

**Introduction** .....1

**Chapter 1**

Kentucky’s Plan for Disaster Preparedness .....3

Overview of Kentucky’s Two Major  
Disaster Response Plans .....4

**Chapter 2**

The Health Alert Network .....11

The Kentucky Outreach and Information Network . .12

**Chapter 3**

Ways You Can Help .....15

**Chapter 4**

Personal Safety .....21

**Chapter 5**

Reaching Out to Everyone .....31

**Chapter 6**

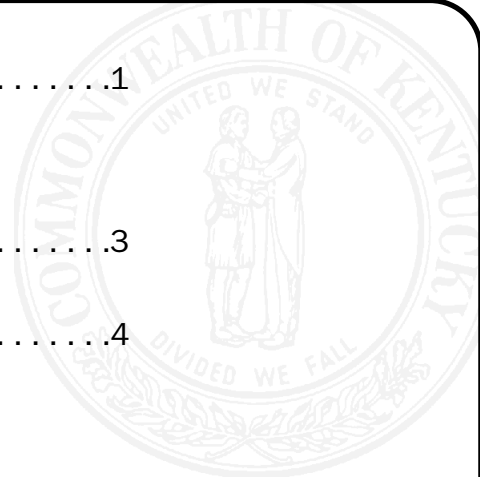
Resources for Community Leaders .....43

**Appendices**

Appendix A: Is Kentucky Really at Risk? .....63

Appendix B: Public Places with  
Free Internet Access .....64

Appendix C: Glossary of Terms/State Agencies . . .72



# contents

The anthrax attacks in the United States in 2001 revealed the nation's lack of preparedness for bioterrorism incidents and a sense of how vulnerable the nation was at every level. The government, medical community, media and even ordinary citizens all faced challenges they had never before been called on to meet. As a nation, citizens have learned that they must become better prepared to deal with high stakes incidents, from a pandemic strain of influenza, to a widespread power outage, to a bioterrorist attack.

In Kentucky, much has been done even before the events of 2001 to increase the state's preparedness to prevent, prepare for and cope with all types of health hazards, whether natural, man-made or bioterrorism. The Department for Public Health within the Cabinet for Health and Family Services develops and supports public health programs and activities for the citizens of Kentucky. The Department works in close partnership with local public health agencies and other members of the state's health care community.

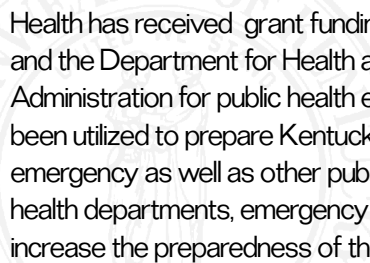
Even as it implements key statewide public health programs, the department's profile has remained low key. Recent surveys of the general population in the state of Kentucky revealed that fewer than 10 percent of Kentuckians felt well prepared for any emergency and most perceived that nothing had been done in their communities to prepare them for large-scale emergencies.

This Community Information Guide is designed to help community leaders and individual citizens know not only what they can do to prepare for an emergency, but also understand how their state and local officials have made giant strides in preparing for outbreaks of disease, natural disasters or acts of terrorism, including biological warfare.

The experiences of September 11, 2001, and the anthrax attacks that followed in the fall of that year demonstrated the vital nature of increased communication capability. This resulted in federal grant funding — aimed at increasing public health preparedness — being awarded to all states and major U.S. territories by the Centers for Disease Control and Prevention in the Department of Health and Human Services. Since 2002, the Kentucky Department for Public



# Introduction



Health has received grant funding from the Centers for Disease Control and Prevention and the Department for Health and Human Services, Health Resources and Services Administration for public health emergency preparedness and planning. These funds have been utilized to prepare Kentucky to respond to a biological, chemical or radiological emergency as well as other public health threats. The Cabinet collaborates with local health departments, emergency management, hospitals and other organizations to increase the preparedness of the Commonwealth.

The Statewide Bioterrorism Advisory Committee and the Health Resources and Services Administration Hospital Preparedness Subcommittee serve as additional resources to the Cabinet. Members include a variety of public and private organizations likely to be involved in emergency preparedness on a daily basis or during an emergency, such as state and local public health, state emergency management, mental health professionals, the American Red Cross, University of Kentucky and University of Louisville infection control professionals, media professionals, information technology professionals, veterinarians, industrial hygienists, military hospitals and others.

Kentucky has built a collaborative public health and emergency management community that is planning and preparing on behalf of its citizens, in cooperation with private industry, community groups and other local, state and federal agencies. This planning effort is not focused on one specific type of disaster; it reaches into a number of potential problem areas or vulnerabilities with a particular focus on acts of bioterrorism, outbreaks of infectious disease and other public health emergencies

This Community Information Guide synthesizes a great deal of information that is available through a number of sources. It includes important contact information and resources that may be valuable to community leaders and citizens in the event of various incidents and emergencies. The Guide is also designed as an outreach tool for leaders within special needs populations, including those with language barriers, as well as community leaders in remote areas of the state where electronic communications are not always available or reliable.

This Guide has been developed as an update on what the state of Kentucky is doing to prepare for a state of emergency and to provide citizens with the resources they need to prepare for bioterrorism-related disasters and/or other disaster situations.

## **Kentucky's Plan for Disaster Preparedness**

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The Kentucky Department for Public Health within the Cabinet for Health and Family Services has the primary responsibility for developing and operating all public health programs and activities and coordinating medical care services throughout the Commonwealth. The Department for Public Health is collaborating with agencies across the state to upgrade emergency communications resources and planning. This chapter covers information on key collaborations and provides:

1. An overview of the two major disaster response plans that would be used in a public health emergency – those of the state Department for Public Health and the Kentucky Division of Emergency Management.
2. Details on key resources, including updates on the technologies and personnel as well as a step-by-step description of how the Department for Public Health and Cabinet for Health and Family Services take action during a crisis.

# chapter 1

## **Overview of Kentucky's Two Major Disaster Response Plans**

### **1. Kentucky Department for Public Health Disaster Response & Recovery Plan**

Kentucky Department for Public Health would be the primary point of contact early on in a potential public health emergency. The department's Disaster Response & Recovery Plan is organized around three phases of disaster response and communicating with the public during a disaster.

- Pre-disaster phase – consists of planning and preparing for disasters ranging from bioterrorism to tornadoes, including disaster exercises, education and training of department staff.
- Disaster or event phase – consists of disaster and emergency response services geared to respond to the needs of the community experiencing the disaster. Such services include search and rescue, emergency medical treatment, biological, chemical or radiological response and any other service necessary to protect public health.
- Disaster recovery and clean-up phase – consists of services dedicated to sanitation, food supply protection, environmental monitoring, disease and vector control, immunizations, etc.

In addition, Kentucky has a risk communications policy that outlines the Cabinet for Health and Family Services' process for reaching the media and the public during a disaster of any type and in any location.

Each of the 56 district health departments has developed a disaster response plan that is integrated with its local emergency management plans. **Citizens are advised to contact their local health department and emergency management office about preparedness planning within their communities.** Contact information for the 14 area offices of emergency management and county health departments is listed in Chapter 6 under "Resources."

### **2. Kentucky Division of Emergency Management Emergency Operations Plan**

By state law, the Kentucky Division of Emergency Management Emergency Operations Plan is the state's governing plan for state response in a declared state of emergency. The Emergency Operations Plan for the Kentucky Division of Emergency Management is more than 300 pages long and can be accessed at <http://kyem.ky.gov>. The Web site is available to the general public and contains detailed information in a series of "annexes," which are organized by subjects, such as "Increased Readiness," "Search and Rescue Services," "Earthquake," etc.

The Kentucky Division of Emergency Management Web site provides specific details about which agency deals with which hazard as well as which agency has a primary or secondary response role with an emphasis on enhancing collaborative surveillance/assessment systems during a disaster. Kentucky Division of Emergency Management reaches deep into the state with each of the 120 counties having a county emergency operations plan and a local contact person. The county plans are mirror images of the state plan.

Additionally, Kentucky Division of Emergency Management has these ongoing activities:

- Duty officers monitor three large flat screen televisions broadcasting news 24 hours a day.
- Separate from mobile phones and landlines, the division employs a microwave system and another state-controlled system that connects directly to law enforcement first responders. Satellite communications are available when needed.
- By federal mandate, cell phones will eventually feature a built-in Global Positioning System locator to lessen difficulties caused by 911 caller and program issues that exist throughout the state.
- Kentucky Division of Emergency Management maintains regular contact with local suppliers should generators and diesel fuel be needed in the event of a power outage.
- Emergency Radio Broadcast System that provides information put out by the State Police and is then made available to the public through the Emergency Alert System.
- Voice mail, e-mail and fax messages at a county level are automatically released simultaneously in a crisis alert.

## **COLLABORATIVE EFFORTS**

Much has been learned from recent incidents in the United States. One of the biggest lessons to come from such events as 9/11, the East Coast power outage, the 2005 hurricane season and other incidents is the vital nature of communication ability to ensure the safety of the public. Robert Scott, who was at ground zero on September 11, said when speaking to a Harvard Business School audience, "There is no way you can over-communicate in a crisis." Former World Trade Center director Alan Reiss testified to the September 11 commission that communication is key in disaster response.

Kentucky has implemented a series of activities to assess its capacity for communicating emergency or vital public health information as well as made the necessary changes to improve that capacity. Collaboration among Kentucky's local health departments and across other agencies has been a key change that has brought about improved communication capability.

## **1. Agencies, local governments, media and citizens**

For disaster planning to be effective, collaboration between agencies, local governments, the media and citizens is mandatory. Kentucky is proving to be a leader with collaborative efforts taking place statewide. Examples of the collaborative relationships that form the foundation of Kentucky's emergency preparedness include:

- The Kentucky Hospital Association has formed the Hospital Bioterrorism Committee, which is working with the Kentucky Department for Public Health on disaster preparedness for Kentucky's hospitals. The Committee provides information that assists hospital personnel in the identification of hazardous substances and in responding appropriately during such emergencies.
- The Epidemiology Rapid Response Team was formed in 1987 to assist with the investigation and control of disease outbreaks in Kentucky. The team has trained members who serve as valuable resources to the public health system. Members are trained to report, manage and help solve public health issues through surveillance, investigation and follow-up. Nearly all members are employed by local health departments throughout the state. The Department for Public Health has also hired regional epidemiologists, based at local health departments, who are spread throughout the state to assist in collaborative planning and conduct surveillance and epidemiological investigations related to public health preparedness.
- The Kentucky Community Crisis Response Board was established in 1996. The Board is attached to the Kentucky Division Emergency Management and works closely with that agency to ensure organized, rapid and effective response, crisis intervention and disaster mental health services in the aftermath of crises and disaster. They are the state's designated provider of "psychological first aid."
- Kentucky's Division of Mental Health, within the Department for Mental Health and Mental Retardation Services, was awarded a grant from Substance Abuse and Mental Health Services Administration. The funds enhance the mental health and substance abuse emergency preparedness and response capacity through Kentucky's statewide network of Regional Mental Health/Mental Retardation Boards, also known as community mental health centers. In addition to the federal funds, the Department for Public Health will support the efforts of the Division of Mental Health with a portion of its Centers for Disease Control and Prevention funds. Each of the 14 Regional Boards will:
  - Enhance the emergency preparedness and response capacity on the part of each board
  - Coordinate the activities of each board with those of other emergency response entities
  - Recruit and train board staff to serve as emergency responders in conjunction with the Kentucky Community Crisis Response Board.

- Kentucky has formed 15 Medical Reserve Corps units that are managed by local health departments or Kentucky Emergency Management. In the event of a disaster or terrorist attack, these volunteers strengthen the public health infrastructure and improve emergency preparedness response and recovery efforts to restore the community.
- The Kentucky Community Preparedness Program is the Department of Criminal Justice Training's Homeland Security initiative that strengthens the security of small- and medium-sized communities in Kentucky. The goal is to mobilize local law enforcement and community officials in a formal process of identifying and correcting security vulnerabilities, which might be exploited by terrorists or criminals, through a system of risk assessments and recommendations for improved security. The KCPP is funded through a Kentucky Office of Homeland Security grant. The program is being implemented in 60 communities throughout the state.

## **2. The Governor and Advisors**

**As the state's chief administrator, the governor serves by state law as the senior official in the event of a disaster.** The governor would rely on his/her senior leadership team of Cabinet Secretaries and other state officials in an emergency to advise him/her on key actions. These leaders and other representatives of their agencies also stay in close contact with each other in order to best coordinate preparedness efforts, including keeping the governor informed of preparedness efforts and issues on a pre-disaster basis and advising the governor's office on the coordination of disaster response efforts.

Some key members of the Governor's advisory group are:

- Adjutant General, Kentucky National Guard
- Director of the Kentucky Department of Homeland Security
- Secretary of the Cabinet for Health and Family Services
- Secretary of the Justice Cabinet
- Commissioner of the Department for Public Health
- Director of the Kentucky Division of Emergency Management
- Kentucky State Police Commissioner
- Secretary of the Cabinet for Environmental and Public Protection
- Other agency officials on an as-needed or situational basis

### **ADDITIONAL DISASTER PLANNING ACTIVITIES**

Statewide collaborative efforts aimed at community leaders and local government



representatives across the state have been under way since 2001. Department for Public Health doctors made presentations on bioterrorism and emerging public health issues and conducted meetings across the state. Attendees were drawn from the Cabinet for Health and Family Services, Kentucky Division of Emergency Management and first responders, such as hospital, emergency medical services and police and fire employees.

Other mock disaster exercises and drills dedicated to integrating the personnel and planning efforts of different agencies have also occurred. Teams from emergency management, public health and other local officials were brought together to explore ways to reduce overlap of services and increase inter-agency collaboration.

Other developments include:

- New people are on board at local public health departments: regional training coordinators, regional epidemiologists and public health preparedness planners.

As a result of the initiatives from the Cabinet for Health and Family Services, every local health department is in the process of revising and expanding its collaborative community planning for disaster response and recovery.

A key mandate for each department is to work in tandem with its local emergency management personnel. To further this effort, the Department for Public Health has added regional training coordinators specifically for disaster and public health preparedness-related training coordination and public health preparedness planners. In many regions, these people may serve as subject matter experts should a crisis occur in their region.

- The Cabinet for Health and Family Services has announced additions to its emergency communications network. In addition to the comprehensive new database, the Health Alert Network, and the new Kentucky Outreach and Information Network database (see Chapter 2 of this Guide for more detailed descriptions), there are three other key additions to Cabinet's emergency communications efforts statewide: the Poison Control Hotline, ProAct and Ky.Train.Org. Brief synopses of each follow:

- Poison Control Hotline (800-222-1222): The Kentucky Department for Public Health has established a partnership with the Kentucky Regional Poison Center to be the primary contact for the public during the first six days of a public health emergency attack in Kentucky. The poison center will answer any questions concerning possible exposures during the crisis or any questions related to decontamination, possible symptoms, patient treatment, at-risk populations or other concerns. It is anticipated the Poison Control Hotline will be a primary source of information for health professionals, emergency service providers, hospitals and the general public.
- ProAct – Preparedness & Response On Advanced Communications Technology: This video conference network is designed to bring local, state and national experts, as well as public health officials and community clinicians face to face in the

aftermath of a natural or man-made disaster. For the first time, rural Kentucky will have access to health experts via this dedicated interactive videoconference system, which exists in hospitals and is being expanded to health departments around the state. This network is also being used for statewide training through regional sites.

- Ky.Train.Org: A learning management system, Ky.Train.Org is both a registration tool for public health, emergency responders and others in the medical or response communities to enroll in disaster response training and a method for tracking course listings, locations and attendees. The site will allow the Department for Public Health to track what kind of disaster training is taking place statewide as well as which individuals have received specific training.
- The Cabinet for Health and Family Services has developed and implemented an initial media crisis response plan that provides a framework for how the Cabinet Communications Office reacts to a potential or determined public health emergency or disaster. This risk communication policy goes into effect upon *notification from Kentucky Cabinet for Health and Family Services Secretary or Department for Public Health Commissioner or designee to the Cabinet Communications Office of a potential Kentucky problem.*

## **SUMMARY**

**Disaster response and recovery planning is ongoing.** One of the key tasks still ahead is to inform the public of the new resources being put in place to protect health and safety.

Additional areas the state is working on as part of comprehensive emergency planning:

- A disaster such as bioterrorism has a “tail” to it; dangerous effects may not occur immediately, or the effects may linger as long-term hazards. In long-term response and recovery efforts, full-time disaster response teams, both health professionals and emergency management officials, can find themselves exhausted after days, weeks or months of hard work. Trained citizen volunteers will be needed if Kentucky is to be assured of sustained long-term support.
- The public needs to hear about disaster preparedness planning on a range of health hazards and on a regular basis. Health hazards can vary from tainted food to influenza to infectious diseases caused by household pets. Regular communication on a variety of issues can prevent a sense of “terrorism fatigue” (a situation where a series of public alerts are issued and a terrorist event does not occur can create fatigue among the public) during non-crisis situations.

From the state level to the most rural community, Kentucky’s public health officials and emergency management personnel — along with the new regional training coordinators, regional epidemiologists and public health preparedness planners — are dedicated to collaborating across agency lines with one goal in mind: *“To prevent disasters every day.”*



## **The Health Alert Network**

The Health Alert Network is a nationwide integrated information and communications system that functions as the alert component for the Public Health Information Network in the Centers for Disease Control and Prevention. The Health Alert Network is a platform for distribution of health alerts, dissemination of prevention guidelines and other information, national disease surveillance and electronic laboratory reporting, as well as for the Centers for Disease Control and Prevention's bioterrorism and other public health emergency-related initiatives. **The system is designed to strengthen preparedness at the local and state levels by allowing for rapid, wide dissemination of vital health alerts** to pre-determined individuals in a variety of response settings.

Since the Health Alert Network is reliant on Internet connection capability, the Commonwealth of Kentucky has also identified community-based communication points, agencies, organizations, schools and individuals to form the Kentucky Outreach and Information Network (KOIN) that will get health alerts and other critical information to the public when normal channels of communication are blocked or are not working, such as major power outages.

### **Kentucky Department for Public Health - Health Alert Network**

The Health Alert Network in Kentucky provides rapid and timely access to health information, access to trained health professionals and practices and procedures for effective health preparedness, response and service at all times.

The Kentucky Department For Public Health Disaster Response and Recovery Plan is organized around three phases of disaster response and communication during a disaster: pre-disaster phase, disaster or event phase and the disaster recovery and clean-up phase. The Health Alert Network will serve as a response and communication tool in all phases of the plan. The purpose of the Health Alert Network is to help public health agencies achieve high levels of organizational capacity in protecting the public through rapid communication of essential information.

# chapter 2

■ The Health Alert Network allows for:

- Secure Internet connections for local health officials, providing access to Centers for Disease Control and Prevention and Department for Public Health’s prevention recommendations, practice guidelines and disease data
- Capacity for rapid and secure communications with first responder agencies and other health officials
- Capacity to securely transmit surveillance, laboratory and other sensitive data
- Early warning alert systems using phone, fax and e-mail notification.

The Health Alert Network in Kentucky is currently being populated with contact information for individuals across the public health workforce as well as local and state emergency response officials and other community partners. Access to information will be based on what the designated role of the individual is and what information is targeted to the individual.

## **Kentucky Outreach and Information Network (KOIN)**

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The Cabinet for Health and Family Services is working to build the Kentucky Outreach and Information Network (KOIN), a person-to-person network that can reach hard-to-reach populations.

Individuals included in the KOIN include some of the state’s most difficult to reach populations, such as people who are:

- Deaf/Hard of hearing
- Blind or visually impaired
- Limited English Proficiency
- Elderly
- Disabled
- Remote rural residents

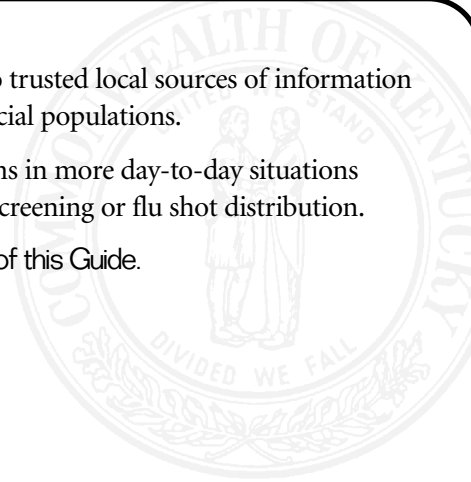
The goal of the KOIN is to ensure that in the event of a public health emergency, communication channels are in place and that the KOIN members understand their role for notifying individuals within their appropriate channels.

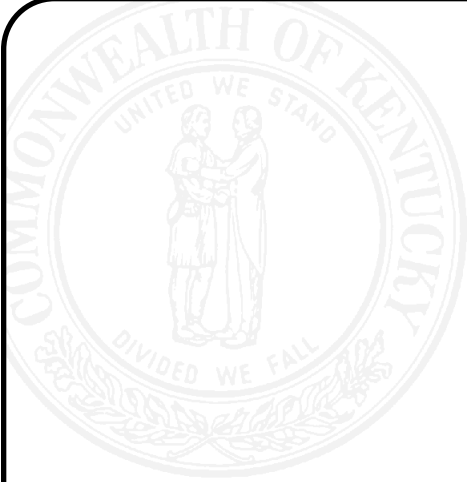
Through the KOIN

- The state is pushing preparedness responsibilities to trusted people and agencies in local communities, to informal and formal groups (the “go-to” people who are trusted sources of information on many topics), and to the media.

- Not only will official agencies be prepared, but also trusted local sources of information – the media and those who provide services to special populations.
- The state can protect the health of Kentucky citizens in more day-to-day situations such as immunization clinics, diabetes education/screening or flu shot distribution.

Details about the KOIN can be found in Chapter 5 of this Guide.





## Ways You Can Help

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All across the nation, Americans selflessly reach out to offer help to those on the front lines of disaster whether it be a terrorist attack in New York, hurricanes in Louisiana and Florida or wild fires in California. This response isn't the exception, but time and again when crisis strikes a community, complete strangers band together to offer first aid, financial resources, food and water, strong backs, whatever is needed to help tackle the devastation and transform it into restoration. Despite our diversity, we are a nation of helpful people. We are willing to get personally involved with people and their needs to make our communities and our nation safer, stronger and healthier.

Recent studies conducted on behalf of the Kentucky Cabinet for Health and Family Services/Department for Public Health confirm this. A recent survey showed that 99 percent of the population would be willing to help a neighbor in the event of a large-scale public health emergency; however, a more recent survey also revealed that the willingness to help did not translate into knowing how to help. Effective volunteers are trained, organized and prepared volunteers who are ready to step in when needed. This chapter identifies ways Kentucky citizens can get involved as volunteers and be prepared to help their neighbors, their community and their state cope with and recover from public health hazards of all kinds.

### READY TO HELP

When a disaster strikes a community, who would be ready to help? Recent events, including tornadoes, floods and ice storms clearly revealed that Kentucky residents would tackle whatever tasks must be done whether it is filling sand bags, picking up debris, rendering first aid or providing food and shelter for those left with nothing more than the clothes on their backs. While spontaneous help is needed and valued, in a large-scale disaster, community volunteers who are not just willing, but well-trained and organized, can make a big difference in the speed and effectiveness of the recovery.

The Kentucky Department for Public Health Disaster Response and Recovery Plan depends on the citizens of Kentucky to prepare

# chapter 3



themselves to be mobilized in the event of a sustained emergency situation. Volunteer activities support first responders, disaster relief groups and community safety organizations, such as local law enforcement, fire, emergency medical services, community public health efforts and emergency management. Opportunities to be trained and to serve as a volunteer exist at the local, state and national levels.

The Commonwealth and its local jurisdictions face the difficult challenge of ensuring that citizens, emergency responders, essential government services and private property are protected from the consequences of hazards of all types, including a terrorist attack, disease outbreak or natural disaster. To enhance state and local planning, the Kentucky Division of Emergency Management allocated grant funding to local governments to update and enhance existing emergency operations plans, including volunteer activities, such as Citizen Corps and Community Emergency Response Teams. The planning grant provides funding to all 120 counties to upgrade their emergency operations plans for all hazards with special emphasis on Weapons of Mass Destruction terrorism preparedness.

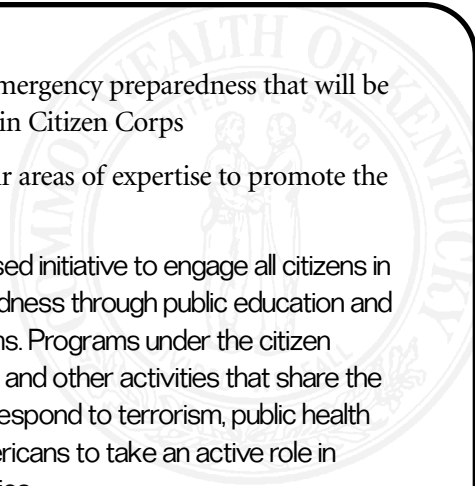
Kentucky Division of Emergency Management has a state domestic preparedness plan that includes the development of local capability in conjunction with a well-equipped and trained volunteer regional response force. This involved creating and equipping 14 all-volunteer hazardous material/weapons of mass destruction multi-disciplined Regional Response Teams. Each one of these teams is made up of local volunteers from law enforcement, fire services, public works and various local businesses and volunteer organizations and primarily serves one of the 14 state emergency management areas. The Regional Response Team is a locally operated volunteer organization that is built from the local community up to the regional level. The equipment purchased by these teams is stored, maintained and used by the same first responders who make up the local community support agencies. This dual use of local first responders is very similar to our "citizen soldiers" in the Armed Forces reserve and state National Guard. In fact, many of these first responders are members of those very same organizations.

## **VOLUNTEER SERVICE OPPORTUNITIES**

**National Citizen Corps Council** — The National Citizen Corps Council brings together leaders from first responder groups, emergency management, volunteer organizations, government and private levels to create local Citizen Corps Councils and to advance the mission of Citizen Corps.

Members of the National Citizen Corps Council:

- Identify opportunities for collaboration among local, state, tribal and federal organizations
- Discuss the best ways to develop and support local Citizen Corps Councils
- Exchange information on programs to promote public awareness, training, safety and volunteer opportunities

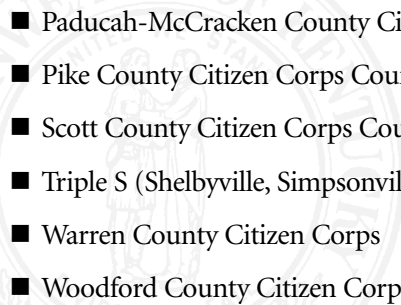
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- Develop and disseminate messages on safety and emergency preparedness that will be effective in engaging communities and individuals in Citizen Corps
  - Serve as the catalyst for engaging others within their areas of expertise to promote the Citizen Corps mission.

**Citizen Corps** — Citizen Corps is a community based initiative to engage all citizens in homeland security and community and family preparedness through public education and outreach, training opportunities and volunteer programs. Programs under the citizen Corps umbrella include federally sponsored programs and other activities that share the goal of helping communities prevent, prepare for and respond to terrorism, public health issues and disasters of all kinds. It encourages all Americans to take an active role in building safer, stronger and better-prepared communities.

Citizen Corps Councils help drive local citizen participation by coordinating Citizen Corps programs, developing community action plans, assessing possible threats and identifying local resources.

The Kentucky Citizen Corps Councils include:

- Ashland Boyd County Catlettsburg Citizens Corps Council
- Boone County Citizen Corps Council
- Frankfort/Franklin County Citizens Corps Council
- Hancock County Citizen Corps
- Kenton County Citizen Corps
- Kentucky Citizen Corps Working Group (Local Council in Frankfort)
- Kentucky River Citizen Corps Council
- Knox County Citizen Corps Council
- Lexington-Fayette County Citizen Corps Council
- Liberty/Casey County Citizen Corps
- Lincoln County Citizen Corps Council
- Louisville-Jefferson County Metro Citizen Corps Council
- Madison County EMA CSEPP WMD Group
- Marshall County Citizens Corps
- Mason County Emergency Response Team
- McCreary County Citizen Corp
- Mercer County Citizens Corps
- Owensboro - Daviess County Citizen Corps

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- Paducah-McCracken County Citizen Corps Council
  - Pike County Citizen Corps Council
  - Scott County Citizen Corps Council
  - Triple S (Shelbyville, Simpsonville, Shelby County)
  - Warren County Citizen Corps
  - Woodford County Citizen Corps Council

**Citizen Corps programs include the following:**

- Community Emergency Response Team
- The Fire Corps
- Neighborhood Watch Program
- Volunteers in Police Service
- Medical Reserve Corps

**Community Emergency Response Team (CERT)** — The CERT educates people about disaster preparedness and trains them in basic disaster response skills, such as fire safety, light search and rescue and disaster medical operations. Using their training, CERT members can assist others in their neighborhood or workplace following an event and can take a more active role in preparing their community. The program is administered by DHS. For more information on CERT, visit <http://www.training.fema.gov>.

**The Fire Corps** — The Fire Corps promotes the use of citizen advocates to enhance the capacity of resource-constrained fire and rescue departments at all levels: volunteer, combination and career. Citizen advocates can assist local fire departments in a range of activities, including fire safety outreach, youth programs and administrative support. Fire Corps provides resources to assist fire and rescue departments in creating opportunities for citizen advocates and promotes citizen participation. Fire Corps is funded through DHS and is managed and implemented through a partnership between the National Volunteer Fire Council, the International Association of Fire Fighters and the International Association of Fire Chiefs.

**Medical Reserve Corps Program (MRC)** — Kentucky has formed 15 MRC units that are managed by local health departments or Kentucky Emergency Management. MRC volunteers strengthen communities by helping medical, public health and other volunteers who offer their expertise throughout the year as well as during times of crisis. MRC volunteers work in coordination with existing local emergency response programs and also supplement existing community public health initiatives, such as outreach and prevention, immunization programs, blood drives, case management, care planning and other efforts. The MRC program is administered by the U.S. Department of Health and

Human Services. To locate a unit in your area, please visit <http://www.medicalreservecorps.gov>.

**Neighborhood Watch Program** — The Neighborhood Watch Program incorporates terrorism awareness education into its existing crime prevention mission, while also serving as a way to bring residents together to focus on emergency preparedness and emergency response training. Funded by the U.S. Department of Justice (DOJ), Neighborhood Watch is administered by the National Sheriffs' Association.

**Volunteers in Police Service (VIPS)** — VIPS works to enhance the capacity of state and local law enforcement to utilize volunteers. VIPS serves as a gateway to resources and information for and about law enforcement volunteer programs. Funded by DOJ, VIPS is managed and implemented by the International Association of Chiefs of Police. For more information on the program in your community, contact your local police department.

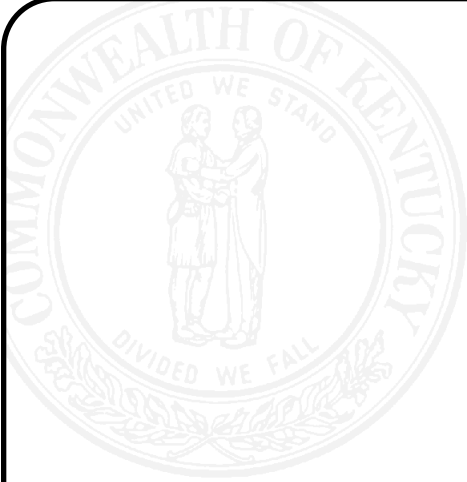
## **OTHER VOLUNTEER OPPORTUNITIES**

Initially, when disaster strikes, the scene can be chaotic, even dangerous. Only those citizens at ground zero and trained professionals should be involved in the first response. Driving to a disaster site to help out is not advised. In fact, not many volunteers are needed from outside an event site until the disaster recovery and cleanup phase. Organizations, such as the National Voluntary Agencies Active in Disaster ([www.nvoad.org](http://www.nvoad.org)) and Volunteers in Technical Assistance ([www.vita.org](http://www.vita.org)) provide information on ways citizens can help, what types of skills are needed and whom to contact about volunteering and training.

Many nonprofit groups, such as the American Red Cross and the Salvation Army, also need volunteers to help not only during times of major public health emergencies, but throughout the year. The American Red Cross provides for the most basic human needs, including food, shelter and supplies for disaster victims and emergency workers. The Salvation Army has teams of doctors and nurses who can be on their way to the scene of a disaster within two hours of notification. The Salvation Army sets up dispensaries and first aid stations and provides nursing care in shelters. Salvation Army officers are also ordained clergy who are trained to provide posttraumatic stress disorder counseling and disaster counseling.

One of the best ways for citizens to help is to make cash donations to these and other relief organizations. Your local public health department and office of emergency management can provide information on organizations that need volunteers.

For more information about volunteer service opportunities in your community, visit the Web site of the Kentucky Commission on Community Volunteerism and Service at <http://chfs.ky.gov/dhss/kccvsv/>.



## Personal Safety

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### HOW TO PREPARE FOR A PUBLIC HEALTH EMERGENCY

Disaster most often strikes quickly and without warning. It can force people to evacuate their neighborhood or confine them to their home. What do people do if basic services — water, gas, electricity or telephones — are suddenly cut off? The best way for Kentucky citizens to make their families and homes safer is to be prepared before a disaster.

Preparing beforehand means knowing the challenges that lie ahead and creating a plan. The Kentucky Department For Public Health, the Kentucky Division of Emergency Management, the Federal Emergency Management Agency and the American Red Cross advise citizens to create a family emergency plan and a family emergency supply kit.

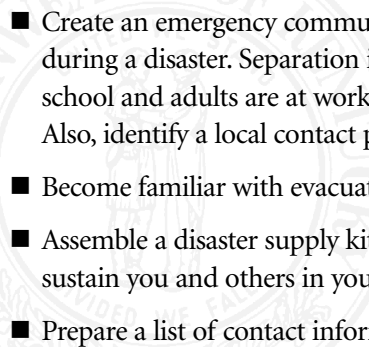
Some basic guidelines that citizens should follow in preparing for a public health emergency:

- Contact local public health and emergency management offices for information about the types of disasters that might occur in their area and how to prepare for them. Also ask about local emergency plans and how they will be implemented in the event of a crisis.
- Know the Homeland Security Advisory System and risk levels:
  - green – low
  - blue – guarded
  - yellow – elevated
  - orange – high
  - red – severe

The American Red Cross has guidelines for families and communities on how to respond to these alerts. The details are accessible by calling your local Red Cross chapter or online at <http://www.redcross.org>.

- Write out a family emergency plan that includes basic information on how they and their family can protect themselves during a public health emergency. Review the plan and update it as needed.

# chapter 4

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- Create an emergency communication plan in case family members are separated during a disaster. Separation is a real possibility during the day when children are at school and adults are at work. Decide where children will go if parents can't get home. Also, identify a local contact person and an out-of-town contact person.
  - Become familiar with evacuation/escape routes in their community.
  - Assemble a disaster supply kit with food, water, medicines and other materials to sustain you and others in your care for three days.
  - Prepare a list of contact information for each person in your family.

The Department for Public Health has free pocket-sized information guides where you can record and carry with you contact information as well as medical histories. The guide can also help you keep information about:

- Hospitals closest to home, school or place of work
  - Family physicians and dentists
  - Local and out-of-town personal emergency contacts
  - Local public health department
  - Poison Control Center
  - American Red Cross
- Gather health information on themselves and family members, such as immunization history, blood type, allergies, current medication, past and current medical conditions and the ages and weights of children.
  - Develop a plan for pets or service animals. Pets may not be permitted in public shelters.
  - Meet with neighbors to discuss disaster preparedness. Learn which neighbors have special skills and which have special needs, such as persons who are disabled or elderly.

For detailed guidelines and planning lists, visit:

- American Red Cross  
<http://www.redcross.org>
- Cabinet for Health and Family Services/Department for Public Health Web site  
<http://www.chfs.ky.gov>
- Kentucky Division of Emergency Management  
<http://kyem.ky.gov>
- Federal Emergency Management Agency  
<http://www.fema.gov/areyouready>
- Kentucky Office of Homeland Security  
<http://www.ProtectYourFamily.ky.gov>

- New York City Office of Emergency Management  
<http://www.nyc.gov/html/oem/home.html>
- Rand Corporation, *Individual Preparedness and Response to Chemical, Radiological, Nuclear and Biological Attack/A Quick Guide*  
<http://www.rand.org/publications>

### **Emergency Supply Kit**

Although the Kentucky Department for Public Health does not recommend specific bioterrorism-related precautions for the public, the state does recommend that households have a disaster supply kit in place for any event, such as a tornado or flood.

The kit can be assembled over time and use-by dated materials, such as food and batteries, can be consumed/used and replaced. If you can't afford to buy or don't have the space for a complete kit, try to have a few of the following items on hand:

- Battery-powered radio and flashlight with extra batteries
- Candles and matches
- Clothing, blankets, sleeping bags
- A three-day supply of food and water (one gallon per day per person)
- First aid kit, including current prescription medicines
- Sanitation supplies, including iodine tablets or bleach to disinfect water
- Cash or traveler's checks
- Extra set of car keys and eyeglasses
- Special items for infants, older adults or disabled family members
- Important family documents in a waterproof container.
- Potassium iodide to protect against radiation poisoning

If possible, keep a smaller emergency supply kit in your car.



(Sample Form)

**Family Disaster Plan Check List** (one copy for each family member)

■ Emergency Meeting Place \_\_\_\_\_  
(outside your home)

■ Meeting Place \_\_\_\_\_  
(outside your neighborhood)

■ Local contact person \_\_\_\_\_  
phone \_\_\_\_\_ (work)  
\_\_\_\_\_ (mobile)  
\_\_\_\_\_ (home)

■ Out-of-town contact person \_\_\_\_\_  
phone \_\_\_\_\_ (work)  
\_\_\_\_\_ (mobile)  
\_\_\_\_\_ (home)

■ Hospital nearest:  
home \_\_\_\_\_  
school \_\_\_\_\_  
work \_\_\_\_\_

■ Family physician \_\_\_\_\_ phone \_\_\_\_\_

■ Family dentist \_\_\_\_\_ phone \_\_\_\_\_

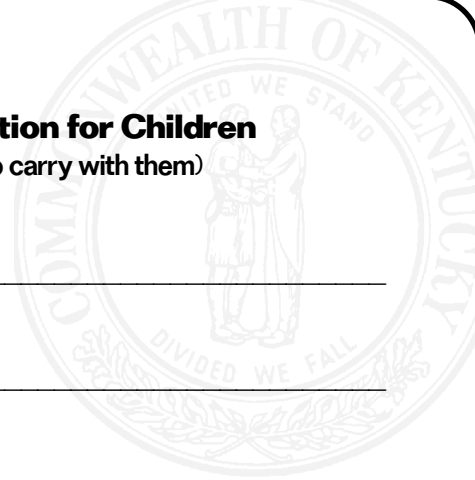
■ Phone numbers:  
Public health department \_\_\_\_\_  
Poison Control \_\_\_\_\_  
American Red Cross \_\_\_\_\_

■ Health History  
Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
Immunizations: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Current health conditions: \_\_\_\_\_  
Blood type: \_\_\_\_\_

(Sample Form)

**Emergency Phone Numbers & Information for Children**

(make enough copies for each child in your family to carry with them)



My name: \_\_\_\_\_

My family name: \_\_\_\_\_

My phone number: \_\_\_\_\_

My address: \_\_\_\_\_

My town: \_\_\_\_\_

My county: \_\_\_\_\_

Ambulance/Fire/Police/Sheriff: \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Local contact: \_\_\_\_\_

Out-of-area contact: \_\_\_\_\_

Meeting location and address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## BIOTERRORISM - A NEW THREAT

Bioterrorism is no longer a theoretical possibility. It is a threat that is real and could happen anywhere. The perception that Kentucky is not a likely target of a terrorist attack or that support activity could not be occurring in Kentucky is wishful thinking, according to the Kentucky Division of Emergency Management.

No one knows exactly how likely a terrorist attack on the United States is or how much damage different types of attacks might cause. Some experts predict that the most likely form of terrorist attacks will be conventional explosives targeting government buildings, skyscrapers, hazardous industrial sites, transportation facilities, roads, bridges, railroads and airports located on the East or West Coasts. The general consensus has been that the least likely methods of attack would be chemical, biological, radiological or nuclear. In particular, biological agents require much greater expertise and technology to grow than what is required to mix chemicals for a chemical attack. However, their potential for severe damage, even from a small release, and their fairly low cost, make certain biological agents attractive to terrorists. The consequences of such an act require that states and the federal government prepare for such unthinkable actions.

### Types of Biological Agents of Potential Use in an Attack

Based on research, the Centers for Disease Control and Prevention has identified six biological agents that pose the greatest threat due to their ease of dissemination, lethality or a combination of factors. Many of these bioweapons require skill and equipment to produce and would be difficult for a terrorist to use effectively. Some are less lethal than others but can create widespread public fear because of their gruesome effects.

Biological weapons are viruses or bacteria silently introduced into the environment; take time to be detected and correctly identified (chemical weapons are often detectable by smell and sight, such as chlorine gas and its greenish-yellow color); and in some cases, can be spread from person to person. Time is also required to track down the original source of contamination and to develop the appropriate plan of action to treat people, prevent spread of the disease and to find and arrest the perpetrators. At least 17 nations are believed to have biological weapons programs.

Biological agents categorized as posing the highest level of threat:

- **Anthrax** – a disease caused by bacteria called *Bacillus anthracis* that occur naturally in warm-blooded animals. If processed for use as a weapon, anthrax would most likely be spread in the air. Symptoms set in as early as a day or two and up to seven weeks after exposure. The inhaled spores grow rapidly, causing fever, difficulty breathing and malaise. Untreated, 90 percent of people exposed to anthrax inhalation die. Antibiotics can stop the disease if they are taken at the time the anthrax spores begin to grow or soon thereafter.

Anthrax can also enter the body through the skin or orally through food. Although serious, these two forms of exposure are less lethal (20 percent for untreated cutaneous anthrax and 25-60 percent for untreated ingested anthrax). Antibiotic treatment is highly effective in treating these two forms of exposure. Anthrax is not contagious. It does not spread from person to person.

- **Smallpox** – a serious, disfiguring and sometimes-fatal disease caused by the *Variola virus*. Smallpox disease was declared eradicated worldwide in 1980 and vaccination stopped everywhere in the world in 1983. In the past, one-third of the people who got the disease died. Smallpox is spread from person to person, usually after the sick person develops a high fever and a rash. The rash works itself from the face, arms and legs onto the trunk of the body and the fever usually prevents the person from carrying out normal activities.

There is no treatment for smallpox, but the smallpox vaccine provides good protection and serves to stop the spread of the disease. The Strategic National Stockpile maintains an emergency supply of doses. A program to produce more vaccine started in 2000. While many vaccines must be given weeks or months before a person is exposed to an infectious agent, the smallpox vaccine can give protection after a person is exposed if administered within three days after exposure. Vaccination within four to seven days of exposure likely offers some protection from disease or may lessen the severity of disease.

- **Plague** – a disease caused by the bacteria *Yersinia pestis*. Pneumonic plague is considered a lethal and potentially effective bio-weapon because it is deadly, contagious and infectious. Untreated, 100 percent of people exposed to pneumonic plague will die; even with treatment, half of those exposed will die. Symptoms are fever, headache, bloody sputum and rapidly progressing pneumonia. To be effective, antibiotics must be administered within 24 hours of the first symptoms.

In nature, plague is transmitted to humans by inhaling the bacteria or by the bite of a flea that has bitten an infected rat. Spraying for fleas and controlling rat populations can control the disease.

There are three forms of plague: pneumonic that infects the lungs; bubonic that infects the lymph system; and septicemic that infects the blood stream. Pneumonic plague can also be passed from one person to another through coughing. Bubonic and septicemic plague are not contagious.

- **Tularemia, or rabbit fever or deer fly fever** – The bacterium *Francisella tularensis* occurs naturally in the United States and causes a potentially serious infectious disease.

Inhalation of a single tularemia bacterium can infect a person. As a bio-weapon, the bacteria would likely be released as an aerosol with the potential for causing severe pneumonia. A small amount of bacteria could infect a large population. Health care professionals might have difficulty correctly identifying tularemia because symptoms include those similar to influenza or a common cold – sudden fever, headache, diarrhea, body aches, dry cough and weakness. It is not contagious and if identified early, it can be treated effectively with antibiotics.

■ **Botulinum toxin** – a bacterium that causes a muscle-paralyzing disease called botulism. In solution, the toxin is colorless, odorless and tasteless. It is the most poisonous substance known to man. While the toxin could be disbursed into the air through an aerosol device, most experts believe terrorists would more likely contaminate food and drink. Foodborne botulism can occur in improperly canned or undercooked food. As a bio-weapon, the toxin poses a major threat because it is potent, highly lethal and easy to produce, transport and use. An antitoxin administered soon after the onset of symptoms can halt the spread of paralysis, but will not reverse paralysis that has already occurred.

■ **Viral hemorrhagic fevers** – a group of illnesses that are caused by distinct families of viruses. They infect many body systems and often cause bleeding. While the bleeding itself does not cause death, many of these viruses are life- threatening. Among these illnesses are the filoviruses, such as Ebola; arenaviruses, such as Lassa; bunya viruses, such as Rift Valley Fever; and flaviviruses, such as yellow fever. Although these viruses are not likely to be developed as weapons, the most likely means of disbursement would be through the air as an aerosol.

### **Agricultural Bioterrorism**

While most emergency preparedness plans focus on protecting human beings, bioterrorists could also strike at the nation's food supply by infecting plants and animals with disease. Because the United States has a large and diverse agricultural industry, the threat of famine is remote, but a single attack in one locale can have a huge economic impact nationally on food producers. This is already evident in the dramatic, worldwide effect that such nonterrorist-related events as mad cow disease and bird flu had on the beef and chicken industries. In Kentucky, the extensive horse breeding and racing industries could potentially be at risk as well. The state veterinarian is an active member of Kentucky's Statewide Bioterrorism Advisory Committee.



Possible agricultural biological weapons:

- Foot and mouth disease
- Swine fever
- Karnal bunt of wheat
- Stem rust (wheat)
- Sorghum ergot
- Barley stripe rust

### **Hospital Information**

Exposure to a chemical, biological, radiological or nuclear agent requires professional medical treatment. The Kentucky Hospital Association is an active member of the Statewide Bioterrorism Advisory Committee and has formed the Hospital Bioterrorism Committee. Hospital personnel have been trained in the identification of hazardous substances and in responding appropriately during such emergencies. Anyone who suspects they have been exposed to a harmful agent should seek medical care immediately.

### **PANDEMIC INFLUENZA (“FLU”)**

Pandemic flu occurs when a new influenza virus appears or emerges in the human population and causes a global outbreak of the disease, resulting in serious illness as it spreads from person to person. Pandemic flu has occurred naturally throughout history.

The Department for Public Health is taking the responsibility of a flu pandemic very seriously. Kentucky developed a draft pandemic influenza plan specifically for pandemic flu a few years ago, which is currently being updated. The plan looks at such issues as how the department can limit the spread of the disease, stretch available resources and protect the health and safety of Kentuckians in the event of pandemic flu.

Fifty local pandemic flu summits have been conducted statewide with all 120 counties participating to address pandemic flu preparedness. These summits were designed to help public health and emergency response communities to inform and involve political, economic and community leadership in the state’s pandemic planning process.

### **How to Protect and Prepare for Pandemic Influenza**

Health officials recommend you take the same precautions to protect yourself against a pandemic influenza as you would against a cold or other viruses.

- Cover your nose and mouth with a tissue when sneezing, coughing or blowing your nose.
- Wash your hands frequently with soap and water or hand sanitizer.
- Stay home if you have a cough or fever.

- See your health care provider as soon as possible if you have a cough or fever and follow their instructions as prescribed to get plenty of rest.

When preparing, think first about the basics of survival, including fresh water, food, clean air and warmth. Because it may be necessary to protect yourself and others from contracting the virus, you may have to remain in your home for several days.

### **Avian Influenza (“Bird Flu”)**

Avian influenza or bird flu is an infection caused by bird flu viruses. The current strain of avian flu that is occurring in Southeast Asia is called H5N1. These flu viruses occur naturally among birds. They carry the viruses in their intestines, but usually do not get sick from them. However, bird flu is very contagious among birds and can make some domesticated birds, including chickens, ducks and turkeys very sick and can kill them.

The avian flu strain causing the outbreak in birds in different areas around the world can spread from birds to people and cause serious illness and even death. There is a chance that the virus could mutate to a new flu virus that spreads easily from person to person. Because infections to new human flu strains can't be prevented by the annual flu vaccine, no one will be immune to the virus and making a safe vaccine that can prevent infection with a new human virus can take months to manufacture.

- **Symptoms of avian influenza** – Symptoms of avian influenza in humans range from typical influenza-like symptoms (fever, cough, sore throat, and muscle aches) to eye infections, pneumonia, acute respiratory distress, viral pneumonia and other severe and life-threatening complications.
- **Treatment in humans** – Health care providers will tell individual patients how to treat the illness, depending on the severity of the symptoms. Treatment may include hospitalization, supportive care and/or the use of antiviral medications. One antiviral drug called Tamiflu (oseltamivir) has been shown in studies to possibly protect against the H5N1 strain of influenza.
- **The U.S. bans imports of poultry** from areas inflicted with bird flu. It is safe to eat U.S. raised poultry that has been fully cooked. General precautions should always be taken when handling any raw meat, including raw eggs, to avoid possibly spreading germs.
- **Traveling** – Before traveling to Southeast Asia or to countries that have reported positive cases of avian influenza, visit the CDC Travelers' Health Web site for important information.

For more information, visit the CHFS Web site and click on Public Health Preparedness <http://chfs.ky.gov/dph>.

## Reaching Out to Everyone

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The first people on the scene of a disaster are typically neighbors, co-workers or other non-official responders. This requires all citizens to be prepared to act in extraordinary circumstances. A majority of Kentucky residents feel unprepared to help themselves, their neighbors or their community in a time of crisis. Research on behalf of the Kentucky Department for Public Health shows that Kentuckians are more aware of the need to be prepared and are, in fact, preparing for emergencies, but most people still perceive themselves as unprepared for any emergency, whether natural, man-made or an act of terrorism. Public education and training efforts are reaching an increased number of individuals, but a majority of Kentuckians surveyed remain unaware of any actions taken by the state or in their communities to prepare them for a major disaster.

Because citizens, rather than fire, police or medical professionals, are usually the first people to respond to a disaster, these findings on the perceived lack of preparation or vulnerability underscore the genuine need for public preparedness training, education and access to information. Kentucky has undertaken a pervasive preparedness effort to reach as many people as possible in every part of the state with training, resources and access to information to help them be ready to respond to natural disasters, disease outbreaks, man-made hazards or acts of terrorism.

Of particular concern for the Department for Public Health are groups of people who are hard to reach through traditional means of communication due to barriers of geography, poverty, language, age or disability. The perceived vulnerability increases in populations with information disadvantages. Their identifiable needs imply they will require help if they are to be prepared for an incident of bioterrorism or other large-scale crisis. This chapter describes what the Commonwealth is doing to reach these special needs populations, including the creation of a network of communication points at local and regional levels that will be capable of rapidly distributing information traditional and non-traditional means.

# 5 chapter



## **PERVASIVE PREPAREDNESS - REACHING EVERYONE**

When a disaster occurs in Kentucky, emergency preparedness officials, the Kentucky Department for Public Health and relief organizations will mobilize to help the citizens of the state cope, recover and return to good health. The state's Disaster Response and Recovery Plan guides medical, public health and emergency personnel in how to prepare for and respond to all hazards. It's a plan of action, one put to the test through simulated disaster and one that incorporates training to create a constant state of readiness.

Citizens need to be ready as well. Professional, trained first responders may not be able to reach a disaster site immediately, leaving neighbors and strangers, co-workers and friends to work side-by-side in attending the injured, getting information out about the hazard and about the types of aid needed, organizing teams to clear debris and provide access to the site and any other tasks that need to be taken care of during the first few minutes and hours of an emergency situation.

Pervasive preparedness is a phrase for disaster planning and preparedness as a matter of course rather than a special effort. It means that not only are official agencies prepared to meet the challenges of a disaster, but so are trusted local sources of information, the media, those who provide services to people with special needs and even the general public.

In its emergency preparedness planning for all hazards, the Kentucky Department for Public Health envisions a comprehensive network of resources for citizens to access in the event of an emergency, by whatever means are most readily available to them. This network must rely on traditional information providers, such as print and electronic media, health professionals, emergency and public safety personnel and government officials. But, the Department for Public Health knows that this network must achieve a wider and deeper reach that depends on other formal and informal groups, community "go-to" people who are trusted and known in official and unofficial capacities and individuals who will assist each other neighbor-to-neighbor and even stranger-to-stranger.

The Department for Public Health has developed a plan to "push preparedness down" from the state level to the local level, through the media and other communication strategies to the people and agencies who are trusted in their community or by the special needs populations they serve. These are people involved in schools, churches, local charities, volunteer relief organizations and other civic entities. Included in the state's communication strategies are:

- An Emergency Preparedness Web site: <http://www.chfs.ky.gov>
- A general information brochure about the Department for Public Health and public health emergencies and a pocket-sized guide
- A video about the Department for Public Health and how it prevents disasters everyday, how it prepares for disasters and how it helps people cope when disaster strikes

- Community training materials and information workshops
- The Kentucky Outreach and Information Network

### **Kentucky Outreach and Information Network**

The public gets its information in two primary ways — formally through print, electronic and broadcast media; and informally through “buzz.” Buzz is informal communication that occurs daily in life through personal conversations, phone calls and social interactions in every day places from work to school to church to the grocery store checkout line. Although broadcast news can reach more people at once, buzz is much more effective in motivating people to action.

Trust plays a role in how people receive messages during a time of emergency. People tend to trust and rely on people they already know more than they rely on outside sources, such as the government or media. That is why the Department for Public Health is identifying people who are trusted in their communities or by the population groups they serve to form a Kentucky Outreach and Information Network that will get information out to the public when normal channels of communication are blocked or are not working. This network is crucial to the state’s plan for reaching traditionally hard to reach populations. The special needs populations with obvious information disadvantages include people who live in rural areas where radio, TV, satellite and cell phone signals can be spotty; people who do not speak English or have other limited language proficiency; people who are blind; those who are deaf or have hearing impairments; people with mobility challenges or disabilities; and people who are elderly.

A recent survey conducted on behalf of the Kentucky Department for Public Health discovered **79 percent of the special needs populations** said they had taken no steps to prepare for a terrorist event; and **63 percent said they were not aware of any community organization that might help them** in the event of a large-scale public health emergency.

While their responses paralleled those of the general population in the same survey, special needs populations with communication barriers face unique challenges that will impact how they respond, cope with and recover from a disaster. What is it like to be a person with a disability during and after an emergency? What is it like to be a person who cannot hear, see or understand warnings?

The research implies that Kentuckians who face communication barriers are more concerned about typical health and welfare issues and/or about the things that cause them to have special needs. They may face special challenges because they live in remote rural areas, because they do not speak English, because they are blind or because they are deaf. In routine circumstances they expend energy to compensate for the factors that set them apart. Their situations or characteristics are not new to them and they naturally cope or adjust well. While most do not dwell on their challenges, they feel vulnerable because of their circumstances. Their vulnerability is real and will be

exacerbated by catastrophic circumstances.

Many who have Limited English Proficiency and people who are visually or hearing impaired are supported by advocacy groups. Some agencies work specifically to meet the needs of the remote, rural populations in Kentucky. These agencies will play a critical role in helping these communication-challenged populations reach a satisfactory level of emergency preparedness.

### **Reaching Rural Populations**

In Kentucky, groups separated from the general population by disability or language barriers are joined by a large number of rural and rural poor residents. Rural areas of Kentucky are vulnerable to terrorism because they are the sites of most of the state's farms and raw food supplies, many power facilities and U.S. military facilities and weapons storage. This vulnerability is compounded by the lack of capacity, resources, equipment and professional personnel in rural hospitals and emergency services needed to respond to a large-scale crisis, as well as a state population that is overall unhealthier than the national norm and so more susceptible to effects of disease.

According to recent one-on-one research interviews, most people who live in remote areas of Kentucky said they would be more likely to hear about a large-scale emergency from television, radio, neighbors, friends or family. However, basic communications infrastructure, such as telephones and televisions, may be lacking and signals can be spotty. If electricity is lost, residents can become isolated and cut off from shelters, supplies and hospitals. Hazardous roads might become even more dangerous if filled with frightened drivers. Another challenge for people living in rural areas can be the difficulty in accessing organized support or advocacy groups.

To help communicate with and support this rural population, there are trained public health nurses working in each of the state's 120 counties. Working with other organizations with a rural and/or farm-based constituency, such as the Kentucky Farm Bureau and the Kentucky State University extension offices, these public health professionals will serve as information points that, in turn, will push preparedness even further down to the leadership in the smaller communities by providing information, training and materials on public health emergency planning and response. The KOIN created by the department will be essential to reaching and serving the scattered, sparse population living away from cities and mainstream media.

The Department for Public Health is canvassing the state to identify trusted leaders in each county, city and village, including those who work with other special needs populations. The KOIN takes advantage of existing networks and trusted relationships by relying on leadership resources that can be found within the loose-knit communities themselves. For example, volunteer fire departments play important social and cultural roles in the community by connecting people in ways that exceed fire protection services. Residents indicated in surveys they would be likely to ask fire and police officials for information about how to prepare for a major disaster. Faith-based organizations and places of worship are excellent community centers that can provide avenues for reaching

people in rural areas. Rural mail carriers may also serve as good points of contact. Wal-Mart retail stores have also proven to be an excellent meeting place or point of access in some communities.

Although the community leaders within Kentucky's rural areas already know the most effective ways to reach out to this population, recent survey findings will inform the state's continued risk communication planning efforts.

- More than 21 percent of remote rural residents surveyed felt completely unprepared for a large-scale emergency; only 9 percent said they felt very prepared.
- Most rural residents surveyed have at least a high school education or more; 16 percent were not high school graduates.
- Residents surveyed indicated they trusted their local health department and a majority of residents had contacted their local public health department for information or to seek health care services.
- While nearly 71 percent of those surveyed were aware of the state poison control hotline, only 32 percent who knew about it had called it.
- The greatest health or safety concern for many rural residents is a major illness or accidental injury or an existing health condition, rather than natural disasters or terrorism.
- Preparedness information must relate to their experience and needs, e.g., don't talk about public water supply when their county is on wells.
- Rural residents may not be accustomed to complicated application procedures required by federal agencies.
- Rural residents may also include migrant workers who face an additional barrier of language.
- Keep messages simple using pictures to depict actions.
- Telephone trees or one-on-one outreach is often a self-generated means for rural residents to check on one another.

### **Reaching People with Limited Language Proficiency**

According to the 2000 U.S. Census, nearly 4 percent of Kentucky's population over the age of 5 years — about 160,000 people — speak a language other than English at home, and that number is expected to climb as the state's population grows. As evidence of this trend, one urban county health department tracked more than 100 languages and dialects spoken in its office during a two-week period.

Although Kentucky's Limited English Proficiency and English as a second language populations are highly diverse — including Chinese, Bosnian, Russian, Vietnamese and Korean — Spanish-speaking people are among the largest and most rapidly growing population group in certain areas of the state. Although the majority of this population resides in urban areas, many are migrant workers who are highly mobile with very little

contact in the communities. Some fear dealing with government authorities because of their immigration status.

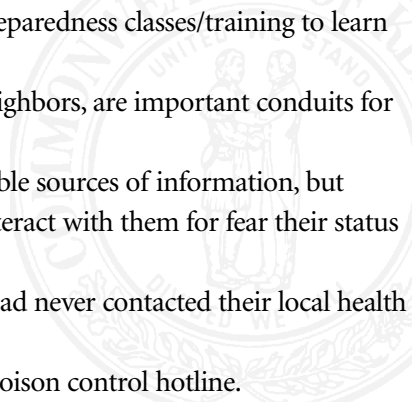
While many Limited English Proficient people settle in, establish homes and find work, a significant percentage still meet federally defined poverty guidelines. In addition, many small communities of people with a common nationality or language tend not to have a lot of interaction with the mainstream English-speaking population; even within the Spanish-speaking sector, communication is often lacking between different nationalities.

The identification of trusted, community leaders is key to reaching the people within these Limited English Proficiency populations. The English as a Second Language teacher network in Kentucky provides trusted communicators for the Hispanic communities as well as other populations that speak languages other than English. Other trusted individuals or groups include employers, religious institutions, charities and programs that provide translators as well as services and material goods. Ethnic restaurants and markets can also be good contact points. In addition, many Limited English Proficient surveyed had school-aged children who can become conduits of emergency preparedness information between schools and parents.

People who have literacy issues also fall into the segment of limited language proficiency. According to the National Adult Literacy Survey (1993), between 15 and 20 percent of Kentucky's adult population functions at the lowest level of literacy, generally defined as less than fifth grade reading and comprehension skills. People at this level may read some, but not well enough to understand complex directions, fill out a simple form or follow health care directions. Immigrants may also fall into the low literacy level for two reasons; one, they have excellent literacy in their native language, but none in English; or two, they are not able to speak, read or write in their native language and are not able to do so in English.

Although many community leaders that advocate on behalf of Kentucky's Limited Language Proficiency populations already know the most effective ways to reach the people they serve, recent survey findings will help the state in the development of the KOIN.

- Only 12 percent of those surveyed felt well prepared for a public health emergency; 32 percent felt they were completely unprepared.
- More than 90 percent said they would be likely to hear about a large-scale emergency on television; 28 percent would hear about it on radio.
- Among those surveyed, many are more concerned about staying healthy, speaking and understanding English or paying for medical care and major illnesses or accidental injuries than they were worried about war or disasters.
- Health departments, hospitals and clinics were primary sources of health information (as opposed to doctor's offices for other special needs groups).
- Among those surveyed, many were unable to understand warnings and instructions in English.
- A majority (54.7 percent) had not graduated from high school.

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- Many of those surveyed expressed an interest in preparedness classes/training to learn what to do before, during and after an emergency.
  - Social networks, including family members and neighbors, are important conduits for getting information to people.
  - Police, firefighters and health care workers are reliable sources of information, but undocumented immigrants may be reluctant to interact with them for fear their status will be disclosed.
  - A large majority of those surveyed (66.7 percent) had never contacted their local health department.
  - More than 86 percent were unaware of the state's poison control hotline.
  - Because Spanish-speaking people account for the largest number in this special needs group, Spanish-language messages should be used in broadcast media as well as in printed materials.
  - When possible, information should be given out during a person-to-person outreach.
  - Cultural differences in health practices and beliefs need to be considered in presenting emergency preparedness information.

### **Reaching People Who Are Deaf or Blind**

Because people who are deaf or blind tend not to live in clusters, as opposed to close-knit ethnic communities, it is often difficult to identify community leaders for these population groups. To overcome this obstacle, the Department for Public Health has developed partnerships with statewide organizations that serve people who are blind or who have hearing impairments, including the Kentucky School for the Deaf, the Commission for the Deaf and Hard of Hearing, the Central Kentucky Radio Eye (the only radio reading service for the blind in Kentucky), the Kentucky Council on Disabilities, the Kentucky Department for the Blind and other advocacy groups and support services. Leaders within these organizations have been eager to participate in the state's emergency preparedness planning for response and recovery.

As is true for the general population, during an emergency, communication is a lifeline for people who are blind or hard of hearing. That is why identifying people with special needs within a community is the first step in a preparedness outreach effort. The way to reach people with disabilities will vary from place to place and even at different points in time as technologies and personnel change. Kentucky's Department for Public Health will consider as many factors as possible in its outreach efforts to people who are blind or deaf.

Messages and information should include:

- Tips for developing a network of friends, family or co-workers that can help in an emergency
- Advice on preparing an emergency plan that includes information about special health needs, equipment or supplies and reminders to give a copy to a friend or neighbor.
- Tips for contacting the local offices of emergency management and public health to determine if they maintain a registry of people with special needs so they can be

assisted quickly in a disaster

Recent Department surveys indicate that people with sight disabilities:

- Are more concerned with falling, losing remaining vision, major illnesses and other personal needs than they are worried about a major public health emergency
- Would be most likely to hear about a large-scale health emergency on television (84 percent)
- Said television would be the best way to get emergency information to them (60 percent)
- Were somewhat familiar (48 percent) with the state's poison control hotline, but a majority (52 percent) had never heard of it
- Rely on others for transportation and should arrange in advance for transportation to shelters or evacuation sites
- Should store extra canes at home and work
- Should store food and water and other supplies for guide animals. Check with local emergency management officials to learn if guide animals are allowed to stay in shelters with their owners

People with hearing impairments:

- Are more concerned with a specific health condition or injury than they are worried about disasters.
- Are most likely to receive health information and services from a doctor's office.
- Would be most likely to learn about a large-scale emergency in Kentucky from the television (40 percent), the Internet (12 percent) or friends and neighbors (12 percent).
- Indicated the best way to get information about an emergency to them would be television (44 percent), the Internet (20 percent) or a pager (12 percent).
- Said they would seek more information about an emergency from the Internet (24 percent), a hospital (12 percent), by calling 911 (12 percent) or from the American Red Cross, family members, neighbors and friends, the police department, a pastor or church representative, the doctor's office or radio (8 percent each).
- Feel better prepared than other special needs groups. Of those surveyed, 28 percent said they felt very prepared; 8 percent felt they were completely unprepared.
- Were not familiar (76 percent) with the state's poison control hotline.
- Tend to be highly educated with only 12 percent lacking a high school diploma.
- For people who sign, the only language they know is American Sign Language (ASL). They may not be proficient in English and therefore, not understand written directions or information.
- Should tap the space bar to indicate a TDD call when dialing 911.
- Should store writing paper and pens/pencils with emergency supplies.
- Should ask a friend to make contact when emergency information is broadcast on television or radio.

Community leaders should verify that:

- Emergency hotlines include a TTY/TDD (text telephone) number when available or the instruction “TTY callers use relay.” Official spokespersons should have this information for both television and radio broadcasts.
- Information is made available in alternative formats, such as Braille, cassette or large fonts whenever possible before an event.
- A telephone tree or other calling system is available within the community to alert people who are deaf or blind to a disaster. It could also be used in reverse to allow people in this population group to communicate a hazard to emergency management or public health officials.
- Companion or guide animals are allowed in shelters.
- Trained volunteers are available to help and maintain contact with fellow citizens who are blind or deaf during and after a public health emergency.

### **Reaching People Who Are Elderly and/or Have Mobility Limitations**

#### Age Vulnerable

While many people who are over 65 years of age are competent and able to access healthcare or provide for themselves in an emergency, age can exacerbate a person’s vulnerabilities. Chronic health problems, limited mobility, sight and/or hearing, social isolation, fear and reduced income can put older adults at risk. Nationally, the number of people older than age 65 grew by 12 percent between 1990 and 2000, with the greatest increase occurring in the age 85 and older group. In Kentucky, the 2004 U.S. Census estimated that 12.5 percent of the population was 65 or older.

Nationally, a significant number of people over the age of 65 are classified as having a disability (primarily mobility and sensory, but also cognitive and mental disabilities). An estimated 10-15 percent have mild to moderate memory loss and about 5 percent experience dementia.

Older adults should contact the Kentucky Areas on Aging for disaster preparedness information and services.

#### Mobility Limitations

Older adults often have mobility limitations, a challenge they share with many other Kentucky residents who have physical disabilities. The population of people who describe themselves as having disabilities in the Commonwealth is huge — more than 20 percent, according to the 2000 Census, comparable with national statistics. This includes people who have cognitive and sensory limitations as well as mobility limitations.

Despite this large number of people who have disabilities, many professional first responders do not have skills regarding appropriate service and communication with those who have disabilities. While information is available to help people with disabilities



plan and prepare for a natural or manmade disaster, information and training materials for response personnel on how to assist persons with disabilities is limited.

People with disabilities should contact their local emergency management agency to learn about evacuation issues.

Lack of transportation prohibits members of this population group from acting on emergency communication, particularly evacuations. While this is not a communication issue, access to transportation remains a serious concern to members of many special population groups and needs to be addressed in local emergency and public health planning.

Other barriers to reaching people who are elderly or have mobility limitations:

- People who are disabled (including frail elderly) in rural communities often take pride in self-sufficiency and do not believe they need assistance in a disaster.
- People who are homebound or shut-in because of physical or cognitive illness or conditions are harder to reach than most other groups of elderly persons.
- Elderly people generally trust the media to provide emergency information, but are often unable to follow directions.
- Homebound elderly may have trouble accessing information when others in the household are at school or work.
- The ability to follow directions can be a problem for people who are very old.
- People who are age vulnerable in an emergency are ethnically and culturally diverse, often with limited language proficiency, all of which can impede understanding and response to messages.
- Existing disease or disability, limited mobility as well as fear and frustration from living with these challenges can prevent the older age vulnerable from understanding and responding to emergency messages.
- Previous traumatic events or disaster experiences may create fear or panic in older adults.
- People who are elderly or with mobility limitations – who are not in an institutionalized setting – tend not to live in clusters, which can make them isolated and difficult to reach.
- Media often stereotype or inaccurately report about individuals with a disability. Distrust of the media is a factor among this group.
- A voluntary registry of people with disabilities would help emergency responders. However, the registry needs to be constantly updated and information needs to be secured.

Messages and information should include:

- Direct communication or person-to-person interaction is a preferred method of communication rather than receiving information through a liaison.

- Simple formats that are repeated often in broadcast media.
- Input from members of the disability community and/or advocates for the aged.

Other ideas to consider in reaching this population segment:

- People who work with home delivered meal programs as well as other elder care programs can be a good source of information on locating vulnerable elderly persons.
- People who are elderly and those with disabilities can be reached through traditional means, such as television and radio, newspapers, brochures and calling trees. (They are usually more concerned about a specific health condition or injury than about the threat of terrorism or disaster.)
- Some frail elderly have hearing, sight, speech, physical and cognitive impairments that can prevent them from understanding and responding to public health information and emergency directions.
- You may need to work through trusted caregivers, family members and neighbors.
- A senior citizen calling tree, which senior citizens volunteer to call other seniors in their community, can be an effective outreach tool for both ordinary and crisis communication.



## Resources for Community Leaders

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### IS KENTUCKY REALLY AT RISK?

Yes. A “hazard analysis” for the state indicates that no populated area is hazard free. Effective disaster planning recognizes existing problems as well as potential problem areas and the Kentucky Department for Public Health plan highlights 17 areas of vulnerability in Kentucky. For the purpose of this guide, several are worth noting.

#### Earthquakes

Along with the expected floods and severe weather patterns, earthquakes are a hazard within the region. Kentucky has a number of primary faults with a high risk of minor earthquake activity that could create a disruption of natural gas and petroleum pipelines, which originate in western Kentucky.

#### Transportation and Hazardous Materials Accidents

Potential transportation accidents involving hazardous materials on major U.S. highways that traverse the areas of highest population density create a constant threat of release of hazardous materials. Disruption of traffic on state roads and bridges could cause serious and lasting congestion. Hazardous materials accidents are one of the major potential emergencies in Kentucky and could originate from materials in transportation, industrial, residential, commercial or agricultural use — and could seriously compromise the quality of air, ground or water.

#### Release of Chemical and Radioactive Agents

Chemical weapons are stockpiled at the Blue Grass Army Depot in Madison County. Uranium is stored at another location in the state. A release of any of these agents would pose a threat to people and the environment. Kentucky is also home to two major military sites — Fort Knox and Fort Campbell. Although Kentucky is not considered to be a primary target in the event of nuclear war, it could be subjected to radioactive fallout as a result of attacks on another area of the U.S.

#### Influenza Pandemic

National and international health experts are monitoring worldwide influenza illness in an effort to promptly detect the appearance of any new, more virulent strain, which could cause mass sickness and death. SARS continues to be a concern around the world and, not long ago, Kentucky Public Health, Agriculture and Fish and Wildlife officials responded to public concern over monkey pox.

# chapter 6



### **Weapons of Mass Destruction**

Weapons of Mass Destruction (nuclear, biological, chemical, explosive and incendiary events) are designed to inflict significant harm to people, animals and/or the environment. Kentucky is host to international and national events that receive major press coverage (e.g., Kentucky Derby); is located in a strategic position on major transportation routes used for movement of people, materials and energy across eastern U.S.; and contains or is adjacent to important cities, military bases and manufacturing plants. These reasons combine to support the state's planning for all types of disaster, including bioterrorism or other Weapons of Mass Destruction attacks.

### **Getting Information to the Public**

The media — primarily television — remains a trusted source of information about emergencies or disasters for most people in Kentucky, including those people with special needs. However, many people with special communications needs, such as those who are blind, deaf, Limited English Proficient or who live in remote areas of the state, lie beyond the reach of much of the media. In the 2003 state survey commissioned by the Kentucky Cabinet for Health and Family Services/Department for Public Health, these groups were found to have very distinct and well-established “communication” channels with others in their communities and typically relied much less on mainstream media for news and information. The state of Kentucky has responded to those findings by developing and maintaining direct communication with the leadership of institutions and channels that these challenged populations trust.

The following resources may help community leaders prepare those persons in their city, town or village who have special needs to be ready and able to respond and recover when disaster strikes their area. To contact local public health, emergency management or police offices, please consult the telephone directory in each community.

### **Sign Language Interpretation Services**

Kentucky Commission on the Deaf and Hard of Hearing  
632 Versailles Road  
Frankfort, KY 40601  
V/T 502-573-2604  
V/T 800-372-2907  
Fax: 502-573-3594  
<http://kcdhh.ky.gov>

Association of the Deaf  
[www.kydeaf.org](http://www.kydeaf.org)

Kentucky Registry of Interpreters for the Deaf  
[www.kyrid.org](http://www.kyrid.org)

School for the Deaf  
Danville, KY  
859-239-7017  
Fax: 859-239-7006  
[www.ksdk12.ky.us](http://www.ksdk12.ky.us)

### **Services for Rural Residents**

Kentucky State University Cooperative Extension Program  
400 East Main Street  
Kentucky State University Cooperative Extension Building  
Frankfort, KY 40601  
(502) 597-6310

### **Services for the Blind**

Kentucky Department for the Blind  
400 E. Main Street, Suite 302  
Bowling Green, KY 42101  
800-222-1215  
[www.blind.ky.gov](http://www.blind.ky.gov)

Charles W. McDowell Rehabilitation Center  
8412 Westport Road  
Louisville, KY 40242  
502-429-4460 or 800-346-2115  
TDD: 502-429-7105

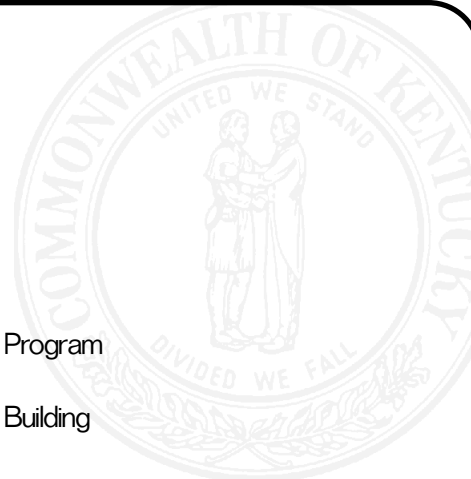
Kentucky School for the Blind  
1867 Frankfort Ave.  
Louisville, KY 40206  
502-897-1583  
Fax: 502-897-2994

### **Text Telephone/Telecommunication Device for the Deaf**

Kentucky Assistive Technology Service (KATS) Network  
Charles McDowell Rehabilitation Center  
502-429-4484  
TDD: 800-327-5287  
[www.katsnet.org](http://www.katsnet.org)

Public TDD/TTY Telephone Locations:

- Northern Kentucky University/Campus Library
- Remke's Market/Ft. Mitchell, Ky.
- Riverside Market/Dayton, Ky.





Kentucky Relay Services for Deaf and Hard of Hearing  
TDD: 800-648-6056  
Voice: 800-648-6057

### **Interpretation Services in Other Languages**

Louisville Metro Office for International Affairs  
400 South First Street  
Louisville, KY 40202  
502-574-4774  
Fax: 502-574-1477

### **Resources for Creating Sample Messages in a Simple Format for those with Cognitive Disabilities**

Audio Studio  
Repair facility in Kentucky School for the Blind  
1867 Frankfort Ave.  
Louisville, KY 40206

Recording Studio  
Anchorage Presbyterian Church  
11403 Park Rd.  
Anchorage, KY 40203

Enabling Technologies of Kentuckiana  
Spalding University  
851 South 4th Street  
Administration Building Room 011  
Louisville, KY 40203  
Voice/Text Telephone: 502-585-9911 ext. 2648  
Fax: 502-585-7104  
Toll Free: 1-800-896-8941 ext. 2648

Kentucky Assistive Technology Service (KATS) Network  
Charles McDowell Rehabilitation Center  
502-429-0022  
TDD: 800-327-4484  
[www.katsnet.org](http://www.katsnet.org)

## **Emergency Resources**

Kentucky Division of Emergency Management  
100 Minuteman Parkway  
Frankfort, KY 40601  
Public Information Office: 502-607-1611  
24-hour number: 800-255-2587  
<http://kyem.ky.gov>

## **District/Local Health Departments:**

### **Adair County Center**

801 Westlake Drive  
Columbia, KY 42728  
270-384-2286

### **Ballard County Center**

111 W. Kentucky Drive  
P.O. Box 357  
LaCenter, KY 42056  
270-665-5432

### **Barren County Center**

318 West Washington  
P.O. Box 1464  
Glasgow, KY 42142-1464  
270-651-8321

### **Barren River District Health Department**

1109 State Street  
P.O. Box 1157  
Bowling Green, KY 42102-1157  
270-781-8039

### **Bath County Center**

56 Treadway  
P.O. Box 537  
Owingsville, KY 40360  
606-674-2731

### **Bell County Center**

310 Cherry Street  
Pineville, KY 40977  
606-337-7046







**Boone County Center**

7505 Burlington Pike  
Florence, KY 41042  
859-525-1770

**Buffalo Trace District Health Department**

P.O. Box 70  
Maysville, KY 41056  
606-564-9447

**Butler County Center**

104 N. Warren Street  
P.O. Box 99  
Morgantown, KY 42261-0099  
270-526-3221

**Caldwell County Health Department**

310 Hawthorne Street  
P.O. Box 327  
Princeton, KY 42445  
270-365-6571

**Calloway County Center**

701 Olive Street  
Murray, KY 42071  
270-753-3381

**Campbell County Health Center**

12 East 5th Street  
Newport, KY 41071  
859-431-1704

**Carlisle County Center**

East Court Street  
P.O. Box 96  
Bardwell, KY 42023  
270-628-5431

**Carroll County Center**

401 11th Street  
Carrollton, KY 41008  
502-732-6641



**Carter County Center**

U.S. 60 East  
P.O. Box 919  
Grayson, KY 41143  
606-474-5100

**Casey County Center**

199 Adams Street  
P.O. Box 778  
Liberty, KY 42539  
606-787-6911

**Clay County Center**

100 South Court Street  
Manchester, KY 40962  
606-598-2425

**Clinton County Center**

201 Twin Lakes Medical Center  
Albany, KY 42602  
606-387-5711

**Crittenden County Health Department**

402 North Walker Street  
P.O. Box 392  
Marion, KY 42064  
270-965-5215

**Cumberland County Center**

266 Copper Lane  
P.O. Box 412  
Burkesville, KY 42717  
270-864-2206

**Cumberland Valley District-Branch**

P.O. Box 1269  
102 Cheralynn Lane  
London, KY 40743  
606-864-4764



**Cumberland Valley District Health Department**

Manchester Square Shopping Center

Suite 212

P.O. Box 158

Manchester, KY 40962

606-598-5564

**Edmonson County Center**

221 Mammoth Cave Road

Brownsville, KY 42210

270-597-2194

**Elliott County Center**

P.O. Box 762

Sandy Hook, KY 41171

606-738-5205

**Fulton County Center-East**

350 Browder Street

Fulton, KY 42041

270-472-1982

**Fulton County Center-West**

402 Troy Avenue

Hickman, KY 42050

270-236-2825

**Gallatin County Center**

204 Franklin Street

P.O. Box 315

Warsaw, KY 41095

859-567-2844

**Gateway District Health Department**

Gudgell Ave.

P.O. Box 555

Owingsville, KY 40360

606-674-6396

**Grant County Center**

234 Barnes Road

Williamstown, KY 41097

859-824-5074



**Graves County Center**

100 East Lochridge  
Mayfield, KY 42066  
270-247-3553

**Grayson County Center**

124 East White Oak Street  
Leitchfield, KY 42754  
270-259-3141

**Green County Center**

220 Industrial Park  
P.O. Box 177  
Greensburg, KY 42743  
270-932-4341

**Green River District Health Department**

1600 Breckinridge  
P.O. Box 309  
Owensboro, KY 42302-0309  
270-686-7747

**Hancock County Center**

175 Harrison Street  
P.O. Box 275  
Hawesville, KY 42348  
270-927-8803

**Hardin County Center**

580 Westport Road  
Elizabethtown, KY 42701  
270-765-6196

**Harlan County Center**

402 East Clover Street  
Harlan, KY 40831  
606-573-3700

**Harrison County Center**

364 Oddbille Ave.  
Cynthiana, KY 41031  
859-234-2842



**Hart County Center**

505 Fairground Road  
P.O. Box 65  
Munfordville, KY 42765  
270-524-2511

**Health Education Center**

2388 Grandview Drive  
Covington, KY 41017-1633  
859-578-7665

**Henderson County Center**

472 Klutey Park Plaza  
Henderson, KY 42420  
270-826-3951

**Henry County Center**

125 N. Property Road  
P.O. Box 449  
New Castle, KY 40050  
502-845-2882

**Hickman County Center**

370-S. Washington Street  
Clinton, KY 42031  
270-653-6110

**Jackson County Center**

Highway 421 South  
P.O. Box 250  
McKee, KY 40447  
606-287-8421

**Kentucky River District Health Department**

441 Gorman Hollow Road  
Hazard, KY 41701-2316  
606-439-2361

**Kenton-Dressman Health Center**

634 Scott Street  
Covington, KY 41011  
859-431-3345



**Knott County Center**

880 West Main Street  
P.O. Box 530  
Hindman, KY 41822  
606-785-3144

**Knox County Health Department**

Liberty Street  
P.O. Box 1689  
Barbourville, KY 40906  
606-546-3486

**Lake Cumberland District Health Department**

500 Bourne Avenue  
P.O. Box 800  
Somerset, KY 42502  
606-678-4761

**Larue County Center**

215 East Main  
Hodgenville, KY 42748  
270-358-3844

**Laurel County Health Department**

310 West 3rd Street  
London, KY 40741  
606-864-5187

**Lee County Health Center**

P.O. Box 587  
Beattyville, KY 41311  
606-464-2492

**Leslie County Center**

78 Maple Street  
P.O. Box 787  
Hyden, KY 41748  
606-672-2393

**Letcher County Center**

6 Broadway Street  
Whitesburg, KY 41858  
606-633-2945



**Lincoln Trail District Health Department**

1222 Woodland Drive  
P.O. Box 2609  
Elizabethtown, KY 42702-2609  
270-769-1601

**Little Sandy District Health Department**

Courthouse, Main Street  
P.O. Box 909  
Grayson, KY 41143  
606-474-4115

**Livingston County Health Department**

124 State Street  
P.O. Box 128  
Smithland, KY 42081  
270-928-2193

**Logan County Center**

151 South Franklin Street  
Russellville, KY 42276  
270-726-8341

**Lyon County Health Department**

211 Fairview Avenue  
P.O. Box 96  
Eddyville, KY 42038  
270-388-9763

**Marion County Center**

516 North Spalding  
Lebanon, KY 40033  
270-692-3393

**Marshall County Health Department**

307 East 12th Street  
Benton, KY 42025  
270-527-5824

**Mason County Center**

P.O. Box 70  
Maysville, KY 41056  
606-564-9447



**McCreary County Center**

South Fork Center  
P.O. Box 208  
Whitley City, KY 42653  
606-376-2412

**McLean County Center**

200 Hwy. 81 No.  
Calhoun, KY 42327  
270-273-3062

**Meade County Center**

520 Fairway Drive  
Brandenburg, KY 40108  
270-422-3988

**Menifee County Center**

U.S. 460 East  
P.O. Box 106  
Frenchburg, KY 40322  
606-768-2151

**Metcalf County Center**

P.O. Box 30  
615 West Stockton Street  
Edmonton, KY 42129  
270-432-3214

**Morgan County Center**

493 Riverside Drive  
West Liberty, KY 41472  
606-743-3744

**Nelson County Center**

325 South Third Street  
Bardstown, KY 40004  
502-348-3222

**Nicholas County Center**

2320 Concrete Road  
Carlisle, KY 40311  
859-289-2188





**North Central District Health Department**

1020 Henry Clay Street  
Shelbyville, KY 40065  
502-633-1243

**Northern Kentucky Independent District Health Department**

610 Medical Village Drive  
Edgewood, KY 41017  
859-341-4264

**Ohio County Center**

1336 Clay Street  
Hartford, KY 42347  
270-298-3663

**Owen County Center**

1005 Highway 22 East  
Owenton, KY 40359  
502-484-5736

**Owsley County Center**

P.O. Box 220  
Booneville, KY 41314  
606-593-5181

**Paducah-McCracken County Center**

916 Kentucky Avenue  
P.O. Box 2597  
Paducah, KY 42002-2597  
270-444-9631

**Pendleton County Center**

329 Highway 330  
Falmouth, KY 41040  
859-654-6985

**Pennyrile District Health Department**

211 West Fairview  
P.O. Box 770  
Eddyville, KY 42038  
270-388-9747



**Perry County Health Center**

239 Lovern Street  
Hazard, KY 41701  
606-436-2196

**Pulaski County Center**

45 Roberts Street  
Somerset, KY 42503  
606-679-4416

**Purchase District Health Department**

916 Kentucky Avenue  
P.O. Box 2357  
Paducah, KY 42002-2357  
270-444-9625

**Radcliff Clinic Health Center**

1463 North Wilson Road  
Radcliff, KY 40160  
270-352-2526

**Robertson County Health Department**

107 McDowell Street  
P.O. Box 72  
Mt. Olivet, KY 41064  
606-724-5222

**Rockcastle County Center**

P.O. Box 840  
120 Richmond Street  
Mt. Vernon, KY 40456  
606-256-2242

**Rowan County Center**

555 West Sun Street  
Morehead, KY 40351  
606-784-8954

**Russell County Center**

69 Herriford Curve Road  
P.O. Box 378  
Jamestown, KY 42629  
270-343-2181



**Scott County Center**

198 East Washington Street  
Georgetown, KY 40324  
502-863-3971

**Shelby County Center**

419 Washington Street  
Shelbyville, KY 40065  
502-633-1231

**Simpson County Center**

1131 South College Street  
Franklin, KY 42134  
270-586-8261

**Spencer County Center**

P.O. Box 175  
Taylorsville, KY 40071  
502-477-8146

**Taylor County Center**

407 East First Street  
Campbellsville, KY 42718  
270-465-4191

**Three Rivers District Health Department**

510 S. Main  
Owenton, KY 40359  
502-484-3412

**Trigg County Health Department**

196 Main Street  
P.O. Box 191  
Cadiz, KY 42211  
270-522-8121

**Trimble County Center**

138 Miller Lane  
P.O. Box 250  
Bedford, KY 40006  
502-255-7701



**Union County Center**

218 West McElroy  
P.O. Box 88  
Morganfield, KY 42437  
270-389-1230

**Washington County Center**

302 East Main Street  
Springfield, KY 40069  
859-336-3989

**Warren County Center**

**1109 State Street**  
P.O. Box 1157  
Bowling Green, KY 42102-1157  
270-781-2490

**Wayne County Center**

531 E. Highway 90 Bypass  
Monticello, KY 42633-1085  
606-348-9349

**Webster County Center**

P.O. Box 109  
Dixon, KY 42409  
270-639-9315

**Wedco District Health Department**

1050 U.S. 27 South  
Harrison Square Shopping Center  
P.O. Box 218  
Cynthiana, KY 41031  
859-234-8750

**West Carter Center**

Hitchins Avenue  
P.O. Box 728  
Olive Hill, KY 41164  
606-286-6000

**Whitley County Health Department**

114 North 2nd Street  
Williamsburg, KY 40769



**Wolfe County Center**

P.O. Box 98  
Hwy. 145 West  
Campton, KY 41301  
606-668-3185

**Emergency/Hotline phone numbers**

- Poison Control Hotline  
800-222-1222
- Disease Reporting Hotline  
888-9REPORT
- Emergency and DUI Hotline  
800-222-5555
- Traffic/travel information  
In-state Toll Free Dial 511 or Outside KY 866-737-3767
- KSP Missing Persons Hotline  
800-543-7723
- Arson Hotline  
800-272-7766
- Marijuana and Drug Hotline  
800-367-3847
- Kentucky State Police

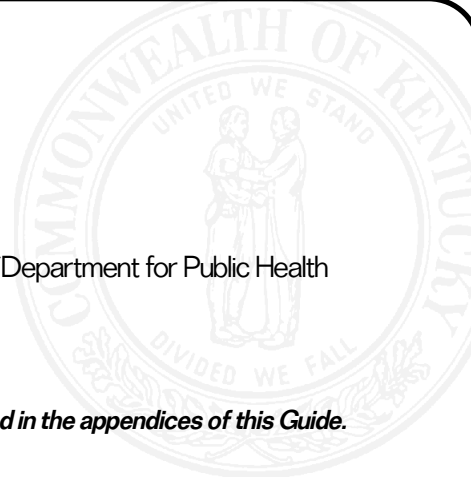
**Individual Post Phone Numbers**

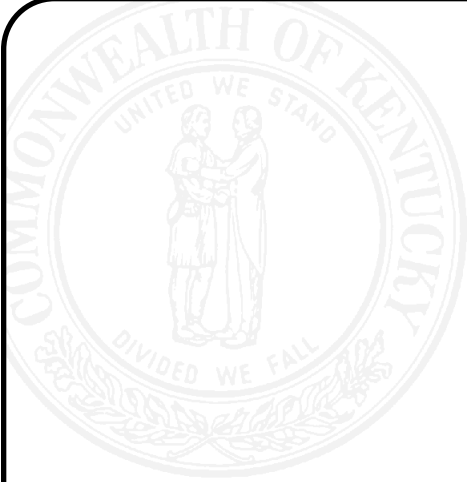
- Post 1 (Mayfield) 270-856-3721
- Post 2 (Madisonville) 270-676-3313
- Post 3 (Bowling Green) 270-782-2010
- Post 4 (Elizabethtown) 270-766-5078
- Post 5 (Campbellsburg) 502-532-6363
- Post 6 (Dry Ridge) 859-428-1212
- Post 7 (Richmond) 859-623-2404
- Post 8 (Morehead) 606-784-4127
- Post 9 (Pikeville) 606-433-7711
- Post 10 (Harlan) 606-573-3131
- Post 11 (London) 606-878-6622
- Post 12 (Frankfort) 502-227-2221
- Post 13 (Hazard) 606-435-6069
- Post 14 (Ashland) 606-928-6421
- Post 15 (Columbia) 270-384-4796
- Post 16 (Henderson) 270-826-3312

■ Kentucky State Police Media Relations  
<http://www.kentuckystatepolice.org/news.htm>  
502-695-6300  
ksppubaf@ky.gov

■ Kentucky Cabinet for Health and Family Services/Department for Public Health  
<http://www.chfs.ky.gov/dph>  
502-564-3970

***A list of Public Places with free Internet Access is located in the appendices of this Guide.***





## Appendix A:

### Disaster Information Web Sites

- Federal Emergency Management Agency <http://www.fema.gov>
- Citizen Corps <http://www.citizencorps.gov>
- Department of Homeland Security <http://www.ready.gov>
- Department of Health and Human Services <http://www.hhs.gov>
- Department of Energy <http://www.energy.gov>
- Department of Agriculture <http://www.usda.gov>
- Department of Justice <http://www.justice.gov>
- Department of Defense <http://www.anthrax.osd.mil>
- Environmental Protection Agency <http://www.epa.gov>
- National Weather Service <http://www.nws.noaa.gov>
- Centers for Disease Control and Prevention  
<http://www.cdc.gov>
- Food and Drug Administration <http://www.fda.gov>
- Nuclear Regulatory Commission <http://www.nrc.gov>
- American Red Cross <http://www.redcross.org>
- Institute for Business and Home Safety <http://www.ibhs.org>
- Rand Corporation <http://www.rand.org>

### Health information Resources

- American College of Physicians-American Society of Internal Medicine <http://www.acponline.org/bioterror/>
- National Institutes of Health  
<http://www.nlm.nih.gov/medlineplus>
- The Johns Hopkins University  
<http://www.jhsph.edu/preparedness/>
- The Journal of the American Medical Association  
<http://www.jama.ama-assn.org>
- The Washington Post <http://www.washingtonpost.com>

### Kentucky Web sites

- Kentucky Department for Public Health <http://chfs.ky.gov/dph>
- Cabinet for Health and Family Services Newsroom Site  
<http://chfs.ky.gov/news>
- Kentucky Emergency Management and Homeland Security  
<http://kyem.ky.gov>
- Kentucky Community Crisis Response Board  
<http://kccrb.ky.gov/>

appendices



## **Appendix B: Public Places with Free Internet Access**

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### **ADISON COUNTY PUBLIC LIBRARY**

Richmond, KY  
859-623-6704

### **ALLEN COUNTY PUBLIC LIBRARY**

Scottsville, KY  
270-237-3861

### **ANDERSON COUNTY PUBLIC LIBRARY**

Lawrenceburg, KY  
502-839-6420

### **BALLARD/CARLISLE/LIVINGSTON PUBLIC LIBRARY SYSTEM**

Wickliffe, KY  
270-335-5059

### **BATH COUNTY MEMORIAL LIBRARY**

Owingsville, KY  
606-674-2531

### **BOONE COUNTY PUBLIC LIBRARY**

Union, KY  
859-384-5550

### **BOYD COUNTY PUBLIC LIBRARY**

Ashland, KY  
606-329-0518

### **BRACKEN COUNTY PUBLIC LIBRARY**

Brooksville, KY  
606-735-3620

### **BREATHITT COUNTY PUBLIC LIBRARY**

Jackson, KY  
606-666-5541

### **BOWLING GREEN PUBLIC LIBRARY**

Bowling Green, KY  
270-781-4882

**CALLOWAY COUNTY PUBLIC LIBRARY**

Murray, KY  
270-753-2288

**CARROLL COUNTY PUBLIC LIBRARY**

Carrollton, KY  
502-732-7020

**CUMBERLAND COUNTY PUBLIC LIBRARY**

Burkesville, KY  
270-864-2207

**DUERSON-OLDHAM COUNTY PUBLIC LIBRARY**

LaGrange, KY  
502-222-1141

**ESTILL COUNTY PUBLIC LIBRARY**

Irvine, KY 40336-1099  
606-723-3030

**FLOYD COUNTY PUBLIC LIBRARY**

Prestonsburg, KY  
606-886-2981

**FULTON COUNTY PUBLIC LIBRARY**

Fulton, KY 42041  
270-472-3439

**GALLATIN COUNTY PUBLIC LIBRARY**

Warsaw, KY  
859-567-2786

**GARRARD COUNTY PUBLIC LIBRARY**

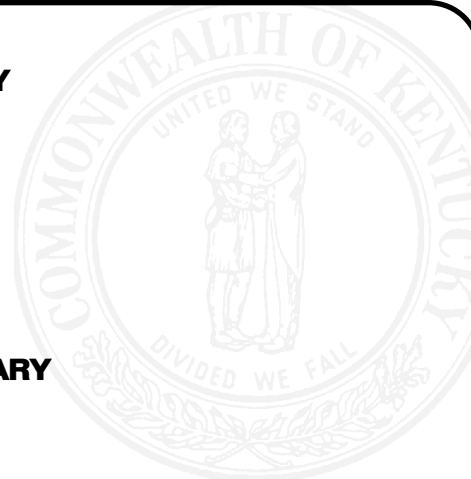
Lancaster, KY  
859-792-3424

**GOODNIGHT MEMORIAL LIBRARY**

Franklin, KY  
270-586-8397

**GRAVES COUNTY PUBLIC LIBRARY**

Mayfield, KY  
270-247-2911





**GREEN COUNTY PUBLIC LIBRARY**

Greensburg, KY  
270-932-7081

**HARDIN COUNTY PUBLIC LIBRARY**

Elizabethtown, KY  
270-769-6337

**HART COUNTY PUBLIC LIBRARY**

Munfordville, KY  
270-524-1953

**HENDERSON COUNTY PUBLIC LIBRARY**

Henderson, KY  
270-826-3712

**HICKMAN COUNTY MEMORIAL LIBRARY**

Clinton, KY  
270-653-2225

**JESSAMINE COUNTY PUBLIC LIBRARY**

Nicholasville, KY  
859-885-3523

**JOHN F. KENNEDY MEMORIAL PUBLIC LIBRARY**

West Liberty, KY  
606-743-4151

**JOHN L. STREET LIBRARY**

Cadiz, KY  
270-522-6301

**JOHNSON COUNTY PUBLIC LIBRARY**

Paintsville, KY  
606-789-4355

**KENTON COUNTY PUBLIC LIBRARY**

Covington, KY  
859-962-4060

**KENTUCKY DEPARTMENT FOR LIBRARIES AND ARCHIVES**

Frankfort, Kentucky  
502-564-8300

**KNOX COUNTY PUBLIC LIBRARY**

Barbourville, KY  
606-546-5339

**LARUE COUNTY PUBLIC LIBRARY**

Hodgenville, KY  
270-358-3851

**LAUREL COUNTY PUBLIC LIBRARY**

London, KY  
606-864-5759

**LAWRENCE COUNTY PUBLIC LIBRARY**

Louisa, KY  
606-638-4497

**LEE COUNTY PUBLIC LIBRARY**

Beattyville, KY  
606-464-8014

**LOGAN COUNTY PUBLIC LIBRARY**

Russellville, KY  
270-726-6129

**LOUISVILLE FREE PUBLIC LIBRARY**

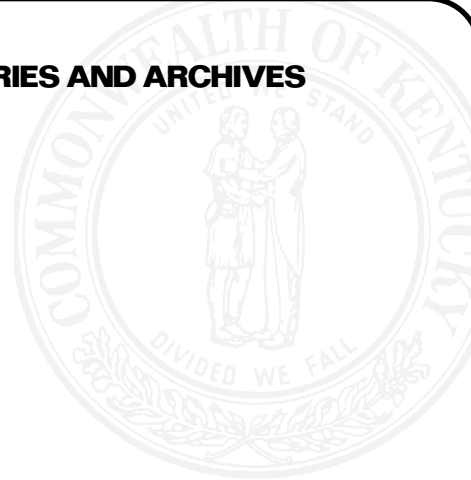
Louisville, KY  
502-574-1600

**MARSHALL COUNTY PUBLIC LIBRARY**

Benton, KY  
270-527-9969

**MASON COUNTY PUBLIC LIBRARY**

Maysville, KY  
606-564-3286





**MCCRACKEN COUNTY PUBLIC LIBRARY**

Paducah, KY  
270-442-2510

**MCCREARY COUNTY PUBLIC LIBRARY**

Whitley City, KY  
606-376-8738

**MEADE COUNTY PUBLIC LIBRARY**

Brandenburg, KY  
270-422-2094

**MERCER COUNTY PUBLIC LIBRARY**

Harrodsburg, KY  
859-734-3680

**METCALFE COUNTY PUBLIC LIBRARY**

Edmonton, KY  
270-432-4981

**MOUNT STERLING-MONTGOMERY COUNTY PUBLIC LIBRARY**

Mount Sterling, KY  
859-498-2404

**MUHLENBERG COUNTY LIBRARIES**

Harbin Memorial Public Library  
Greenville, KY  
270-338-4760

**NELSON COUNTY PUBLIC LIBRARY**

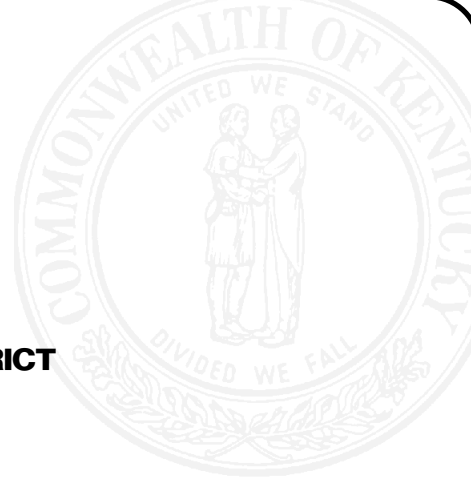
Bardstown, KY  
502-348-3714

**NICHOLAS COUNTY MEMORIAL LIBRARY**

Carlisle, KY  
859-289-5595

**OWEN COUNTY PUBLIC LIBRARY**

Owenton, KY  
502-484-3450



**PAUL SAWYIER PUBLIC LIBRARY**

Frankfort, KY  
502-223-1658

**PERRY COUNTY PUBLIC LIBRARY**

Hazard, KY  
606-436-2475

**PIKE COUNTY PUBLIC LIBRARY DISTRICT**

Administrative Offices  
Pikeville, KY  
606-432-9977

**PINEVILLE PUBLIC LIBRARY**

Pineville, KY  
606-337-3422

**POWELL COUNTY PUBLIC LIBRARY**

Stanton, KY  
606-663-4511

**PULASKI COUNTY PUBLIC LIBRARY**

Somerset, KY  
606-679-8401

**RIDGWAY MEMORIAL LIBRARY**

Shepherdsville, KY  
502-543-7675

**ROBERTSON COUNTY PUBLIC LIBRARY**

Mount Olivet, KY  
606-724-5746

**ROCKCASTLE COUNTY PUBLIC LIBRARY**

Mount Vernon, KY  
606-256-2388

**ROWAN COUNTY PUBLIC LIBRARY**

Morehead, KY  
606-784-7137

**RUSSELL COUNTY PUBLIC LIBRARY**

Jamestown, KY  
270-343-3545



**SCOTT COUNTY PUBLIC LIBRARY**

Georgetown, KY  
502-863-3566

**SHELBY COUNTY LIBRARY DISTRICT**

Shelbyville, KY  
502-633-3803

**SPENCER COUNTY PUBLIC LIBRARY**

Taylorsville, KY  
502-477-8137

**TAYLOR COUNTY PUBLIC LIBRARY**

Campbellsville, KY  
270-465-2562

**TODD COUNTY PUBLIC LIBRARY**

Elkton, KY  
270-265-9071

**UNION COUNTY PUBLIC LIBRARY**

Morganfield, KY  
270-389-1696

**UNIVERSITY OF KENTUCKY**

Lexington, KY  
859-257-0500

**WASHINGTON COUNTY PUBLIC LIBRARY**

Springfield, KY  
859-336-7655

**WAYNE COUNTY PUBLIC LIBRARY**

Monticello, KY  
606-348-8565

**WEEKS-TOWNSEND MEMORIAL LIBRARY (UNION COLLEGE)**

Barbourville, KY  
606-546-1240

**WHITLEY COUNTY PUBLIC LIBRARY**

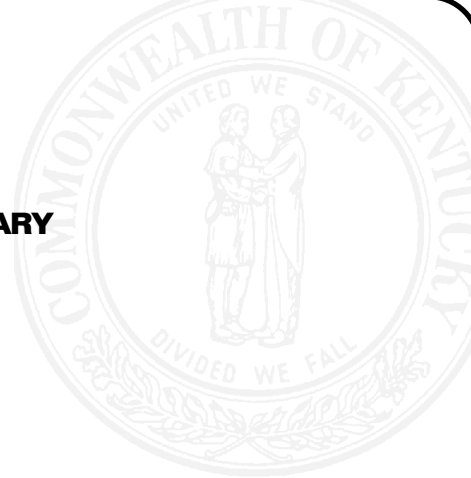
Williamsburg, KY  
606-549-0818

**WILLIAM B. HARLAN MEMORIAL LIBRARY**

Tompkinsville, KY  
270-487-5301

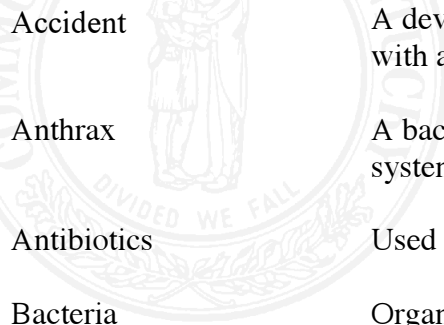
**WOLFE COUNTY PUBLIC LIBRARY**

Campton, KY  
606-668-6571

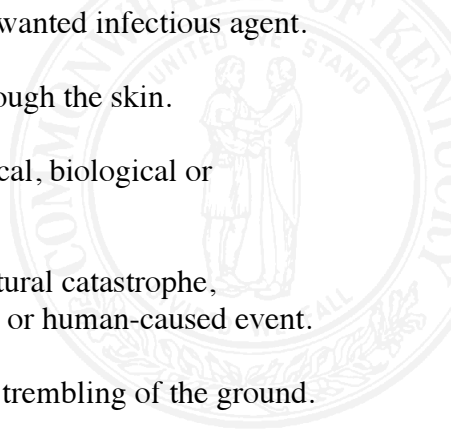




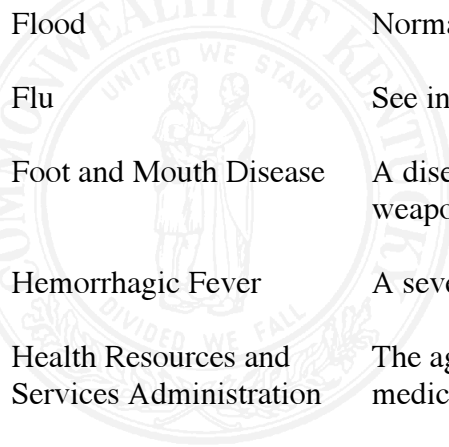
## Appendix C: Glossary of Terms/State Agencies



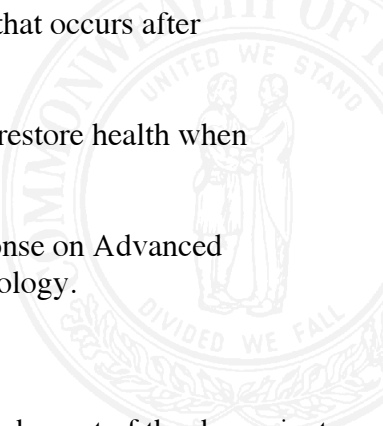
Accident	A deviation from normal activities associated with a hazard.
Anthrax	A bacteria that infects skin, lungs and gastrointestinal systems in humans.
Antibiotics	Used to treat bacterial diseases.
Bacteria	Organisms that release destructive toxins and infect humans.
Bioweapon	A biological weapon that is a type of bacteria, virus or biologically produced toxin.
Botulinum	A biological agent produced by the bacterium <i>Clostridium botulinum</i> .
Category A	A group of biological agents, including anthrax, smallpox, plague, tularemia, botulinum and viral hemorrhagic fevers thought to pose the greatest threat as biological weapons.
Category B	A group of biological weapons moderately easy to disseminate. They cause moderate amounts of disease and low fatality rates, but may require specific public health action.
Category C	A group of biological agents that might some day be engineered to produce biological weapons, including Hantavirus and Nipah virus.
Centers for Disease Control and Prevention (CDC)	A U.S. agency responsible for protecting the health and safety of people by employing disease prevention and control, environmental health and health promotion and education activities.
Chemical Weapons	Weapons used as chemical agents to affect the skin, eyes, circulatory system, nervous system and/or respiratory system.
Contagious	Transmitted by contact.



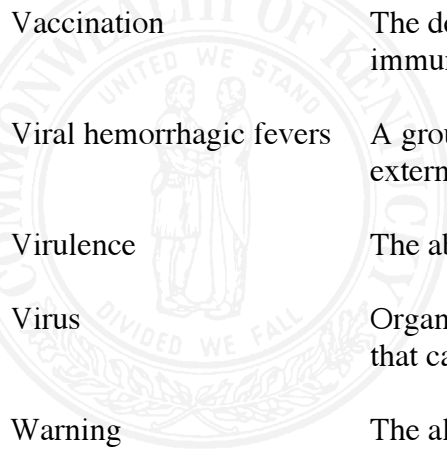
Contamination	The presence of an unwanted infectious agent.
Cutaneous	Illness transmitted through the skin.
Decontamination	The removal of chemical, biological or radiological material.
Disaster	An occurrence of a natural catastrophe, technological accident or human-caused event.
Earthquake	The sudden motion or trembling of the ground.
Ebola	A viral hemorrhagic fever with 50 to 90 percent fatality rates.
Emergency Alert/Broadcast System	A digital voice/text technology communications system that broadcasts emergency information to the public.
Emergency Medical Services	Services required for proper medical care for the sick and injured.
Emergency Plan and Implementing Procedures	A document that describes a process to achieve a desired outcome or to provide direction to implement a policy.
Emergency Response Team	Personnel assigned to respond to an emergency situation.
Epidemiologist	An investigator who studies health events in a defined population.
Epidemiology	The study of the determinants of health events in populations.
Evacuation	Organized dispersal of people from dangerous areas.
Event	A deviation from planned behavior that could adversely affect people, property or the environment.
Exposure (Radiation)	Quantitative measure of gamma or x-ray radiation based on its ability to produce ionization in the air.
Federal Emergency Management Administration (FEMA)	The agency responsible for coordinating emergency response teams during a disaster.



Flood	Normally dry land experiencing an overflow of water.
Flu	See influenza.
Foot and Mouth Disease	A disease of cattle, potentially an economic weapon to impact beef sales.
Hemorrhagic Fever	A severe multisystem syndrome caused by a virus.
Health Resources and Services Administration	The agency that provides health resources to traditionally medically underserved populations in the U.S.
Immunization	Protection of susceptible individuals from communicable disease.
Infection	The invasion of a body by microorganisms.
Infective, Infectious	Capable of causing infection.
Influenza (flu)	A viral infection.
Mad Cow Disease	A disease of cattle, potentially a weapon to produce economic harm.
Monitoring	The performance and analysis of routine measurements to detect change.
Occurrence	The frequency of a disease or other attribute or event in a population.
Offsite	That area beyond the boundaries of the site.
Pandemic	An epidemic over a very wide area affecting a large population.
Pandemic Influenza (“Flu”)	A new flu virus emerges in the human population and causes a global outbreak.
Pathogen	Any agent that causes a disease, such as a virus, bacteria, fungus or toxin.
Plague	A bacterial infection in three forms: bubonic, pneumonic and septicemic.
Pneumonic	Contracted through the lungs.



Post Traumatic Stress Disorder	A psychiatric disorder that occurs after life-threatening events.
Prevention	Promote, preserve and restore health when it is impaired.
ProAct	Preparedness and response on Advanced Communication Technology.
Pulmonary	Relating to the lungs.
Rate	Ratio whose time is an element of the denominator.
Recovery	Activities beyond a crisis that focus on returning to a normal status.
Risk	A probability that an event will occur.
Sample	A selected subset of a population.
Sarin	A toxic chemical warfare agent.
Smallpox	A contagious viral disease.
Spores	A dormant dehydrated form of bacteria.
Surveillance	Ongoing scrutiny.
Survey	A systematic way to gather information, not experiment related.
Terrorism	The use of – or threatened use of – criminal violence against civilians or civilian infrastructure.
Tornado	A local atmospheric storm formed by winds rotating at very high speeds.
Toxins	Poisonous substances produced by many different types of organisms.
Transmission	The process of passing a disease from one individual to another.
Tularemia	A bacterial infection that is not contagious, but highly infectious.



Vaccination	The deliberate introduction of a pathogen to create immunity against later exposure.
Viral hemorrhagic fevers	A group of viruses that cause internal and external bleeding.
Virulence	The ability of a disease agent to cause illness.
Virus	Organisms unable to survive on their own that cause illness and death.
Warning	The alerting of emergency response personnel and the public to a threat.
Weapons of Mass Destruction	The national concern of the use of nuclear, biological or chemical weapons against the civilian population.

