

Additional Staffing for St. Joseph Hospital

Type of Personnel	Number of Personnel Needed in Addition to Regular Staff*
Administrative	1
Dietary	3†
Laboratory	3
Nursing	10
Pharmacy	2
Radiology	2
Respiratory therapy	1
Other professional	3
Nonprofessional/ Nontechnical	10
Medical	3§
TOTAL	38

*Estimates are based on conversations with Dennis Green and Betty Barrows, St. Joseph Hospital, September and December, 1978. Additional personnel will be allocated to St. Joseph Hospital from the risk area.

†One dietitian and 2 dietary staff.

§Includes two general surgeons and an obstetrician-gynecologist.

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Appendix 9

Fremont County Nursing Facilities

ORGANIZATION:

Facilities	Administrators
Bethesda Care Center	Donald Beard
Canon Lodge	Sandra Turner
Hildebrand Care Center	Fred Stapleton
St. Thomas More Progressive Care Facility	Sister M. Judith Kuhn
Valli-Vu Nursing Home	Delores J. McKinley
Colorado State Veterans Nursing Home	Marie R. Baughman
St. Joseph Manor	Betty Shout

SUPPLIES AND EQUIPMENT:

Pharmaceuticals and medical supplies, kitchen, housekeeping, and maintenance supplies and equipment

RESPONSIBILITIES:

Internal Readiness

1. Plan to increase operations, as feasible, to augment Fremont County medical care during the relocation period.
2. Develop a patient classification scheme so that able patients can be discharged to families or friends.
3. Determine the types of hospital support services, e.g., nursing care, that the nursing facility can best provide during crisis relocation.
4. Estimate pharmaceutical needs for crisis relocation and establish a procedure with the Deputy Coordinator to obtain additional medical supplies.
5. Maintain current employee telephone numbers and addresses; make tentative personnel assignments.

Mobilization

1. Discharge patients that will be adequately provided for by family or friends.
2. Prepare for the admission of El Paso County nursing home residents or selected noncritical hospital patients, as appropriate.
3. Inform the Deputy Coordinator for Medical Care of available beds.
4. Review current inventories of supplies and inform the Deputy Coordinator of additional needs.
5. Review and update personnel assignments; notify employees of their crisis relocation assignments.

Evacuation

1. Accept relocated risk-area patients, as appropriate, and provide nursing care for all residents.
2. Assist relocated nursing homes in caring for their patients, providing technical and staff support, if feasible.

DEPLOYMENT:

Nursing home employees will continue to work their regular 8-hour shifts.

Appendix 10

Fremont County Public Health Service

ORGANIZATION:

Public Health Nurse Supervisor: Donna Lee Moberg

SUPPLIES AND EQUIPMENT:

H/M Service plans, equipment and supply list, telephones, and public health supplies (see Appendix 11)

RESPONSIBILITIES:

Internal Readiness

1. Utilizing public health nurses from the Fremont County Public Health Service and the El Paso County Health Department, plan for the provision of the following services:
    - Home visiting
    - Communicable disease surveillance and control (including immunizations, as appropriate)
    - Holding sick call in congregate care facilities
2. Utilizing environmentalists from the El Paso County Health Department, plan for the provision of the following services:
    - Monitoring water supplies
    - Vector surveillance and control
    - Monitoring food service establishments
    - Surveillance of sanitary conditions in congregate housing
    - Monitoring solid waste collection and disposal
    - Monitoring sewage disposal
3. Plan for the collection of birth and death certificates of the El Paso County relocatees, keeping them separate from Fremont County vital records.

4. Estimate the additional numbers of public health personnel that will be needed during crisis relocation (see the Addendum for this Appendix).
5. Identify space in the Fremont County Courthouse that could be used as offices by public health nurses, environmentalists, and clerical personnel from the El Paso County Health Department during crisis relocation.
6. Prepare a list of equipment and supplies that will be needed in addition to normal inventories during crisis relocation (see Appendix 11). The Colorado Department of Health may be of assistance in determining adequate quantities of environmental health supplies for crisis relocation.
7. Identify, with the assistance of the Civil Preparedness Officer, the buildings in Canon City and Florence to be used as congregate care facilities and tentatively group the facilities so that public health nurses and environmentalists can easily serve a group or groups of them.
8. Make tentative assignments of the environmentalists for the surveillance of water and wastewater treatment facilities, landfills, and food preparation and serving establishments.
9. Evaluate the status of the immunization program in Fremont County and, in consultation with the Public Health Nursing Division of the El Paso County Health Department, evaluate the status of El Paso County's immunization program. Estimate the total immunization requirements for residents and relocatees in Fremont County during crisis relocation.
10. Plan for laboratory support from St. Thomas More and St. Joseph Hospitals.
11. Request the assistance of the Fremont County Humane Society veterinarian in preparing plans for the control of zoonoses.

12. During late Internal Readiness, assess the communicable disease status of Fremont County. Identify potential communicable disease problems that could occur during crisis relocation and inform the H/M Coordinator. Ask the H/M Coordinator for a status report on communicable diseases in El Paso County.

13. During late Internal Readiness, review and update the needs for additional public health personnel and inform the H/M Service Coordinator.

Mobilization

1. Review the plans for communicable disease surveillance, vital records registration, environmental health activities, and public health nursing services.

2. Review and update the list of supplies and equipment that will be needed. Arrange with the Resource and Supply Service to acquire and deliver public health supplies and equipment.

3. Request from the H/M Coordinator the names of the public health personnel that are assigned to Fremont County. Request that the public health nurses bring with them basic equipment, such as stethoscopes, otoscopes, and thermometers, and that the environmentalists bring with them portable membrane filter kits, media, incubators, and chlorine and pH determination equipment.

4. Prepare office spaces in the Courthouse for the public health personnel from the El Paso County Health Department.

5. Review and update the list of congregate care facilities with the assistance of the Reception and Care Service. Assign each public health nurse an area containing several congregate care facilities in which he/she will regularly hold sick call. Assign to each

environmentalist one-half of the congregate care facilities for the purposes of monitoring sanitation conditions.

6. Review and update, as appropriate, the environmentalists' assignments for the surveillance of water and wastewater treatment facilities, landfill sites, and food handling establishments.
7. Suspend well-adult and well-baby clinics.
8. Continue essential home visits by Fremont County public health nurses.
9. Contact public health personnel in Fremont County and verify their crisis relocation assignments.

Evacuation

1. Hold sick call in congregate care facilities; treat individuals, if appropriate, or refer them to an outpatient clinic or a hospital.
2. Institute isolation and/or quarantine measures and provide immunizations, as appropriate, where communicable diseases are identified in congregate care facilities. Should available water decrease to the point that personal hygiene practices are curtailed and waste cannot be disposed of sanitarily, surveillance for communicable disease outbreaks should be increased.
3. Continue home visits by Fremont County public health nurses.
4. Monitor environmental health conditions throughout crisis relocation, paying special attention to water supplies, food handling establishments, and congregate care facilities. Maintain vector surveillance throughout crisis relocation in addition to monitoring garbage collection and inspection of the landfill sites. Monitor the operations of sewage treatment and disposal facilities throughout crisis relocation to ensure adequate operations. If water supplies become deficient, increased

attention should be given to nonwater carriage sewage disposal methods, such as pit privies, chemical toilets, etc. In addition, vector control activities should be increased to prevent transmission of sewage-borne pathogens to humans. Where alternate sources of water are sought measures such as chlorination and boiling should be instituted to ensure the water's potability.

5. Register deaths and births throughout crisis relocation, keeping records of El Paso County residents separate from Fremont County residents.
6. Periodically, report public health status to H/M Coordinator.
7. When crisis relocation has ended, step down public health operations gradually until relocatees have returned to El Paso County. Public health personnel from the El Paso County Health Department should return to El Paso County as soon as the situation permits.
8. Return equipment and supplies belonging to the El Paso County Health Department.
9. Arrange for the transfer of vital records of relocatees to El Paso County.
10. Assess the communicable disease status of relocatees returning to El Paso County and inform the H/M Coordinator.
11. Evaluate the operations of the Fremont County Public Health Service during crisis relocation and revise the plans accordingly.

DEPLOYMENT:

The Deputy Coordinator will be stationed at the Fremont County Courthouse. Offices for Fremont County and El Paso County public health personnel will also be in the Courthouse in Canon City. The public health personnel from El Paso County will serve the area of Canon City and Florence, where the relocatees will be located. Public health nurses from Fremont County will continue to serve the entire County.

Addendum

Additional Personnel Needs for the Fremont County Public Health Service

Environmentalists	2
Public Health Nurses	9
Clerks	2
Vital Records Registrar	1
TOTAL	14

Appendix 11

Public Health Supplies and Equipment

Laboratory Equipment and Supplies

Bacteriological culture media and apparatus
Balance, analytical
Blood and urine analysis instruments, equipment, and supplies
Chemical reagents, stains, and apparatus
Glassware cleaning equipment
Laboratory glassware
Microscope and slides
Water purification apparatus
Autoclave
Dry sterilizer
Incubator
Colorimeter
Membrane filter apparatus

Water Supply Disinfectants

High-test hypochlorites (70 percent) in drums, cans, and ampules
Iodine tablets
Liquid chlorine, including containers
Chlorine compounds (not gas)
Bromine compounds

Insect and Rodent Control Items

Carbaryl
Lindane powder, dusting (10 percent)
Lindane powder, dusting (1 percent)
Malathion, liquid, emulsifiable concentrate (57 percent)
DET (diethyltoluamide) 75 percent in denatured alcohol
Pyrethrum
Hand sprayer, continuous type
Hand sprayer, compression type
Hand duster, plunger type
Spraying equipment for use on trucks, etc.
Ready-mixed bait, anticoagulant type
"1080" (sodium monofluoroacetate), for controlled use only

General Sanitation

Thermometers
Lye
Flashlights

Field Monitoring Equipment and Supplies

Membrane filter kits with filters, media, and portable incubators
Chlorine and pH determination equipment

Immunization Items

Vaccines
Syringes
Needles

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Appendix 12

Deputy Coordinator, Mortuary Division

ORGANIZATION:

Deputy Coordinator: W. A. Wilson

SUPPLIES AND EQUIPMENT:

H/M Service plans with addresses and telephone numbers of participating organizations and individuals; equipment and supply lists; telephones; H/M Service registration cards

RESPONSIBILITIES:

Internal Readiness

1. Determine availability of morticians, cemetery officials, and the coroner for crisis relocation assignments.
2. Determine additional supply and equipment needs of mortuaries, cemetery officials, and coroner and advise the H/M Service Coordinator.
3. In cooperation with funeral directors and clergymen, develop a plan for mortuary services during crisis relocation.
4. In cooperation with the coroner, develop a plan to continue coroner functions during crisis relocation.
5. Late in the Internal Readiness phase, assign personnel to the Mortuary Division of the Fremont County H/M Service.

Mobilization

1. Review plans for continuation of mortuary and coroner functions during crisis relocation.
2. Review and update lists of supplies and equipment and inform H/M Service Coordinator.
3. Contact key individuals and verify that they know their crisis relocation assignments.

Evacuation

1. Report to duty station.
2. Coordinate mortuary and coroner functions in Fremont County.
3. Return to normal operations as the situation permits.
4. Arrange for the transportation of bodies back to the risk area, as appropriate.

DEPLOYMENT:

The Deputy Coordinator will be located at Holt-Wilson Almont Funeral Home in Canon City during crisis relocation.

Appendix 13

Fremont County Funeral Directors

ORGANIZATION:

Facilities	Administrators
Andrews Funeral Home	C. Douglas Andrews
Florence Mortuary	Frank V. Witty
Holt-Wilson Almont Funeral Home	W. A. Wilson
	W. C. Holt

SUPPLIES AND EQUIPMENT:

See Addendum to this Appendix.

RESPONSIBILITIES:

Internal Readiness

1. In cooperation with the Deputy Coordinator for the Mortuary Division, plan for grave registration and the embalming, cremation, burial, or holding of the dead.
2. Estimate the additional amounts of equipment and supplies that will be needed during crisis relocation.
3. Prepare a list of individuals that could be contacted if necessary during crisis relocation to assist in the preparation and disposition of the dead.
4. Make tentative employment assignments to ensure 24-hour availability of trained mortuary personnel.
5. During late Internal Readiness, inform the Deputy Coordinator of equipment and supply needs and where to obtain the needed materials.

Mobilization

1. Review plans for the provision of mortuary services.
2. Alert employees and confirm their assignments.
3. Identify individuals that will be available to assist morticians during crisis relocation.

Evacuation

1. Throughout the crisis relocation period, perform mortuary services and registration of graves.
2. Recruit individuals as needed to assist in the preparation and disposition of the dead during crisis relocation.
3. Periodically, report the status of mortuary services to the Deputy Coordinator.
4. As crisis relocation ends, decrease mortuary services gradually, as appropriate.

DEPLOYMENT:

Morticians and mortician-aides will be located at their respective funeral homes.

Addendum

Mortuary Equipment and Supplies

Scalpels

Scissors

Dissecting forceps

Artery forceps

Separator

Aneurysm needle

Surgical needles

Artery tubes

Containers and pumps

Syringe

Blood drainage apparatus

Trocar

Fluid drainage tubes

Stomach drainage tubes

Aspirator

Embalming fluid

Cosmetics

Coffins

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Appendix 14

Fremont County Coroner's Office

ORGANIZATION:

Coroner: Henry Grabow

SUPPLIES AND EQUIPMENT:

Medical instruments, records, official forms, and office supplies and equipment

RESPONSIBILITIES:

Internal Readiness

1. Determine the availability of staff members for crisis relocation assignments.
2. Plan for the continuation of coroner functions during crisis relocation.
3. Determine additional items of equipment and supplies that will be needed.

Mobilization

1. Review plan for continuation of coroner functions during crisis relocation.
2. Review and update, as appropriate, crisis relocation assignments of Coroner's Office employees.
3. Contact each employee and verify that he/she knows his/her crisis relocation assignment.

Evacuation

1. Perform coroner functions as required.
2. Return to normal operations as the situation permits.

DEPLOYMENT:

The County Coroner, who in this case is also the H/M Service Coordinator, will be located at the EOC. He will use his office and hospital facilities as the need arises for his services as the Coroner.

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Appendix 15

Fremont County Cemeteries

ORGANIZATION:

Lakeside Cemetery

Mountain Vale Memory Gardens

Union Highland Cemetery

SUPPLIES AND EQUIPMENT:

Tools for grave preparation, equipment for handling caskets, trucks

RESPONSIBILITIES:

Internal Readiness

1. Participate in development of crisis relocation mortuary services plan.
2. Late in the Internal Readiness phase, give to the Deputy H/M Coordinator for the Mortuary Division the names of the responsible official from each cemetery that will be assigned to the Fremont H/M Service.

Mobilization

1. Review plan for provision of mortuary services during crisis relocation.
2. Identify casual labor that could be used to assist in grave openings, etc.

Relocation Period

1. Supervise burial operations, as appropriate.
2. Recruit casual labor for grave openings, etc.
3. Return to normal operations as the situation permits.

DEPLOYMENT:

Cemetery officials will be stationed at their usual locations.

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PART FIVE

CONCLUSIONS AND RECOMMENDATIONS

A. Conclusions

The development of detailed health and medical (h/m) plans for Colorado Springs (El Paso County) and Fremont County is the culmination of a logical progression of research tasks initiated in 1974 that have identified the expected h/m problems of crisis relocation and examined alternative solutions for the management of the expected problems. Using information and ideas obtained from local civil preparedness officials and health professionals, as well as the results of our own studies, this project illustrates a concept of the management of h/m problems expected during the preattack phase of crisis relocation. Although developed for a specific locale, the plans are expected to be broadly applicable and useful to crisis relocation planners elsewhere.

In the course of preparing the detailed plans presented in this report, the authors were impressed by the complexity of the h/m service system in the U.S. In most communities, the myriad of health services is provided by a relatively complex health system, or rather, nonsystem. The spectrum of providers of health services is often fragmented, being comprised of numerous individuals, facilities, and services that are typically not under the direction of a single authority. This makes the task of the crisis relocation planner difficult since proper planning should involve the various health care providers, including hospitals, nursing homes, health departments, private practitioners (or their representatives, e.g., professional societies), private clinics and laboratories, and mental health programs. As a starting point in plan development, the crisis relocation planner may find it helpful to establish contact with the Health Systems Agency (HSA) in his/her region.

In the health service community, the HSA is likely to be the organization most familiar with all of the elements of the health care system. As a repository of data that is often computerized, it can provide information on the community's health status and available h/m resources, including key individuals and organizations in the health care system.

B. Recommendations

Another area beyond the scope of this research, but nevertheless of great importance to crisis relocation planning, is the postattack h/m problems of crisis relocated populations. The research to date has considered only the preattack period. The period following an attack on risk areas has not been addressed from the standpoint of the h/m consequences for relocated populations. Other areas important to crisis relocation planning include the problem of providing h/m supplies during crisis relocation, the clarification and magnitude of stress-induced problems expected during relocation, and the provision of health information for crisis relocation planners. There are needs for further research in each of these areas.

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Defense Civil Preparedness Agency Contract No. DCPA01-78-C-0209
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M. N. Laney, R. L. Chessin, and D. R. Johnston
April 1979 (UNCLASSIFIED) One Volume, 294 pages

This report contains the results of a research project to develop detailed health and medical (h/m) plans for crisis relocation. An analytical report and h/m guidance were also prepared. The analytical report presents information not heretofore reported. Specifically, in the event of crisis relocation: (1) about 75 percent of risk-area hospital patients can be discharged, and about 15 percent can be relocated to host-area hospitals; (2) an increased demand for mental health services will be met by psychiatrists, psychologists, social workers, and clergymen; (3) colleges and universities can be valuable sources of beds, infirmaries, and laboratories; and (4) temporary outpatient clinics established in host areas can provide for most of the relocatees' primary care needs.

The h/m guidance provides the crisis relocation planner with h/m planning aids not previously reported. In addition to hospital staffing requirements for typical and nonrelocatable patients, estimates are provided of the number of risk-area hospital patients that are dischargeable, relocatable, and nonrelocatable. A procedure for estimating expected mortality for a 2-week crisis relocation period is given, and the h/m application of colleges and universities is discussed. Desired ratios of public health professionals to population and a formula for estimating additional needs for outpatient clinics are provided. Finally, ratios of mental health professionals to population are suggested for planning purposes.

Detailed h/m annexes to crisis relocation plans for El Paso County and Fremont County, risk and host areas, respectively, are presented. The h/m annexes were developed from the viewpoints of local civil defense officials and health professionals. In each plan, detailed responsibilities during all phases of crisis relocation are given for key individuals and participating organizations.

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