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Emergency Preparedness: A Manual for Homeless Service Providers

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The **CENTER** *for* **SOCIAL POLICY**

EMERGENCY PREPAREDNESS:
**A MANUAL FOR HOMELESS
SERVICE PROVIDERS**

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Of course, any errors are the sole responsibility of the authors.

II. ORIGIN AND PURPOSE OF MANUAL

Public attention to “emergency planning” has increased dramatically since 9/11/2001. Out of concern that the population of homeless individuals and families may not have been considered adequately in planning thus far, the Center for Social Policy reviewed what has occurred, sought advice about what would be useful to add to existing material and resources, and proceeded to prepare this Manual.¹ It seemed all too likely that under the already considerable pressure for cities and towns to prepare for threats caused by terrorism, including bioterrorism, that the special characteristics of homeless families and individuals, and of community organizations serving homeless people, might not be at the center of municipal disaster planning.

We wondered who would be planning for the possibilities that:

- ?? Services organizations providing for homeless people might need to shelter guests at times other than their usual hours of operation (e.g. night facilities needing to provide shelter by day, or day services needing to do so overnight);
- ?? Service organizations might need to protect clients and staff by evacuating everyone should the facility become contaminated or structurally unsound;
- ?? Someone might need to contact homeless people on the street as those individuals could be unaware that a disaster had occurred—and thus be at even greater risk than usual.

The authors convened an Advisory Committee of homeless service providers located in the Boston area. The Advisory Committee quickly revealed a niche that no emergency planning to date had filled:

- ?? Guidance for community service organizations that are particularly able to serve people who are homeless to **plan** to protect their clients and staff in ways not already addressed by “first responders” (e.g. police, firefighters, emergency medical personnel) or by hospitals and other medical care providers;
- ?? Guidance for staff of these organizations about how to prepare themselves to be as effective as possible in the event of a disaster, as well as in anticipation of one.

We learned from the Advisory Committee several other motivating points:

¹ Support for this work came from the Centers for Disease Control and Prevention through a grant to the Harvard School of Public Health, distributed to community-level projects through a ‘mini-grant’ program by The New England Collaborative for Public Health Preparedness.

- ?? The Commonwealth of Massachusetts' Department of Social Services had recently sent a letter to some service organizations requiring an emergency or disaster plan as a condition of renewal of ongoing contracts. Fulfilling this requirement is not easy without guidance on how to proceed—and with extremely limited time and resources.
- ?? Boston's Health Care for the Homeless/Boston Public Health Commission had initiated emergency planning for its own facilities, but did not have the capacity to reach out to the non-medical service providers of homeless services to help them prepare their own facilities and staff and clients. Commission staff explained to us that trained medical personnel could not be present simultaneously at all the many scattered service sites that depend on them in the event of a disaster. Such simultaneous service would necessitate sufficient numbers of medical staff at the many locations at once, a level of personnel that exceeds existing resources. We assume that most readers of this document are not medical providers. For any organization that is prepared to provide some medical attention, it will be useful to contact the local emergency Planning Agency (in Boston, for example, Boston EMS) to understand what role your medical services would be expected to play in a community-wide disaster.

Thus this project took form. The manual (available in print and on the web www.mccormack.umb.edu/csp/prepare.jsp) is intended to support community-level homeless service providers in considering how to plan to protect their clients, staff, facility and resources. Most of it is devoted to *what* to plan for and *how* to plan in advance. We also provide some guidance about first steps should a disaster occur, including a variety of checklists.

This manual is not intended to substitute for information from law enforcement officials or medical professionals. In the event of an emergency, you should contact the appropriate agencies. These steps are intended to complement the work of traditional “first responders” and of public health authorities and medical institutions, not to substitute for them.

III. ORGANIZATION OF THIS MANUAL

Three types of material can be found in the manual:

1. The **text** portion of the manual is a short summary of those topics that agency staff are most likely going to want to read through as orientation to the task of making an agency emergency plan;
2. The **websites** provide more detail, topic by topic. Readers can choose from the voluminous offerings on the web. This section contains links we found to be most useful;
3. The **bibliography** provides full references to all sources used, (in alphabetical order, by sponsoring organization) and includes more than those listed under the web resources.

The text begins with Section IV, “‘Unnatural’ and ‘Natural’ Disasters.” It categorizes the types of potential emergencies or disasters for which agencies may need to plan, and provides brief definitions of each. We divide the emergencies into two major groupings: those caused by people intending to cause harm and fear; and those occurring by forces of nature.

?? “Unnatural” disasters include biological, chemical, nuclear blasts, and radiation.

?? “Natural Disasters” include floods, hurricanes, earthquakes, landslides, thunder and lightning storms, tornadoes, winter storms and extreme cold, extreme heat, (heat wave), emergency water shortages, volcanoes, tsunamis, and wildfires.

Section V, “Advance Planning: Steps You Can Take Now,” begins by explaining the scope of your planning activity: the people, facilities and resources you will need to protect. Next comes guidance for agency staff on what actions it may be useful to *take* now. Following this are suggestions about what you can *plan* now—to do at the time of an emergency—so that everyone involved can be as prepared and helpful as possible.

Section VI contains checklists to help agency planners in their “Advance Planning” tasks.

IV. “UNNATURAL” AND “NATURAL” DISASTERS

The central task of emergency planners is to protect people and essential resources from harm. Where complete protection is impossible, the task is to limit the extent of harm. Protection of homeless people may require finding them wherever they may be—on the street, in shelters or elsewhere—to inform them about any danger that may exist. If shelters or other facilities where homeless people seek services are destroyed or contaminated, the planners’ task may be to evacuate clients and staff from these dangerous sites and find different and safer places to stay during the emergency.

To help our readers understand the events that cause public health emergencies, we list and briefly describe each sort of emergency that is included in emergency planning at the national, state and local levels. Making a plan for a particular agency or facility will depend on some understanding of what you are preparing for. We also hope the descriptions below will make it easier for agency staff to make use of the more detailed information we point you to on the World Wide Web.

Each sort of disaster listed below creates the possibility of exposures to dangerous substances. Beyond injuries caused by building collapse or flying debris, harmful substances may be released into the air and breathed in by people within seconds of an incident. Harmful material may contaminate the environment (including air, water, food, ground, buildings, animals, trees, grass, and many other items) near or even far away from the location where the event occurred. Some harm to humans is immediately apparent. Other effects may take hours or even years to appear. Protection from all of them is best achieved by advance planning. The speed at which damage may occur is probably much faster than can be prevented or limited if one only begins to think about what to do after an emergency is in process.

A. What Are “Unnatural” Disasters or Attacks?

1. Conventional weapons and explosives. Bombs are examples of conventional explosive devices. They may be constructed using a variety of materials (e.g., fertilizers or dynamite) and are the most frequently used weapons in large scale attacks. As demonstrated by the example of the Oklahoma City bombing of a Federal building, some bombs are capable of destroying large buildings. So too are airplanes as illustrated in the crashes of 9/11/2001 in New York and Washington, DC. (This is known as weaponization.)

The immediate danger of any bomb or other explosion is the blast, and the direct harm it may cause to those immediately affected by being close to the blast. However, there are other less visible and equally dangerous effects of the blast to be aware of. All sorts of dust may cloud a large area, and cause immediate distress to those who inhale it. If an older building is bombed, asbestos may also be released into the air. The immediate

threat deserves the most attention. But there are also long term risks. (For example, those who inhale asbestos increase their risk of lung cancer and mesothelioma, a rare cancer caused by asbestos fibers. This cancer does not appear until at least 20 years after initial exposure.) The only means of prevention is to limit exposure at the start.

Bombs can also be used to release chemical, biological or even radioactive agents into the environment, as described below.

2. Nuclear and radioactive weapons. Specialists predict that nuclear attacks are less likely than conventional ones, but even a conventional attack can release nuclear material if the target is a nuclear power plant. Intense light and heat are visible when a nuclear explosion occurs. The intense heat will burn up whatever is near to it, including people. The blast is so forceful it will blow down buildings as well as blowing apart smaller items in the vicinity. Radioactive material can contaminate the air, water and ground surfaces for miles around. The people who are not killed from the initial blast may suffer two sorts of effects.

?? Acute radiation sickness. The survivors who were closest to the blast are likely to suffer from acute radiation sickness. The body tissues, including the immune systems, of victims of acute radiation exposure are likely to be badly damaged. As a result, many may die relatively rapidly from overwhelming infection. There is little beyond supportive care that can be done once the damage has occurred.

?? Longer term effects of radiation. Those who were exposed from a greater distance may live normal lives, but will have increased likelihood of becoming ill months to many years later with a number of cancers. Planning to protect people means planning to avoid or limit exposure to the radioactive material and to arrange communication in order to inform those at risk to move to areas beyond the contamination—and to do so as quickly as possible.

3. Radiological dispersal device, or “dirty bomb.” This involves use of common explosives to spread radioactive materials over a targeted area. Beyond the immediate effects of the blast and heat it generates, the extent of radiation contamination will not be apparent, as one cannot see or smell radiation.. Any immediate serious injuries would likely result from the explosion itself, rather than from radiation exposure. As above, either acute radiation sickness or longer-term effects are possible consequences to human health, so it is important to leave the area quickly.

Again, the planners’ task is to prepare to limit exposure. The planner should advise those who may have come into contact with the dirty bomb and are at risk radiation exposure, that they should not eat, drink, smoke, lick their lips, touch their hands to their faces, or to any open wounds until they have left the contaminated area as they will need to be decontaminated. Close collaboration with emergency first responders is required to determine who is equipped to arrange medical treatment for those injured; and who

should seek immediate medical attention. Those who survive the explosion will have hours to evacuate, as it takes hours to accumulate enough radiation from a 'dirty bomb' to cause radiation sickness or develop cancer. For anyone who has been exposed to radiation, it will be useful to seek regular screening for cancers in order to detect early those for which some treatment exists.

4. Biological attack. A biological attack involves the intentional release of germs or toxins into the environment.

?? Germs, often called pathogens, are disease-causing bacteria or viruses, some of which can continue to reproduce in humans or in other animals and spread disease to humans after the initial attack. These cause what people call "contagious" or "communicable" diseases. Smallpox is one example that has been much discussed. An attack using a disease-causing pathogen may not be noticed immediately, as it may take a few days, or even more than a week for the disease symptoms to appear.

?? Toxins are chemicals that may be byproducts of biologic agents. Botulism is an example of a disease caused by a toxin (botulinum toxin) that is a byproduct of a bacteria. The botulinum toxin could cause widespread illness if it were to get into the water or food supplies. Ricin is another toxin that may be turned into a weapon. It is derived from the castor bean (also the source of castor oil).

Symptoms of a biological attack may or may not be immediately obvious. Local health care workers may notice and report a pattern of unusual illness or a wave of sick people seeking emergency medical attention. Potential victims may be alerted to the problem by an emergency radio or TV broadcast or a telephone call or visit from an emergency response worker. The local American Red Cross office can inform providers as to what kind of emergency signal is used in their communities.

5. Chemical attack. A chemical attack occurs when toxic gases, liquids, or powders are released into the air. A class of chemical compounds typically used as weapons are called "nerve gases." Symptoms of a chemical attack often include watery eyes, twitching, choking, having trouble breathing or losing coordination. Many sick or dead birds, fish or small animals are also cause for suspicion of chemical exposure. Sarin, the gas released in a Tokyo subway station attack several years ago is an example. These substances can poison people, often without harming buildings or structures.

B. What are "Natural" Disasters?

Experts predict that a 'natural' disaster is more likely to occur than an 'unnatural' one. These more familiar problems include floods, hurricanes, earthquakes, landslides, thunder and lightning storms, tornadoes, winter storms and extreme cold, extreme heat (heat wave), emergency water shortages, volcanoes, tsunamis, and wild fires.

Those most common natural disasters in New England have been storms (thunderstorms, winter storms of snow and ice) and hurricanes, earthquakes and tornadoes. Storms often result in power outages, flood damage and other significant damage. Outbreaks of infectious diseases are not uncommon following such disasters, and some of these outbreaks are every bit as dangerous as a disaster caused by someone who intends to cause harm. For example, a large scale outbreak of salmonella could be caused by lack of refrigeration and unsanitary food handling (salmonella is especially related found in chickens and eggs) when water is scarce after a failure of city services. Salmonella causes severe illness, high fevers, diarrhea and dehydration—and cold cause a great amount of suffering.

C. Similarities and Differences Among Disasters: Natural and Unnatural

For planning within agencies, the similarities among the sorts of emergencies that may occur are likely to be more important than the differences among them. Both natural and unnatural disasters can kill, injure, and or threaten the health and safety of people in buildings and people outdoors. In any emergency, the first order of business will be to consider how to protect people, facilities, and resources. Then, being able to recognize the differences between emergencies, and knowing how to assess the situation at hand will help providers to determine which plans and supplies it makes the most sense to use at the time. In all cases, plans to continue communication after any sort of disruption of electricity or telephones will be crucial.

Once an emergency is under way and protective measures have been implemented, the differences among causes becomes very important. Detection of biological, chemical or radioactive contaminants may require specialized equipment and the help of experts. If biologic, chemical or radioactive contamination occurs, it may be important to locate clients even after the initial emergency has passed if their physical environment or personal effects could become contaminated and pose a threat to their health. For example, municipal decontamination efforts might not reach areas under bridges or abandoned buildings where homeless people might seek cover or stow belongings.

V. ADVANCE PLANNING: STEPS YOU CAN TAKE NOW

Below, providers will find suggestions of the **steps -to take now** and to **plan now to implement at the moment an emergency occurs**. These suggestions are drawn from many emergency-planning manuals, and contain the steps most agreed upon:

A. To DO Now:

Create a list of local emergency rescue service providers' phone numbers: the local fire department, the police department, the local American Red Cross and post somewhere visible.

Begin calling together staff to consider the following steps:

1. List all equipment and supplies that will be needed to carry out each of the anticipated tasks to
 - ?? Protect the people who are present;
 - ?? Locate those at risk for whom your agency may be responsible or able to assist who are not present;
2. Protect and make as safe as possible the physical environment within the facility, close by, or wherever people without homes may be found
3. Make a list of all staff. [Update your list as staff come and go]. For each staff person, list any special skills that may be useful to call on in the event of an emergency (e.g., medical knowledge such as first aid, or CPR, technical skills for dealing with the physical facility, or ability to use a 2-way radio, etc.). **Make a list of preparations that will need to be reviewed or renewed on a schedule: for example, who will replace the stored water every three months, who will replace food or medications after expiration dates?**
4. Make a list of neighbors and friends of the organization who may also be able to help, and discuss with them your emergency plans and theirs.
5. Make a resource list of specialized equipment that anyone associated with the agency may be able to provide—in advance or at the time of an emergency. For example: power generator, or a battery powered radio.
6. Determine whom among the people you will count on for help is likely to be available at different times of day or night if an emergency occurs. Note who will have limitations, such as needing to retrieve their children from schools.

7. Assign tasks appropriate to each person who is likely to be available. You may need assignments for each shift; for day, evening and night, and for weekdays as well as weekends.
8. List all tasks that need to be done in advance and assign them to specific staff. Be sure to include the coordinating activities that link the people with specific assignments and resources.
9. Determine how to communicate with other staff and clients during an emergency. For example if the phone lines are down, how else may you contact your staff to put your emergency plan fully into effect? You may need to practice whatever communication scheme you devise to see if it works—and imagine how useful it will be under different circumstances, based on the nature of the emergency (e.g. Will cellular phones work when the phone lines are down? Will it be possible to move around the area to find people by car, bicycle, on foot?)
10. Consult large neighboring organizations or corporations to discuss their plans and how to work together during an emergency. Ask them to share what they have in writing (if anything) and exchange the names and phone numbers of your designated person(s) in charge in the event of an emergency.
11. Prepare a plan for evacuating the facility. First responders may request that you clear everyone out of a facility if it is more dangerous inside than outside.
12. Post the emergency plan up on the communications bulletin board and near each exiting door. If such a bulletin board does not exist, (where important notices are posted), one should be attained.
13. For evacuation, prepare a kit of what to take from among items that seem most suitable to your needs. [See the checklists in Section VI.] This might include important medical supplies, prescription medications, and other supplies.
14. Plan to create a “shelter in place.” For example, facilities that are usually open at night may be asked by public safety personnel to open during day time hours to protect people from flying debris or contamination that is worse outdoors. Most emergency planning guides say it is not necessary (or at least impractical) to seal off your entire building. Local authorities may provide more information via television or radio at the time. As advance planning, assemble the recommended, essential resources. [See the checklists in Section VI].

B. To PLAN Now for Doing in Case of an Emergency

1. List all tasks that will need to be done at the time an emergency occurs and assign those to specific people, based on availability and skills. These are the people

who will act at the time of emergency, to carry out pre-assigned tasks for communication, locating people, securing or evacuating a facility, checking to see who may be injured, etc.

2. It is useful to decide the chain of command in advance. If the incident “commander” is not available, who will take over that person’s crucial tasks?
3. Prepare the assessment person or team in advance to delegate tasks to anyone present who is capable of assisting.
4. Assign a person or team to assess the situation in case of an emergency. That person should be one who is knowledgeable of the difference between various attacks (Section IV and Web Resources VII), and can take lifesaving steps quickly.
5. Make sure everyone will be ready to facilitate communication with staff, clients, neighbors, first responders, and medical facilities--according to the plan you design in advance!

VI. CHECKLISTS

The checklists here combine advice from a variety of the sources. Do look at the websites listed in Section VII for more detail. The items listed here include those which emergency planning specialists agree are most important. These items include: communications equipment; lighting; food, water and clothing; tools and other supplies; first aid kits; and medications.

A. Food

Most plans offered by emergency planning experts suggest having enough non-perishable food to sustain each person for at least one to three days (at three meals a day). Select foods that require no refrigeration, preparation or cooking, and little or no water. Replacing the food every six months is suggested.

- ☞☞ If you must heat food, pack a can of sterno
- ☞☞ Select food items that are compact and lightweight
- ☞☞ Include a selection of the following foods in your Disaster Supplies Kit:
 - ☞☞ Ready-to-eat canned meats, fruits, and vegetables
 - ☞☞ Canned juices
 - ☞☞ Staples (salt, sugar, pepper, spices, etc.)
 - ☞☞ High energy foods
 - ☞☞ Vitamins
 - ☞☞ Food for infants

B. Water

Keep at least one gallon of water available per person per day— plan for three days, or at least three gallons of water per person. Keep more than one gallon for any person on medication that require water. Store water in plastic containers such as soft drink bottles. Avoid using containers that will decompose or break, such as milk cartons or glass bottles. Children, nursing mothers, and ill people will need more water. Professional emergency plans suggest that for any gallon of water, you can expect to use two of the four quarts for drinking, and two quarts for each person for food preparation, including washing of hands and other fundamental aspects of sanitation to limit the spread of disease. Most surplus stores sell inexpensive, 50-gallon plastic drums.

- ☞☞ Water purification chemicals/filters or tablets: Properly chlorinated water can be safely stored for up to three months. Water purification tablets are available at surplus stores. Each organization will need to assign someone to renewing the water supplies at least every three months.

C. Communications Equipment

- ☞☞ Battery-powered radio: News about the emergency may change rapidly as events unfold. Radio reports will give information about the areas most affected.
- ☞☞ Signal flare
- ☞☞ Map of the area
- ☞☞ Point to Point Cell phones or radios for coordination- or an alternate plan

D. Light

- ☞☞ **Flashlights with extra batteries: Use the flashlight to find your way if the power is out. Do not use candles or any other open flame for emergency lighting.**
- ☞☞ Battery charger. (Regularly test the flashlights and batteries).

E. Clothing

- ☞☞ Face Masks
- ☞☞ Sturdy shoes or work boots
- ☞☞ Rain gear
- ☞☞ Blankets or sleeping bags
- ☞☞ Hat and gloves
- ☞☞ Thermal underwear
- ☞☞ Sunglasses, and extra eyeglasses
- ☞☞ Include at least one complete change of clothing and footwear, including a long sleeved shirt and long pants, as well as closed-toed shoes or boots

F. Tools and Other Supplies:

- ☞☞ Emergency preparedness manual
- ☞☞ Non-electric can opener, utility knife
- ☞☞ Fire extinguisher: small canister ABC type
- ☞☞ Pliers
- ☞☞ Tape
- ☞☞ Matches in a waterproof container
- ☞☞ Aluminum foil
- ☞☞ Plastic storage containers
- ☞☞ Paper, pencil
- ☞☞ Needles, thread
- ☞☞ Shut-off wrench, to turn off household gas and water
- ☞☞ Whistle
- ☞☞ Plastic sheeting
- ☞☞ Emergency "space" blanket (mylar)
- ☞☞ Personal hygiene items: toothbrush, toothpaste, comb, brush, soap, contact lens supplies, feminine supplies
- ☞☞ Plastic garbage bags, ties (for personal sanitation uses)

- ☒☒ Toilet paper, towelettes
- ☒☒ Mess kits, or paper cups, plates, plastic utensils
- ☒☒ Soap, liquid detergent
- ☒☒ Plastic bucket with tight lid
- ☒☒ Disinfectant
- ☒☒ Denture needs
- ☒☒ Contact lenses and supplies
- ☒☒ Household chlorine bleach
- ☒☒ Potable water tabs

G. First Aid Supplies

(First aid supply kits often list how many people they intend to serve. Use your best judgment about how large of a kit to get depending on the size of your organization).

- ☒☒(20) Adhesive bandages, various sizes
- ☒☒(1) 5" x 9" sterile dressing
- ☒☒(1) Conforming roller gauze bandage
- ☒☒(2) Triangular bandages
- ☒☒(2) 3 x 3 Sterile gauze pads
- ☒☒(2) 4 x 4 sterile gauze pads
- ☒☒(1) Roll 3" cohesive bandage
- ☒☒(2) Germicidal hand wipes or waterless alcohol-based hand sanitizer
- ☒☒(6) Antiseptic wipes
- ☒☒(2) Pair large medical grade non-latex gloves
- ☒☒ Adhesive tape, 2" width
- ☒☒ Anti-bacterial ointment
- ☒☒ Cold pack
- ☒☒ Scissors (small, personal)
- ☒☒ Tweezers.
- ☒☒ CPR breathing barrier, such as a face shield (and a person trained to use it!)
- ☒☒ Medicine dropper
- ☒☒ Medication: see next list

H. Medications

Include usual non-prescription medications, including pain relievers, stomach remedies, etc. For those taking prescription medications, keep at least three-day's supply of these medications. Consult with your physician or pharmacist on how to store medication. Suggested medication to keep on hand:

- ☒☒ Aspirin or nonaspirin pain reliever
- ☒☒ Anti-diarrhea medication
- ☒☒ Antacid (for stomach upset)

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- ☞☞ Syrup of Ipecac (use to induce vomiting if advised by the Poison Control Center)
- ☞☞ Activated charcoal (use if advised by the Poison Control Center)
- ☞☞ Laxative

VII. WEB RESOURCES TO FACILITATE AGENCY LEVEL PLANNING

Print from the items below those that seem relevant to your organization. One very useful document, which describes immediate actions, symptoms and treatment for various threats, caused by biological, chemical and dirty bomb attacks to print and post is:

“Coping With an Attack: A Quick Guide to Dealing With Biological, Chemical, and “Dirty Bomb Attacks”, and is available at this link:

<http://www.ndu.edu/ctnsp/WMD%20Tipsheet.pdf>

If you do not have internet access, call the Center for Technology and National Security Policy and ask for “Coping With an Attack: A Quick Guide to Dealing With Biological, Chemical, and “Dirty Bomb” to be mailed to you: (202) 685-2529, if possible.

A. General Planning Guidance

?? “Boston Public Health Commission: Emergency Preparedness”

http://www.bphc.org/bphc/emerg_prep.asp

“Food and Water Shortage”

<http://www.redcross.org/services/disaster/beprepared/foodwtr.html>

[[Japanese](#), [Korean](#), [Spanish](#), [Tagalog](#), [Vietnamese](#)]

B. Evacuation and Sheltering in Place

?? “Your Evacuation Plan” American Red Cross

<http://www.redcross.org/services/disaster/beprepared/evacuation.html>

?? “Shelter-in-Place in an Emergency” American Red Cross

<http://www.redcross.org/services/disaster/beprepared/shelterinplace.html>

?? “How to Shelter In Place During A Chemical Emergency In Your Community”
National Institute for Chemical Studies

<http://www.nicsinfo.org/ShelterInPlace.htm>

C. Emergency Supply Kits

“Disaster Supply Kit” Florida Division of Emergency Management

<http://www.floridadisaster.org/supplykit.htm>

“Family Disaster Supply Kit” American Red Cross

<http://www.redcross.org/services/disaster/beprepared/supplies.html>

“Make a Kit: Water and Food” Ready.gov

http://www.ready.gov/water_food.html

D. Guidance According to the Nature of the Emergency or Disaster

1. About preparing for “unnatural disasters”

?? **Terrorism in general:**

“Introduction To NBC Terrorism, An Awareness Primer And Preparedness”
The Disaster Preparedness and Emergency Response Association
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The literature we reviewed in preparing this manual includes disaster planning material from many sources including governmental, community, university and corporate ones. We looked for guidance specific to protection of homeless people and providers of services in the event of an emergency or disaster that would threaten the health of the public. We found **no** materials posted on the web that have been developed specifically for the population individuals or families who are homeless, or for the facilities that provide services to these populations. Thus we reviewed what was available, and organized it for the convenience of service providers who do work with homeless families and individuals. Below are the full references for the sources we have drawn from. First come materials accessible on the web. These are listed in alphabetical order by organization. Next we list a few additional materials that may not be accessible on the web, principally journal articles.

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