This annotated bibliography contains books, journal articles, visual aids, and other documents pertaining to emergency health care, which are organized according to: (1) publications dealing with day-to-day health emergencies that occur at home, work, and play, (2) documents that will help communities prepare for emergencies, including natural disasters and nuclear war, (3) films and slides on disaster care and training kits for medical self-help, and (4) sources of catalogs, bibliographies, and publication lists that include material on disaster care and day-to-day emergencies. Listed alphabetically by title, each entry contains: (1) a title number, keyed to a subject index, (2) a publication number if known, (3) name of producer, author, or editor, (4) publisher, date of publication, and number of pages, (5) availability of free copies or sales stock, (6) brief annotation, (7) intended user audience, and (8) name and address of the publication's source. A listing of non-government and government sources is appended. (SB)
Emergency Health Series A-1

Emergency Health Services
Selected Bibliography
Emergency Health Services
Selected Bibliography

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Health Services and Mental Health Administration
Division of Emergency Health Services
5600 Fishers Lane, Rockville, Md. 20852

Public Health Bibliography Series No. 79
Public Health Service Publication No. 1071-A-1
Revised and retitled 1970
Emergency Medical Identification

Learn to recognize this symbol. It may save a life or lessen disability. Worn as a bracelet, necklace or anklet, it means that the bearer has special health needs if he is injured or suddenly taken ill. A card in pocket or purse will explain the patient's special needs. Everyone with special medical problems, or who takes medicines regularly, or who has dangerous allergies, or who requires any special medical attention at all—such as the hard of hearing, contact lens wearers, non-English speakers—should wear the Emergency Medical Identification symbol and carry an Emergency Medical Identification card. See title numbers 3, 10, 11, and 42.
Contents

Introduction .................................................. 3
How to Use the Bibliography ................................. 7
Subject Index .................................................. 11
Part 1: Selected titles on day-to-day medical emergencies .... 23
  sudden illness or injury at home, at work, at play—highway accidents—strokes—heart attacks—fractures, among others
Part 2: Selected titles that deal with disasters ............... 57
  floods—tornadoes—hurricanes—earthquakes—forest fires—explosions—nuclear war—other major emergencies
Part 3: Other materials ....................................... 141
  films—slides—training kits
Part 4: Catalogs ............................................... 151
  emergency health care material
Appendix: I. Sources of materials listed .................. 161
  government agencies and other organizations
Appendix: II. Order blanks for publications ............... 167
Introduction

Emergency health care in the U.S. will receive special emphasis as a result of the creation of the new Division of Emergency Health Services. The new Division's mission is to strengthen the capacity of the Department of Health, Education, and Welfare to coordinate and improve emergency health services, on a continuing basis at local, State, and national levels. Incorporating the former Division of Health Mobilization and the former Emergency Health Services Branch, the Division of Emergency Health Services can concentrate its efforts on the entire continuum of emergency health care problems, from the individual stricken by a heart attack to the thousands of sick and injured resulting from a disaster.

Greater attention to the problems of the victims of sudden illness and injury is long overdue. Emergency health care has such broad implications that no single element—the medical profession, public health, government, hospitals, or other concerned community groups—has all the answers. Considerable spadework has been done to date by the American Medical Association, the American Hospital Association, the American College of Surgeons, the American Academy of Orthopaedic Surgeons, and the National Academy of Sciences-National Research Council, among others. The Public Health Service is working to bring all concerned groups into partnership so that emergency health services no longer will exist in a fragmented, sometimes chaotic state. Truly comprehensive emergency health care is an attainable goal.

For many years the Division of Health Mobilization worked to prepare the Nation to meet the special health and medical problems occasioned by major national emergencies, whether natural or manmade. The Emergency Health Services Branch,
on the other hand, concerned itself with day-to-day health emergencies, such as accidents, strokes and heart attacks, as well as the development of standards and methods for better ambulance and emergency room services. With the Division of Emergency Health Services now focusing on the full spectrum of emergency health care services, both the scope and effectiveness of our activity will be increased. Hopefully the future will permit continued expansion of emergency health care activities and further increases in effectiveness.

Under already established programs, the Division of Emergency Health Services has to date, in cooperation with States and community hospitals, made the provision of medical supplies, equipment, and advisory personnel to cope with major disasters an area of primary concern. For example, 200-bed Packaged Disaster Hospitals stored by arrangement with community hospitals at strategic points help the hospitals to cope with extra patient loads when disaster strikes. Portable Natural Disaster Hospitals, a recent addition to the Division program will provide similar assistance in disasters of lesser scale. These 50-bed mobile units are prepositioned in tornado-prone sections of the Nation, hurricane belts, and areas of high flood potential. These programs provide for more effective short-term care of casualties but that of course is only a part of emergency health services.

Today, new demands for the delivery of emergency medical care are developing across the Nation. Not only must new priorities be established, but we must act quickly upon them. The capacity and efficiency of hospital emergency departments and ambulance services must be improved. Better emergency care training for medical and paramedical personnel must be promoted vigorously. More attention must be paid to ambulance design, equipment, staffing and utilization. Speaking generally, emergency health care in and about the home is less than adequate, though early and effective treatment not only saves lives but reduces the time spent convalescing, and the extent of disability. It is unfortunate but nevertheless true that doctors are not always on hand when acute illness and injury occur. The Division’s Medical Self-Help Training Program, which teaches individuals how to care for
themselves and their families when professional medical care is not available, can play an important role in solving this problem.

There are obvious limits to what individuals can do; it is up to communities to provide the essentials of an organized emergency care system and this requires group action. Community emergency health care councils, and medical and hospital personnel can, working together, make the improvements in standards of care, equipment, and medical and paramedical training necessary to meet the emergency health care needs of our people.

This bibliography—for which we thank its editor, George T. Furlong, M.A., M.P.H.—is intended to help point the way to solidly based emergency health services programs in every community in the U.S. Your reaction to the publication is welcome. Even more welcome, especially to those whose lives are saved or whose disability is avoided or reduced, will be your participation in the health care activities of your community.

HENRY C. HUNTLEY, M.D.
Director, Division of
Emergency Health Services
How to Use This Publication

This is a selected bibliography on emergency health care. Most of the entries are titles of books and smaller publications. Included are several articles or reprints from periodicals, plus some visuals (films and slides) useful as training aids for adult groups and secondary school students.

Four Main Parts

The bibliography is divided into four main sections. Part 1 has publications that deal with day-to-day health emergencies that occur at home, at work, and at play. Examples are strokes, heart attacks, and injuries from roadside accidents. Part 2 lists documents that will help communities to prepare for major emergencies, including natural disasters and nuclear war. Part 3 lists films and slides on disaster care and includes a special instructional kit to train people in medical self-help when a doctor cannot be reached. Part 4 provides sources of catalogs, bibliographies, and publication lists that include material on disaster care and day-to-day health emergencies.

Subject Index

To find material of possible interest, readers should refer to the subject index that begins on page 11. Subject areas in emergency health care are listed in alphabetical order. Some cross-references are included.

The numbers that appear in the subject index are title numbers. They are not page numbers.

Each publication, film, or other item listed in this bibliography has a title number that helps to identify it from all the other entries. Title numbers appear in increasing sequence throughout the entire bibliography. Find your subject of interest and note the title numbers listed. Turn to the title numbers (shown on the first line of each entry) to get the information you need.
Titles Listed Alphabetically

All entries in the bibliography are listed alphabetically by title. Each of the four parts of the bibliography has a separate alphabetical list of titles.

Each Item Listed

All references listed in the bibliography begin with (1) a title number for identification purposes; (2) the title is next, then (3) a publication number, if it has one; (4) the name of producer, author, or editor; (5) the publisher's name, (6) the number of pages in the publication; (7) the date of publication, (8) availability of free copies or sales stock; (9) a digest or summary of the subject matter discussed in the document; (10) names of publics to whom the material should be useful; and finally (11) name and address of the source to which readers can write to buy copies or get free samples, if available.

Sources of Materials

Free copies are available only when so stated. Otherwise the material can be bought at the prices listed. From some sources, special discounts are possible when large quantities are purchased. Each entry in the bibliography includes the name, address, and the zip code to which readers can write for copies or request special quantity rates.

PHS-Division of Emergency Health Services

A single copy of some items is available free from the Division of Emergency Health Services of the U.S. Public Health Service. See Appendix II for handy order blanks to request material from this source only. The complete address of the Division is:

Information Office
Division of Emergency Health Services
U.S. Public Health Service
5600 Fishers Lane
Rockville Md. 20852

Government Publications

Federal Government publications, printed at the Government Printing Office, may be purchased from the Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402
See Appendix II for handy order blanks to send to the Superintendent of Documents. Remittance by money order or check should accompany the order and be made payable to the Superintendent of Documents. It is not safe to send cash. The Superintendent of Documents sells 5-cent coupons in lots of 20 for the convenience of frequent purchasers. Postage stamps and foreign money are not accepted.

*Quantity rate:* On orders of 100 or more copies of any one publication, sent to one address, a 25-percent discount is given.

*No sales stock:* When a Government publication has no price listed, the Superintendent of Documents does not have copies for sale.
Subject Index*  

A  
Accidental death and disability: Recommendations, 1  
Accidents, radiation: Medical aspects, 114  
Addresses, this bibliography, sources of materials: See Appendices.  
Agriculture, Department of: Publications list, 171  
Allied health personnel: See Allied health personnel, Ambulance attendant, Emergency medical technician, Paramedical personnel, Rescue squadmen, or Specific occupation.  
Ambulance:  
Attendant, 1, 2, 7, 16-20, 24-28, 36-37, 40-41, 103. See Allied health personnel, Emergency medical technician, Paramedical personnel, Rescue squadmen, or Specific occupation.  
Design and equipment, medical requirements, 27  
Equipment, minimal, 28  
Service, hospital-based, 24; model ordinance, 31; standards, 37  
State statutes, regulation and operation, 5  
American Medical Association:  
Card for wallet or purse, person's medical problems listed, 10  
Council on Occupational Health, 104  
Disaster films, 167  
Emergency medical identification symbol, 11  
American Nurses' Association: Publications catalog, 165  
Architects: Hospitals, fallout shelters, 150  
Auxiliary health personnel: See Allied health personnel, Ambulance attendant, Emergency medical technician, Paramedical personnel, Rescue squadmen.  
B  
Biological warfare: Guide, 72  
Betsy, hurricane: 125  
Birth of baby: Emergency care, 75  
Bibliography, disaster medical care: 169-170  
Bracelets for patients: Emergency health warning, 3, 42  
C  
Card for wallet or purse: Person's medical problems listed, 10-11  
Cardiac-pulmonary resuscitation: Conference: proceedings, program planning, 4  
Casualties, major emergencies: Sorting and treatment, 154  
Catalog, Packaged Disaster Hospital: 51, 108, 130  
Catalogs, resource materials: Emergency health care, 164-173  
Central sterile supply, Packaged Disaster Hospital: 52  
Checklist:  
Civil disturbance, hospital preparedness, 53  
Emergency health preparedness, community, 79; hospital, 80; metropolitan area, 81; Statewide 82  
Facilities, emergency medical care, 15  
Packaged Disaster Hospital, planning effective use, 54  
*Numbers shown in the index are title numbers— not page numbers.
Water supplies, emergency facilities, 137
Chemical warfare: Agents, 124; guide, 73
Childbirth: Emergency assistance, 75
Citizen's handbook for disasters: 109
Civil defense:
Damage assessment, planning, 122; evaluation, Little Harbor report, 57; radioactive fallout, 94; rescue training course, 40; water supplies, protection, 56; welfare emergency, 86-91
Civil Defense, Office of: Publications Index, 173
Civil defense health workers: See Ambulance attendant, Emergency health care, Emergency health preparedness, Emergency medical technician, Paramedical personnel, Rescue squadmen
Civil disturbance: Hospital preparedness, checklist, 55
Clothing: Emergency, 87
Communicable diseases in man: 60
Communications system: Hospital, 135
Community emergency health services: Comprehensive, 38; planning, 35, 39; survey guide, 15
Community groups: Medical self-help training course, 107
Community organization, health emergencies in peacetime: Training, evaluation report, 57
Community planning, disasters: Federal aid, 98; manpower, health occupations, 58; public health needs, 59
Community waterworks: Emergency capability, checklist, 137
County government: Model plan for health emergencies, 84; mortuary service, disasters, 120

D
Davis County, Utah: Demonstration project, medical self-help, 115
Day-to-day emergency health services: Planning, 1-18, 24, 25, 27, 31-33, 35, 37-41
Dentist's role in disasters: 141
Department of Transportation: Highway safety program, 22; planning emergency medical procedures, Standard 4.4.11 compliance, 12
Directory, heliports, hospital, in U.S.: 6
Disaster medical kit, physician's: 133
Disaster preparedness: HRDI and PDH, 101
Disasters:
Aid, Federal agencies, 98
Checklist, preparedness, hospitals, 80
Citizen's handbook, 109
Community planning, medical-public health services, 59
Damage assessment, NATO conference, 122
Damage effects, how to estimate, 61
Dentist's role, 141
Diseases, communicable, 60
First aid, psychological reactions, 99-100
First aid training with moulages, 71
Hospital design, 135
HRDI: See Hospital Reserve Disaster Inventory

*Numbers shown in the index are title numbers—not page numbers.
Medical service, industry, 104
Feeding large groups, 49-50
Government planners, 78
Hospitals, nurse training for major emergencies, 66
Hospitals, planning, 106, 139; planning checklist, 55
Hospital plant, preparation, 135-136
Medical care, austere, 46; handbook for physicians and nurses, 65
Medical kit, physician’s, 133
Medical supplies for hospitals, 101
Medicine’s role, 140
Mortuary service, 120
NDH: See Natural Disaster Hospital
Narcotics, 43
Nurses, recruitment, 64
Nurse’s role, 143
Nurse training program, 68-69
Nursing care, 63, 65
Nursing preparedness, 151
Occupations, essential health services, 58
Optometrist’s role, 144
PDH: See Packaged Disaster Hospital
Pharmacist’s role, 128, 145
Physician’s role, 146
Planning, 43, 47-61, 63, 66, 72-74, 76, 78-83, 85-92, 95, 98, 104-107, 109, 111-114, 118-122, 135-147, 149-150, 153-155, 158-163
Planning, a film, 77
Podiatrists, 70
Practical nurse, 142; training program, 67
Radiologic aspects, 138
Red Cross, 62
Social services, 153
State and local organizations, peacetime training, 57
Surgery, traumatic, 85
Training, 49, 50; training films, 158-159, 163
Treatment, mass casualties, 154
Veterinarian, 147
Water, safe drinking, 148
Waterworks, protection, 56
Welfare services, 86-91
Diseases, communicable, control of, 60
Drown-proofing technique (Fred Lanoue’s), 36
Drugs: See Pharmaceuticals, Narcotics

E
Electrical generators, Packaged Disaster Hospital: 127
Emergency ambulance services: Standards, 37
Emergency care of sick and injured: Ambulance personnel, responsibilities, 41
Emergency childbirth: 75
Emergency department, hospital: Model, 30; planning and appraising, 14; standards, 8
Emergency electrical power plant, Packaged Disaster Hospital: 127
Emergency health care (day-to-day): Planning and training, 1-42
Emergency health preparedness, major emergencies (disasters): Biological warfare, 72
Checklists: Community, 79; hospitals, 80; metropolitan areas, 81; statewide, 82
Chemical warfare, 73
County plan, a model, 84
Damage effects, appraisal, 61

*Numbers shown in the index are title numbers—not page numbers.
Dentist's role, 141
Families, training, 109
Film, planning and training, 158
Health facilities and materiel, 105
Hospital design, 135-136
Hospitals, disaster planning, 93, 136, 139
Hospital nursing service, 76
Industrial medical service, 104
Manpower planning, 58
Medical-public health services, 59
Medicine's role, 140
Metropolitan areas, model plan, 118
National plan, 121; emergency health services, 78; water, 155
Nuclear war, 74
Nurse's role, 143
Nursing manpower, guidelines, 44
Nursing service, hospital, training, 66-67
Occupations, essential, 58
Optometrist's role, 144
Pharmacist's role, 128, 145
Physician's role, 146
Podiatrist's role, 70
Practical nurse's role, 142
Resource evaluation, Federal personnel, 113
States, model plan, 119
Surgery, 85
Treatment, mass casualties, 154
Veterinarian's role, 147
Water supply, checklist, 137; chemical agents, 111; community, 148, 153
Water supply, Packaged Disaster Hospital, 156
Welfare services, 86-91
Emergency health services:
AMA conference report, 32
Checklist, 79
Journal articles with digests, 9

Resource materials, 164-173
Rochester report, 35

Emergency health workers: 2, 3, 7, 10, 13, 16-21, 25-26, 36, 40, See Ambulance attendant, Emergency health technician, First aid, Paramedical personnel, Rescue squads

Emergency hospital: Effective use of the Packaged Disaster Hospital, 93, 129
Emergency life support system, mobile; 29
Emergency medical care:
Rescue and first aid activities, 16-17
Warning, special problems of patients, 3, 10-11

Emergency medical care system:
Rescue, first aid, hospitalization, 24
Emergency medical identification card: For wallet or purse, 10
Emergency medical services: Community action, 38; community survey guide, 39; organization and evaluation, checklist, 15; planning uniform survey procedures, 12

Emergency medical supplies: Hospitals, free, HRDI, 83
Emergency medical technician: Examination review book, 13. See Ambulance attendant, Paramedical personnel, Rescue squad

Emergency Mortuary services, disasters: 120
Emergency war surgery: 85
Emotionally disturbed persons, disasters: 99-100
Environmental health practice: Open areas, 92

Epidemics, disease control, 60

*Numbers shown in the index are title numbers—not page numbers.
Equipment, ambulance: 27; minimal 28
Equipment training unit, Packaged Disaster Hospital: 162
Examination review book, emergency medical technician, 13. Also for Ambulance and rescue workers, paramedical personnel

F
Fallout, radiation, survival tactics: 94
Fallout shelters: Hospital, 106; medical kit, 96; problems to be faced 110, 134; sanitation kit, 97
Families prepare for disasters: 109
Family nursing care: Self-help, 23
Federal agencies, disaster aid: 98
Federal Government: Traffic safety programs, 33
Federal personnel, resource evaluation: 113
Feeding, emergency: 88
Films and publications, emergency health services: 164-173
Films and slides, training aids, for major emergencies: 77, 159-163
Firemen and Policemen: See Ambulance attendant, Emergency medical technician, First aid, Paramedical personnel, Rescue squads
First aid, basic text, Red Cross: 20
First aid: Training, 1-4, 7, 16-20, 25, 36, 40-41; moulages, 71
Food and Milk: Protection, radiation exposure, 47-48
Food workers, training for emergencies: 49-50

G
Gamma radiation: Hospital design, 95

General hospital: Psychiatric emergencies, 14
General public: Emergency health problems, identification, universal symbol, 3, 10-11, 42
General stores, Packaged Disaster Hospital: 102
Government agencies: Resource management for disasters, 105
Government officials: Biological warfare guide, 72; Chemical warfare effects, 73; Nuclear warfare guide, 74
Government role, national health emergencies, local, State, and Federal: 78, 121, 155

H
Health, Education, and Welfare, Department of: Secretary's advisory committee report, 33
Health emergency (disasters): County plan, a model, 84
Health manpower: Nursing in emergencies, 125; occupations, list of, 58
Health material and facilities: Planning guide, 105
Health services, major emergencies: Checklist, 79
Heliports in U.S.: 21
Heliports, hospital: In U.S., 6
Helistops: see Heliports
Highway safety program, Department of Transportation: 22
Home nursing: 23
Hospital heliports in U.S.: 6
Hospital-based ambulance service: 24
Hospital, Natural Disaster: 123
Hospital Reserve Disaster Inventory (HRDI): 83
Hospitals: Civil disturbance preparedness,

*Numbers shown in the index are title numbers—not page numbers.
checklist: 53
Communications system, 135
Design for major emergencies, 135–136
Disaster planning, checklist, 55;—principles, 136
Disasters, staff reactions, 139
Emergency department, model, 30;
stands, 8
Emergency medical supplies, 131
Emergency service, 14
Fallout protection, radiation, 95
Fallout shelters, 150
Inspection, Joint Commission on
Accreditation of Hospitals, 55
Medical supplies, free for emergen-
cies, HRDI, 83
Nurse training, disasters, 69
Packaged Disaster Hospital, readi-
ness checklist, 54; establishing,
93
Planning and design, 95
Planning for national disasters, 106
Power plant, electrical, emergency, 135
Practical nurse in disasters, 67, 142
Preparedness, emergencies, check-
list, 80
Psychiatric emergencies, 14
Hospital staff assigned to the Pack-
aged Disaster Hospital (PDH):
45, 51–52, 54, 93, 102, 108, 123,
126–127, 129–132, 149, 151, 156–
157, 162
HRDI: 83; See Hospital Reserve
Disaster Inventory
Hurricane Betsy: 125
Identification card: Patients with
special medical conditions, 10
Identification symbol: Medical emer-
gency, medic-alert, 42, 3, 11
Industrial disaster medical service:
104
Industry, radiation accidents: Medi-
cal aspects: 114
Infectious diseases in man: Control, 60
Inspection, hospitals: Joint Commis-
sion on Accreditation of Hos-
pitals: 55
Journal articles summarized: Emer-
gency health services, 9
Joint Commission on Accreditation
of Hospitals: Inspection, 55
Laryngectomees: Recognition and
special first aid care, 18
Little Harbor Report: A civil defense
evaluation, 57
Local and State governments: High-
way safety practices, preferred,
22; Surveying emergency health
services, 39
Lodging, major emergency: 89

Manpower: Emergency assignments,
registry, 58; See Health man-
power
Mass care, Red Cross: 62
Mass casualty training kit, lecture
and slides: 160
Medical audiovisual catalog: 172
Medic alert: Emblem, 3; emergency
medical identification, 42; also
see 10, 11
Medical care:
Country plan, a model, for major
emergencies, 84
*Numbers shown in the index are title numbers—not page numbers.
Day-to-day emergency health care, 2-4, 7-8, 10-11, 13-15, 16-21, 24-30, 34, 37-41. Also see Disaster care

Disaster care (major health emergencies), 23, 46, 55, 58, 60, 63, 66-68, 75, 78, 80, 83-85, 91, 93-95, 96-97, 99-100, 106-107, 114-119, 123, 131-132, 136, 138, 140, 148, 150-151, 154-155, 158, 160-163. Also see Day-to-day emergency health services

Medical emergencies: 26

Medical kit: Fallout shelter, 96

Medical kit, physician’s: Basic supplies for major emergencies, 133

Medical records: 84, 93

Medical requirements: Ambulance design and equipment, 27

Medical self-help: Community groups, free training, 107, 116-117, 161

Medical services, comprehensive: Highway safety, 22

Medical supplies, disasters: Free to hospitals, 83, 101, 131

Medicine and allied sciences: Film reference guide, 168

Medicine’s role in disasters: 140

Medicopters, modern medical ambulance: See Heliports

Metropolitan areas, emergency health services: Model plan, 118

Mobile emergency life support system: 29

Model ordinance, ambulance service: 31

Model plan, emergency health service: County, 84; metropolitan area, 118; States, 119

Montgomery County (Maryland), model plan: Emergency health

services, 84; mortuary services, 120

Mortuary services, disasters: 120

Mouth-to-mouth resuscitation technique: 34

Narcotics, civil defense emergencies: 43

National emergency: Nursing manpower guidelines, 44; resource management, 105

National League for Nursing, bibliography: 166

National plan, emergency preparedness: 121, 155

Nation’s resources, damage assessment: 122

NATO conference, damage assessment: 122

Natural Disaster Hospital: Master list of supplies and equipment, 123

Neck breathers: Recognition and special first aid care, See Laryngectomies

Nuclear war: Damage effects, appraisal techniques, 61

Nuclear weapons: Effects, 74

Nurses in disasters: Recruitment, 64; role, 143; training, 68-69

Nursing care: at home, 23; disasters, 63, 65, 125

Nursing homes: Nursing service program, 76

Nursing manpower guidelines: National emergencies, 44

Nursing preparedness, disasters: 152

Nursing program: Practical nurse, 67

Nursing service: Hospitals and nursing homes, 76; hospitals, training for disasters, 66

*Numbers shown in the index are title numbers—not page numbers.
O

Occupational health, major emergencies: 104
Order blanks for publications: See Appendices
Optometrist: Role in disasters, 144

P

Packaged Disaster Hospital (PDH):
Electrical generators, operation, 127
Equipment, assembling, 45
Central sterile supply, 52
Equipment training unit, 162
Establishing the unit, 93
General Stores, 102
Nurses' ward management guide, 126
Pharmaceuticals, 151
Pharmacy, operation, 132
Preliminary planning and training, 129
Readiness plan, checklist, 54
Records, medical, 84, 93
Series 10000, Mod A, master packing list, 130; unit for tropical storage, 149
Series 53000-57000 and 62000, catalog and guide, 108
Series 54000 and 57000, supplies and equipment, 51
Water supply, 156
X-ray section, 157
Packing list, Natural Disaster Hospital: 123
Paramedical personnel, training: Price of Survival, a disaster training film: 77
Day-to-day emergency medical care, 1-3, 7, 10, 13, 16-20, 24-26, 41-42, also see Ambulance attendant; Disasters, austere medical care, 46, 103

Patients, emergency health problems:
Card for wallet or purse, vital medical information listed, 10;
Warning symbol, patient's special medical needs, 3, 10, 11, 42
Patient identified, special emergency attention required; 3, 10, 11, 42

PDH (Packaged Disaster Hospital):
45, 51-52, 54, 93, 102, 108, 123,
126-127, 129-132, 149, 151, 156-157, 162
Peacetime health protection, recreational areas: 92
Peacetime radiation accidents, industrial aspects: 114
Pharmaceuticals in PDH: 151
Pharmacist, role in disasters: 128, 145
Pharmacy section, PDH: 132
Physicians: Guide to instruct emergency medical personnel, 25;
disaster emergency kit, 133; role in disasters, 146
Physician's therapeutic guide: Pharmaceuticals in PDH, 151
Planning for major disasters: 26, 78,
see Medical care
Podiatrists in disasters: 70
Policemen and firemen: 16, 40, see Ambulance attendant, Emergency medical technician, First aid, Paramedical personnel
Power plant, hospital, emergency: 135
Preparedness, major emergencies, checklist: 79
Practical nurse in disasters: 142

*Numbers shown in the index are title numbers—not page numbers.
Public’s health: Water supply, 111–112
Publications and films: Emergency health care, 164–173

Safety: Highways, preferred practice, 22
Sanitation kit, public shelters: 97
Sanitation, water systems: 112
Secretary’s advisory committee report, Department of Health, Education, and Welfare: Traffic safety, 35
Series 10000, Mod A, Packaged Disaster Hospital: Master packing list, 130; tropical storage, 149
Series 53000–57000 and 62000, Packaged Disaster Hospital: Catalog and guide, 108
Series 54000 and 57000, Packaged Disaster Hospital: Supplies and equipment, 51
Shelters: Austere medical care, 103; medical kit, 96; sanitation kit, 97
Slides and films, training aids, major emergencies: 158–163
Social services, major emergencies: 90, 153
Special emergency care for patients: Card carried in wallet or purse, emblem worn on person, 3, 10–11, 42
Standards: Emergency ambulance service, 37; hospital fallout shelters, 150
State and local governments:
Highway safety practices, preferred, 22
Predisaster planning, damage estimation techniques, 61
Surveying emergency medical services, 59
State and local organizations: Peace-time emergency health training, an asset, 57; predisaster planning, manpower, 58

*Numbers shown in the index are title numbers—not page numbers.
Part 1

Day-to-day Medical Emergencies

Highway Accidents
Strokes
Heart Attacks
Fractures
And Other Sudden Illnesses or Injuries
1. **Accidental Death and Disability—The Neglected Disease of Modern Society.**


Recommendations to reduce accidental death and disability. These were developed jointly by the Academy with other groups. Included are reviews of ambulance services; voice communication systems; emergency departments and intensive care units of hospitals, a statement on cardiopulmonary resuscitation; and a recommendation on the need for disaster survey studies.

**Audience:** Hospital and health department staffs. Community emergency health councils. Physicians and paramedical personnel.

**Source:** National Academy of Sciences Division of Medical Sciences 2101 Constitution Avenue NW. Washington, D.C. 20418

2. **Ambulance Attendant Training Manual.**

*Pennsylvania Department of Health. Published by the Commonwealth of Pennsylvania. 120 pp. 1964: Price $1.50. Discount on quantity purchases.*

For ambulance attendants, paramedical personnel, and others who want to help those who are stricken suddenly with acute illness.
or injury in and out of the home. Alert rescue and first-aid care can save many lives and lessen disability.

**Audience:** Health department and hospital staffs. Civil defense planners and workers. Physicians and paramedical personnel. Community emergency health councils. Ambulance attendants, policemen, firemen, and other rescue workers.

**Source:** Pennsylvania Department of Health
Housing and Institutions
Post Office Box 90
Harrisburg, Pa. 17120

---

3. **By This Emblem Lives Are Saved.**


A promotional leaflet to alert the public that the Foundation furnishes bracelets and neckpieces on which the names of allergies or other hidden medical problems may be written. The devices, when purchased and worn, are intended to prevent tragic, even fatal mistakes, if patients ever need emergency medical aid.

**Audience:** The general public. Physicians and their patients. Hospital and health department staffs. Ambulance attendants, polic-
men, firemen, civil defense, and other rescue workers. Community emergency health councils.

Source: Medic Alert Foundation, International Turlock, Calif. 94380

**4. Cardiopulmonary Resuscitation—Conference Proceedings.**


A group of experts on cardiopulmonary resuscitation (CPR) met in May, 1966 to discuss new medical and scientific knowledge on the subject and its application. Recommendations were developed. Topics discussed: principles and practices of exhaled-air ventilation, cardiopulmonary resuscitation, external cardiac compression, equipment for CPR, pitfalls in the performance of CPR, training in CPR, and organizing a comprehensive CPR program.

**Audience:** Physicians and paramedical personnel. Hospitals and health department staffs. Community emergency health councils.

**Source:** National Academy of Sciences Printing and Publishing Office 2101 Constitution Avenue NW. Washington, D.C. 20418
5. **A Compendium of State Statutes on the Regulation of Ambulance Services and Operation of Emergency Vehicles.**


Special features of these statutes are shown for 49 of the 50 States. The District of Columbia also is included.

**Audience:** Community emergency health care planners. Health department and hospital staffs. Government transportation, legislative, and law enforcement officials.

**Source:** PHS—Division of Emergency Health Services

6. **Directory of Hospital Heliports in the United States.**


The 1968 listing included 29 States and the District of Columbia. Illustrations include the Federal Aviation Agency's hospital heliport marker.

**Audience:** Community emergency health care planners. Hospital staffs. Ambulance attendants, policemen, civil defense, and other
rescue workers. Government officials.

Source: Aerospace Industries Association
1725 De Sales Street NW.
Washington, D.C. 20036

7. Emergency Care of the Sick and Injured.

*American College of Surgeons—Committee on Trauma.* Edited by Robert H. Kennedy, M.D., F.A.C.S. Published by W. B. Saunders Co. 128 pp. 1966. Price $2.

Well-trained ambulance attendants and other rescue workers will save lives, shorten hospital stay, and reduce the incidence of permanent disability. This material will be useful as a text for training rescue workers, as well as a ready-reference book. A wide range of emergency care activities is presented.

**Audience:** Community emergency health care planners. Health department and hospital staffs. Ambulance attendants, paramedical personnel, policemen, firemen, and other rescue workers.

Source: W. B. Saunders Co.
West Washington Square
Philadelphia, Pa. 19105


Discusses the hospital emergency department: its historical development, staffing patterns, medical education aspects, legal aspects, quality of care, model agreements for staffing by partnerships, standards by American College of Surgeons, standards by Joint Commission on Accreditation of Hospitals, and AMA policies.

**Audience:** Hospital and health department staffs. Community emergency health councils. Physicians and paramedical personnel.

**Source:** American Medical Association
Department of Hospitals and Medical Facilities
535 North Dearborn Street
Chicago, Ill. 60610


Summaries of selected articles on emergency health care from professional journals and other periodicals.

**Audience:** Planning and training personnel in community emergency health care. Hospital and health department staffs. Physicians and paramedical workers. Community emergency health councils.

**Source:** Single copy free from the PHS—Division of Emergency Health Services.

American Medical Association. Published by the AMA. 1965. Price 10 cents each, $8 per 100, and $40 per 1,000.

A card to carry in pocket, wallet, or purse. Lists a person's special medical problems that should be known to physicians, first aiders, and other paramedical people when a medical emergency occurs. Shows medicines taken regularly, dangerous allergies, immunizations, names of physicians, and other pertinent information. See title No. 11.


Source: Single copy free from the American Medical Association Department of Health Education
535 North Dearborn Street
Chicago, Ill. 60610


American Medical Association. Published by the AMA. Two-fold leaflet. 1964. Price 15 cents, $12 per 100, and $80 per 1,000

Explanatory leaflet that describes the universal symbol of emergency medical identification and its use.
The American Medical Association devised the emergency medical identification symbol to help save lives. The person who displays the symbol carries on his person vital information that should be known to anyone helping him during an accident or a sudden illness. Some people's problems are so serious that it is absolutely essential for a first-aider to know all the hidden factors that might be a threat to a patient's life. The symbol and the card will help unconscious people or those unable to communicate when they are caught in an emergency. See title No. 10.

**Audience:** The general public. Physicians and their patients. Community emergency health care planners. Ambulance attendants, policemen, firemen, and other rescue workers.

**Source:** Single copy free from the American Medical Association Department of Health Education
535 North Dearborn Street
Chicago, Ill. 60610


During 1969 this material was undergoing field testing. The contents are intended to aid in the development of a uniform survey procedure and plan for emergency medical services that will comply with Standard 4.4.11. Special attention is given to the
requirements of a comprehensive State program in emergency medical services and the organizational procedures involved.

State officials who use this document are urged to assess the utility of the guidelines presented and send their comments to the Federal Highway Administration.


Source: Clearinghouse for Federal Technical Science Information 5285 Port Royal Road Springfield, Va. 22151


This book of questions with answers is cued to standard available text material for reference. It is intended to help rescue workers, ambulance personnel and other emergency health workers to participate effectively in comprehensive training activities to meet medical emergencies. Readers will acquaint themselves with several types of questions most likely to be used by examining and licensing agencies.

A selected list of references is included.

Audience: Ambulance attendants, policemen, firemen, and other rescue workers. Paramedical personnel. Industrial health workers and health department staff.
14. Emergency Services in the Hospital.


Gives general principles for appraising and planning emergency care facilities. Suggests policies and procedures to meet community needs. The material will aid those who in any way are responsible for the provision and operation of a hospital's emergency facilities. This volume includes the manual entitled, Psychiatric Emergencies and the General Hospital (also available as a separate AHA publication).


Source: American Hospital Association
840 North Lake Shore Drive
Chicago, Ill. 60611

15. Emergency Services Must Be Reorganized: Opportunity for Community Leadership.


Hospital administrators, among others, are urged to take the lead to coordinate effective
community-wide emergency medical care. Includes a checklist to help evaluate current emergency care facilities and their organization.

**Audience:** Community emergency health care planners. Hospital and health department staffs. Physicians and paramedical personnel.

**Source:** PHS—Division of Emergency Health Services

16. **Emergency Victim Care and Rescue: Textbook for Squadmen.**


This revised and expanded volume is designed to serve as a basic text for the training of emergency rescue groups. Included is the latest information on sound practices for emergency squad workers. Topics discussed: emergency and rescue vehicles, equipment, personnel; operations; safe driving practices; controlling the situation; childbirth; common squad emergencies; the mentally disturbed patient; resuscitation; oxygen therapy; closed-chest heart compression; use of backboards; rescue carries and drags; aerial ladder rescue procedures; forcible entry; gas masks; electrical emergencies; and cutting torches.

**Audience:** Community emergency health care planners. Health depart-
ment and hospital staffs. Ambulance attendants, policemen, firemen, civil defense, and other rescue workers. Physicians and paramedical personnel.

Source: Instructional Materials Laboratory Ohio State University 1885 Neil Avenue Columbus, Ohio 43210

17. First Aid for Emergency Crews.


Designed for use by those actively engaged in providing emergency care at the scene of accidents and in transporting victims to hospitals for medical care. Subject matter is limited to those major emergencies most frequently encountered.

Audiences: Civil defense and community emergency health care planners. Hospital and health department staffs. Civil defense, ambulance attendants, police, firemen, and other rescue workers.

Source: Charles C. Thomas, Publisher 301–327 East Lawrence Avenue Springfield, Ill. 62704

*International Association of Laryngectomees. Published by the American Cancer Society. 1962. Free.*

A laryngectomee is a person who has had the larynx (voice box) removed, either totally or partially. This booklet makes known to first aid personnel the information needed to identify laryngectomees, and the special first-aid measures and procedures that should be carried out. Minor mishaps or accidents can be life-threatening to the several thousand laryngectomees in the United States.

**Audience:** Every person, especially those engaged in rescue work and first aid. Hospital and health department staffs. Civil defense workers. Policemen and firefighters. Community emergency health councils.

**Source:** American Cancer Society, Inc., or the International Association of Laryngectomees
219 East 42nd Street
New York, N.Y. 10017

19. First Aid Manual

*American Medical Association. Published by the AMA. 47 pp. Revised 1967. Price 15 cents; $12 per 100; and $80 per 1,000.*

Tells briefly what to do and what not to do for patients who are struck with sudden
illness or injury. Explains how to give immediate, temporary care until the services of a physician can be obtained. The booklet presents general recommendations of the AMA for first aid. The material does not replace instruction in first aid techniques. Every person should try to get basic instruction in first aid.


Source: Single copy free from the American Medical Association Department of Health Education
535 North Dearborn Street
Chicago, Ill. 60610


The American National Red Cross. Published by Doubleday & Co., Inc. 249 pp. Illustrated. Revised 1957. Price 75 cents (paperback); $1 (cloth cover).

A basic text used by the American National Red Cross in its first aid training programs. The WHY and the HOW of first aid. Discusses wounds; shock; artificial respiration; poisoning by mouth; injuries to bones, joints, and muscles; burns and ill effects of heat and cold; common emergencies; transportation; the human body, special wounds; skeletal injuries; first aid kits and supplies.

Audience: The general public. School

Source: Local Red Cross chapters.


This 1969 directory lists 1892 heliports-helistops of which 158 are proposed facilities. The 1968 total represents a fivefold increase since 1960.

There are 147 hospital landing facilities, plus 39 proposed. Modern aerial ambulances (medicopters) transport highway accident victims to hospitals; emergency cases from community hospitals to medical centers for specialized treatment; and doctors and nurses to hospitals during heavy snows or when disaster strikes.


Source: Vertical Lift Aircraft Council
Aerospace Industries
Association
1725 De Sales Street NW.
Washington, D.C. 20036


This material, as part of the Highway Safety Program, is intended to guide State and local governments on preferred highway safety practices. Few areas in the United States now have adequate emergency services. An all-out effort is needed by all concerned to make certain that victims of traffic accidents get prompt and adequate care. To reach this goal comprehensive medical services should be available everywhere. The publication discusses necessary emergency equipment, manpower, and facilities.

Audience: Government officials and community emergency health councils. Highway and transportation authorities. Health department staff.

Source: National Highway Safety Bureau
Federal Highway Administration
U.S. Department of Transportation
Washington, D.C. 20591


Home nursing is a family affair. This booklet will be a helpful nursing reference for American households. Today there are increasing demands for the services of physicians and nurses. Therefore, self-help and family help in nursing take on new meanings. The early dismissal of patients by hospitals, the accent on home care programs for long-term patients, and the needs of an aging population require increased community effort to train people to help themselves in emergencies.

**Audience:** General public. School health teachers.

**Source:** Local Red Cross chapters.

24. **Hospital-Based Ambulance Service.**


Discusses various aspects of the emergency medical care problem from the point of rescue and first aid to definitive care in the hospital. Includes such topics as establishing the service, equipment and safety, communications, requirements for facilities, accounting procedures, legal considerations, and the development of an emergency care system. Includes a bibliography.
Audience: Community emergency health care planners. Health department and hospital staffs. Physicians and paramedical personnel.

Source: Bureau of Police Science
University of Iowa
Iowa City, Iowa 52240

25. Immediate Care of the Sick and Injured.

*Edited by Arnold M. Lewis, Jr. Published by the Kansas Medical Society and Medical Society of Sedgwick County. 123 pp. 1966. Price $1.25.*

A course guide for use by physicians to instruct paramedical personnel in advanced techniques for the immediate care of the sick and injured. The material should be helpful for those allied medical personnel who are confronted with such medical emergencies as fractured limbs, head injuries, cardiac arrest, emergency childbirth and the mentally disturbed.


Source: Single copy free for a limited time or purchase from the
26. Medical Emergencies.


Resuscitation of the newborn; examining the unconscious patient; the patient who vomits blood; treatment and prevention of allergic emergencies; hematuria; tracheotomy, emergency and ideal; psychiatric emergencies; moving patients with spinal cord injuries; and treating traffic injuries.


Source: Consultant, S.K. & F. Laboratories
1500 Spring Garden Street
Philadelphia, Pa. 19101

27. Medical Requirements for Ambulance Design and Equipment.

Gives a detailed list of recommendations on design and equipment for ambulances that must be met if sufficient emergency medical care is to be provided. General vehicle design is discussed, and special power, communication, and safety needs are cited. The report emphasizes that ambulance personnel must be provided adequate rescue equipment and special devices for directing and controlling traffic and bystanders. Medical equipment and supplies necessary for treatment are described in detail. The recommendations listed are considered minimum requirements.


**Source:** National Academy of Sciences Division of Medical Sciences 2101 Constitution Avenue NW. Washington, D.C. 20418


The list was approved by the Committee on Trauma at its annual meeting, January 1966.
29. Mobile Emergency Life Support and Resuscitation System


A mobile life support system and cardiopulmonary resuscitation vehicle (nicknamed MAX) has been developed. MAX differs significantly from the usual emergency carts both in concept and detail. The patient is placed upon its litter surface to become an integral part of a man-machine system.

Audience: Community emergency health care planners. Hospital and health department staffs. Ambulance attendants and other rescue workers.

Source: PHS—Division of Emergency Health Services

30. A Model of a Hospital Emergency Department.

American College of Surgeons—Committee on Trauma. Published by the college. 20 pp. 1961. Free.

The Field Program of the College’s Committee on Trauma worked jointly with the American Hospital Association and Cornell
University's Medical College to study conditions of emergency departments in American hospitals. This proposed model for an emergency department resulted from their findings.

**Audience:** Hospital and health department staffs. Hospital architects. Community emergency health care planners. Physicians and paramedical personnel.

**Source:** American College of Surgeons
55 East Erie Street
Chicago, Ill. 60611


A joint recommendation by the three organizations, intended to lead toward some uniformity in ambulance regulations in the United States. Indicates a State statute is preferable to a local ordinance. This material with appropriate changes might be used as a model to develop a State statute. The Council of State Governments adopted the contents of this document as a *model for a State statute.*

**Audience:** Government officials. Community emergency health councils and other planning groups working on ambulance services. Hospital and health department staffs.

**Source:** PHS—Division of Emergency Health Services


Presentations deal with first aid and rescue; the role of the National Highway Agency; status of ambulance services; emergency communications; emergency facilities and services; inherent needs to improve emergency health services; organized medicine's role; and future development in the United States.

Audience: Community emergency health care planners. Hospital and health department staffs. Physicians.

Source: American Medical Association Department of Hospitals and Medical Facilities
535 North Dearborn Street
Chicago, Ill. 60610


Because of the mounting toll of injuries and deaths in the United States from traffic accidents, the Secretary of Health, Education, and Welfare in August 1966 appointed a Committee on Traffic Safety. The committee reviewed the short- and long-range traffic safety programs of the U.S. Public Health Service and their relationship to programs in other departments of the Federal Government. Recommendations were made for expanded programs in terms of priorities established by the President and Congress.

Audience: Government officials and community emergency health councils. Health department staff:

Source: Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402

34. Rescue Breathing.


A wallet-size card that explains the Mouth-to-Mouth Resuscitation Technique.


Rochester Academy of Medicine, Published by STEP, Genesee Valley Medical Foundation. 77 pp. June 1967. Price $3 per copy ($250 per 100).

Has 19 reports on various aspects of emergency health services. Helpful to community planners to stimulate local action. Pinpoints problems and needs, plus trends at the time the meeting was held.


Source: Genesee Valley Medical Foundation, Inc.
315 Alexander Street
Rochester, N.Y. 14604

36. Safety Tips In, On-And Around the Water.


A wallet-size folder that describes Fred
Lanoue's "drown-proofing technique." It may save your life.


These standards were approved by the Board of Regents of the American College of Surgeons during February 1967. The standards include requirements for appraisal and immediate care at the site of injury or illness; followed by safe, comfortable, and continuing care to the hospital. Recommends that all emergency ambulance services should be under continuing supervision. Personnel should be well-trained.


The American Medical Association suggests that communitywide action is necessary to get comprehensive emergency medical care. It is important that a new plan be compatible with all existing programs or planning for health facilities and services within the community. Includes discussion about emergency facilities, first aid, communications, and transportation.


Source: American Medical Association Commission on Emergency Medical Services
535 North Dearborn Street
Chicago, Ill. 60610


By Hyrum Platt and Keith J. Ward. Produced at the University of Tennessee. 108 pp. 1968. $2.25 per copy.

Today a variety of community groups are showing increasing interest in the emergency
medical services available to victims of sudden illness and injury. This guide is intended to help State and local groups identify and evaluate needs; determine the scope of special studies that may be required; suggest methods of collecting and evaluating data; and prepare forms and questionnaires that are adaptable to local needs. The material should reduce the time required to develop and test methods and instruments for collecting information.


Source: Bureau of Public Administration
University of Tennessee
1005 McClung Tower
Knoxville, Tenn. 37916
to help instructors teach courses in rescue techniques and operations. Reference materials and teaching aids are included.

**Audience:** Civil defense and community emergency health care planners. Ambulance attendants, policemen, firemen, and other rescue workers. Hospital and health department staffs.

**Source:** Engineering Extension Service  
Texas A. &M. University  
College Station, Tex. 77843

41. Training of Ambulance Personnel and Others Responsible for Emergency Care of the Sick and Injured at the Scene and During Transport.


This report is one of three related projects that aim to develop nationally acceptable standards for ambulance design and for the equipment that will be used by ambulance personnel. It prescribes special training necessary to administer optimal emergency care at the scene of the emergency and during transportation. Responsibilities and functions of ambulance attendants are identified in terms of driving the ambulance, safe-guarding patients at the scene; rescue, communication; proper use of equipment and supplies to provide the most favorable emergency care before and during transport; and safe and efficient delivery of patients to hospitals.

**Audience:** Ambulance designers and man-

Source: National Academy of Sciences Division of Medical Sciences 2101 Constitution Avenue NW. Washington, D.C. 20418

42. Why Medic Alert?


A person's medical problems should be known to all concerned when a medical emergency occurs. The Foundation aims to educate and encourage people to wear on their person something that identifies medical problems that should be known in an emergency. Doctors and nurses are encouraged to advise patients and others of the importance of wearing such identification. Most families have at least one person with a medical problem. The booklet lists some of the conditions that warrant this extra attention.

Audience: The general public, especially people with special medical problems. Ambulance attend-
ants, civil defense workers, policemen, firemen, and other rescue workers

Source: Medic Alert Foundation, International
Turlock, Calif. 95380
Part 2

Disasters
- Flooding
- Tornadoes
- Hurricanes
- Earthquakes
- Forest Fires
- Explosions
- Nuclear War
- Other Major Emergencies
43. Acquisition of Narcotics During Civil Defense Emergencies.


The U.S. Bureau of Narcotics and Dangerous Drugs exercises Federal control over all transactions in narcotic drugs. The Harrison Narcotic Act sets up approved procedures for the acquisition of narcotic drugs during civil defense emergencies.

No other Federal unit is authorized to define the latitudes of the Harrison Narcotic Act, nor to endorse controls, acquisitions, and distribution procedures that might deviate from the act, or require a specific ruling. All inquiries on these factors should be directed to the appropriate district office of the Bureau of Narcotics and Dangerous Drugs. Addresses of headquarters and branch offices of the Bureau are included in this material.

Audience: Physicians and paramedical personnel, hospital staffs, and civil defense planners.

Source: PHS—Division of Emergency Health Services

44. An Action Program for SNA and DNA Committees on Emergency Health Preparedness. NS-5.


The Committee on Emergency Health
Preparedness and National Defense of the American Nurses' Association developed these guidelines for State Nurses Associations (SNA) and District Nurses Associations (DNA). The material outlines ways to make best use of available nurse manpower during major disasters and national defense.

Audience: Civil defense planners, Nurses' organizations, Health department and hospital staffs.

Source: American Nurses' Association
10 Columbus Circle
New York, N.Y. 10019

45. Assembling Equipment in the Packaged Disaster Hospital. PHS Publication No. 1071-F-14.


Written directions and illustrations in this booklet will help medical technicians and other preassigned hospital staff to set up some items in the Packaged Disaster Hospital (PDH), as: Anesthesia apparatus, Balkan frame, centrifuge, dental chair, drainage and suction apparatus, inhalator, laryngoscope, sterilizer, suction and pressure apparatus, operating table and some other equipment. Some of the items packed in the PDH can be made ready for use with only minor adjustments. Other equipment involves complicated assembly procedures. Also, there is a list of materials that must be procured locally, before an actual need arises.

Audience: Civil defense planners. Hospital staffs. Physicians and paramedical personnel.
46. Austere Medical Care for Disaster. PHS Publication No. 1071-D-1.

A ready-reference guide for allied health workers and selected laymen trained to administer medical care in shelters when a physician is not available. Published by the Office of Civil Defense, U.S. Department of Defense. See title No. 103 for a companion document to be used in teaching this course.


Source: PHS—Division of Emergency Health Services.


Provides general guidance for the protection of the population against exposure that might result from the accidental release of radioactive materials in the environment. Or when radioactive materials appear suddenly in an environment. Consideration is given on how to avoid radiation exposure that might result from a transient environmental contamination. This background material could be used to guide Federal agencies to plan protective action for food and milk intended for human consumption. Agricultural considerations, related health impacts, and similar factors in the national interest would be involved. See title No. 48.

Audience: Government officials. Civil defense planners.

Source: Federal Radiation Council
17th and H Streets NW
Washington, D.C. 20448


Exposure of the general population to radioactive materials in the environment may result from external radiation, inhalation, and ingestion of such materials. For most environmental situations, ingestion will produce the greatest absorbed dose. Ingestion of radioactive materials may be limited by protective actions that affect the normal production, processing, distribution, and use of food. As in report No. 5 (see title No. 47) only ingestion is considered. However, in this report additional routes are considered, as animal feed crops, human food crops, and root uptake due primarily to the longer radioactive half-lives of the nuclides.
under consideration. This material also considers the Arctic region with its unusual ecological conditions and food chains. Some Arctic population groups are exposed to radiation levels higher than those in most other parts of the United States.

Audience: Civil defense planners, government officials.

Source: Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402.


May be used as a ready reference for food workers engaged in actual emergency feeding operations. The basic course will provide uniform training in nationwide mass feeding activities intended to sustain life, maintain optimal efficiency of people, and help to restore morale under stress. See title No. 50, a companion document for those qualified to teach the course.

Audience: Civil defense, health and welfare department planners. Selected workers in emergency food preparation activities.

Source: State or regional civil defense offices, or the


Provides a detailed set of lesson plans that can be adapted to the specific needs of local communities. See title No. 49, a companion document for use by students taking the course.

**Audience:** Teachers qualified to provide instruction on mass feeding during emergencies. State and local civil defense, welfare, and health planners.

**Source:** State or regional offices of the Office of Civil Defense, U.S. Department of Defense.

A ready reference publication. Lists supplies and equipment in the 200-bed Packaged Disaster Hospital (PDH), Series 54000 and 57000, and Supply Additions. Useful to everyone who will set up or operate a PDH. It will aid in predisaster planning, unpacking the PDH cartons, recognition of specific items, and selective distribution of urgently needed components.

See title No. 130 for an illustrated companion volume that relates to PDH Series 10000. The illustrations also refer to items in the PDH Series 54000 through 57000. Note title No. 108.

Audience: Civil defense planners. Hospital and health department staffs.

Source: Single copy free from the PHS—Division of Emergency Health Services.
Buy from the Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402

52. Central Sterile Supply Section of the Packaged Disaster Hospital. PHS Publication No. 1071-F-3.

Will help train those persons who are assigned to set up and operate the central
sterile supply section of a Packaged Disaster Hospital (PDH). The following are discussed in this booklet: organization and staffing of the central sterile supply section, sterilization, basic packs, trays, and sets.

**Audience:** Civil defense planners. Hospital and health department staffs.


53. Checklist for a Hospital Civil Disturbance Preparedness Program.


Fifty-two questions on operating plans, patient care, supplies, transportation, medical records, security, visiting regulations, and communications. Civil disturbances, and the exceptional circumstances that they create, have added a new dimension to disaster planning and the role of hospitals. However, basic considerations remain the same.

**Audience:** Civil defense planners. Hospital and health department staffs.

**Source:** American Hospital Association 840 North Lake Shore Drive Chicago, Ill. 60611
54. Checklist for Developing a Packaged Disaster Hospital
Readiness Plan. PHS Publication No. 1071-F-16.


*Title of previous edition: Checklist for Developing a Utilization Plan for the Packaged Disaster Hospital.

This questionnaire will help hospitals and other community planners to develop a well-organized plan to make effective use of a Packaged Disaster Hospital. The suggested activities must be done before an emergency arises.

Audience: Civil defense planners. Hospital and health department staffs.

Source: Single copy free from the PHS—Division of Emergency Health Services.
Buy from the Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402

55. Checklist For Hospital Disaster Planning. No. 4295.

American Hospital Association. Published by the AHA. 12 pp. 1964. Single copy free. Quantity prices on request.

Developed jointly by the American Medical Association, the American Hospital Association, and the Joint Commission on Accreditation of Hospitals. The list is a
device to help a hospital staff determine the extent to which a hospital is prepared to deal with a disaster and the mass casualties that might result. The material is intended to help community hospitals to prepare for an inspection by the Joint Commission on Accreditation of Hospitals. The Commission requires every hospital to have a disaster plan that should be rehearsed biannually.

**Audience:** Hospital and health department staffs. Civil defense planners. Government officials.

**Source:** American Hospital Association  
840 Lake Shore Drive  
Chicago, Ill. 60611

---

**56. Civil Defense Aspects of Waterworks Operations.**

*FG-F 3.6.*


A civil defense reference manual for waterworks personnel. Although this is primarily intended to help prepare disaster control plans for the water utility, it can be used as a guide to personal survival following a nuclear disaster. The material should be considered as a technical reference document that supplements the OCD Federal Civil Defense Guide, and State and local civil defense plans for the protection of waterworks facilities.

Some topics discussed: Nuclear weapons effects, vulnerability analysis, protective measures, postattack reconnaissance and damage assessment, recovery of plant operation, emergency water sources and supply.
procedures, disaster control planning, plus facts on radiation and fallout.


Source: State offices of Civil Defense or the U.S. Army AG Publications Center
Civil Defense Branch
2800 Eastern Boulevard (Middle River)
Baltimore, Md. 21220


This is a report to the Atomic Energy Commission by a committee of the National Academy of Sciences.

The report reevaluates current civil defense efforts. It was agreed that an effective civil defense nationally requires a large, well-coordinated many-faceted effort. Extra emphasis should go on training personnel of State and local organizations, such as police and fire departments, and others who have responsibilities for peacetime emergencies.


Source: Division of Technical Information Extension
U.S. Atomic Energy Commission


Good predisaster planning and action are vital if a community expects to handle a major emergency. This publication presents material that emergency health planners can use to assess their health manpower-potential, make assignments, and provide essential training. Included is a list of health manpower occupations that will be required immediately, when a disaster occurs, to assure essential public health and medical services. See title No. 105.


U.S. Public Health Service—Division of Emer
70
67
Audience: A ready-reference text for public health staff, physicians and paramedical workers, school administrators, among others.

Source: American Public Health Association
1790 Broadway
New York, N.Y. 10019


If nuclear war occurs and the United States is attacked, continuing appraisals will be needed on the nature and extent of casualties and damage to resources. Officials at all levels of the government will use this kind of information to make decisions and take action to assure national survival and recovery. The material has more practical value in pre-attack planning, than for use as occasional reference material, either before attack, or after an attack occurred.

Readers are given general information on: damage estimation methodology, maps, location of resources, attack analysis, and nuclear weapons effects. There is special information on how to develop estimates of damage to a particular resource, such as housing, population, communications, water, and transportation.
Audience: Civil defense planners. Health department and other government officials.

Source: State civil defense offices or the Office of Civil Defense
U.S. Department of Defense
Publications Center
2800 Eastern Boulevard (Middle River)
Baltimore, Md. 21220


Gives detailed information about work of the Red Cross chapter disaster committees and their responsibilities where food, clothing, and shelter for disaster victims are concerned.


Source: Local Red Cross chapters.

63. Disaster Handbook for Physicians and Nurses. ARC 1640E.


Basic information on medical, nursing, and health care for large numbers of people caught in all kinds of disasters. Standardized Red Cross medical and nursing procedures for use during disasters.
Audience: Medical and paramedical personnel. Hospital and health department staffs. Government officials and community emergency health care councils.

Source: Local Red Cross chapters

64. Disaster Nurse. ARC 780A.


A recruitment leaflet for professional nurses to urge them to serve as volunteer disaster nurses during major emergencies and their aftermath. This is a community service activity supervised by the American National Red Cross.

Audience: Professional nurses. Community emergency health care councils.

Source: Local Red Cross chapters

65. Disaster Nursing.


Basic nursing activities applicable to all kinds of disasters. Some topics discussed: planning and preparation, general principles of nursing care, fallout dangers, sorting and treatment of casualties, self help and neighbor help, and psychological reactions to disasters. Bibliography included.

Audience: Civil defense planners. Hospital and health department staffs. Community emergency health care councils.
66. Disaster Nursing Preparation in a Hospital Nursing Service. PHS Publication No. 1071-D-3.


The usual planned nursing services in hospitals and other institutions will be interrupted by a sudden influx of great numbers of sick and injured. Shelters and other structures will be used to house disaster victims. Nurses will have to organize and function in chaotic conditions. They will manage large wards with little or no professional assistance. Trained and untrained volunteer help will be utilized. Nurses will have to improvise and adapt nursing care procedures to meet the demands of the disaster situation.

This material is part of a single volume entitled, Disaster Nursing Preparation, by Mary V. Neal. See title No. 69.

Audience: Civil defense planners. Hospital and health department staffs. Community emergency health care councils.

Source: PHS—Division of Emergency Health Services

67. Disaster Nursing Preparation in a Practical Nursing Program. PHS Publication No. 1071-D-4.

Practical nurses have a lot to offer in day-to-day patient care programs in the home, in hospitals, nursing homes, and other institutional care settings. During disasters their importance and responsibilities will increase. In the chaotic aftermath of a disaster, trained practical nurses, along with other paramedical personnel, will have to adapt themselves to meet the needs of great numbers of sick and injured.

Part of this material describes the practical nursing program at the University of Minnesota. The entire booklet is part of a single volume entitled, *Disaster Nursing Preparation*, by Mary V. Neal. See title No. 69.

**Audience:** Civil defense planners. Hospital and health department staffs. Government officials and community emergency health care councils.

**Source:** PHS—Division of Emergency Health Services.

68. Disaster Nursing Preparation in Basic Professional Programs. PHS Publication No. 1071–D–5.


A report on the hospital nursing service made by the National League of Nursing. It is intended to improve the preparation of nurses on the functions they are expected to perform during disasters. This material is part of a volume entitled, *Disaster Nursing Preparation*, by Mary V. Neal of the National League of Nursing. See title No. 69.

Source: PHS—Division of Emergency Health Services


Reports a study of ways that student nurses and personnel in a hospital nursing service can be trained to cope with disaster nursing problems. Bibliography included.

Audience: Civil defense planners. Hospital and health department staffs.

Source: National League for Nursing
10 Columbus Circle
New York, N.Y. 10019

70. Disaster Preparedness for Podiatrists.


Podiatrists will have to assume added responsibilities during national emergencies or major disasters. This booklet outlines their potential.

Audience: Civil defense planners. Health department and hospital staffs.
71. Economical Makeup Techniques for Disaster Demonstrations.


How to make realistic moulages at low cost with easily available materials. Lifelike models of burns and other wounds motivate trainees in classes on first aid. Simulated disaster conditions provide more effective teaching of the problems involved when care must be given to mass casualties.

**Audience:** Civil defense planners. Hospital and health department staffs. Ambulance attendants, policemen, firemen, and other rescue workers. Emergency health care councils.

**Source:** PHS—Division of Emergency Health Services


See title No. 74.


These three guides (titles 72, 73, and 74) for national emergencies describe the effects of biological and chemical warfare agents, and nuclear weapons that a potential enemy might use against the United States. They are intended to help Government officials and others to get a realistic impression of the potentials and limitations of these weapons on humans and other animals, and plants. They give the current status of the principal factors in all three subject areas that should be considered in planning for emergencies.

Audience: Federal administrators, Civil defense and other government planners.

Source: PHS—Division of Emergency Health Services

75. Emergency Childbirth—A Manual

Gregory J. White, M.D. Published by Police

Intended for the lay person who must give assistance when professional aid cannot be reached and a baby is born or a woman is in labor. The material will be useful for group instruction under the direction of a physician.

A reference guide for all those who have received training on how to assist at an emergency childbirth. The booklet discusses pregnancy and labor; delivery of the baby; unusual deliveries; hemorrhage; special care required; and situations complicated by illness and accidental injuries.


Source: Police Training Foundation
3410 Ruby Street
Franklin Park, Ill. 60131


Guidelines for action. Includes a bibliography of publications and a selected list of films as sources of more detailed information.

Audience: Civil defense planners. Hos-
pitals and health department staffs. Community emergency health care councils.

Source: American Nurses' Association
10 Columbus Circle
New York, N.Y. 10019


Some suggestions to communities on preliminary planning and action to meet natural disasters and other emergencies. Lists several publications available from the U.S. Public Health Service.

Describes The Price of Survival, a 16 mm. film in color, 28 minutes running time, that may be borrowed from State health departments. The film shows how a community reacted to a disaster and what the people did to be better prepared to cope with future major emergencies. See title No. 163.

Audience: Government officials and civil defense planners. Hospital and health department staffs. Community emergency health councils.

Source: PHS—Division of Emergency Health Services


During a national disaster, caused by nuclear warfare, the essential health functions of the U.S. Department of Health, Education, and Welfare will be handled by a new unit called Emergency Health Service. This study outlines the health activities that will be needed postattack at each governmental level. The material will help peacetime planners to anticipate community health needs and priorities following major disasters.


**Source:** PHS—Division of Emergency Health Services


This material refers only to health service programs designed for major emergencies such as natural disasters or nuclear attacks.

**Audience:** Civil defense planners. Hospital and health department staffs. Community emergency health care councils.

**Source:** PHS—Division of Emergency Health Services

83. Emergency Medical Supplies: Hospital Reserve Disaster Inventory (HRDI). Unnumbered PHS publication.

This booklet describes free HRDI medical supplies and their importance to community hospitals during disasters. The reserve supplies are critical medical items available to hospitals of 50 beds or more.

Audience: Civil defense planners. Hospital and health department staffs. Community emergency health councils.

Source: PHS—Division of Emergency Health Services


U.S. Public Health Service—Division of Emer-

An approved (model) county plan to provide essential medical care and other health protection services to the public during a civil defense emergency.

Audience: Civil defense planners. Health department and hospital staffs. Regional and local community emergency health councils.

Source: PHS—Division of Emergency Health Services


Although combat injuries and the problems of surgical care of battle casualties have been intensified in our age, the basic principles of traumatic surgery remain the same. Outlines medical care that can be provided under the limitations of a major disaster.

Audience: Civil defense planners. Hospital staffs. Physicians and paramedical personnel.


The Department of Health, Education, and Welfare, under Executive Order 11001, dated February 16, 1962, was assigned the responsibility to plan and develop emergency welfare services, and assist States and local communities in their emergency welfare programs.

This appendix is the basic document related to a series of manuals on emergency welfare services that are keyed to the Federal Civil Defense Guide. The material may be used to plan, organize, and if necessary, operate five emergency programs:

- Social services
- Lodging
- Feeding
- Clothing
- Welfare registration and inquiry

Audience: State and local public welfare and civil defense planners, Health department and other governmental officials, Hospital staffs.

Source: This is a controlled item available from the Office of Civil Defense, Office of the Secretary of the Army, Attention: Doctrine and Systems Division, Plans and Operations, Washington, D.C. 20310

In overall civil defense planning, public welfare departments at all levels have the responsibility to organize and prepare to provide clothing to meet emergency needs. This capability must be developed and integrated into regular, day-to-day public welfare programs. Coordination of voluntary agencies and other community resources will be required in order to get full use of their potential. Responsibilities at State and local levels are outlined.

**Audience:** Civil defense and public welfare planners. Government officials and community emergency health care councils.

**Source:** Same as title No. 86.


Planning an effective emergency feeding program involves one kind of operation at the State Department of Public Welfare level, and quite a different one locally. At the State level, the task is mainly one of planning, initiating, and guiding. Organ-
zation, training, and assignment of personnel will take place at the local level.

Radioactive fallout will force people to live in community shelters for an indefinite period. Essential food and water supplies will have to be provided. After people leave shelters a wide range of contingencies will have to be met. Emergency feeding is a highly specialized service that public welfare personnel normally are not required to supply in their daily functions. To meet possible disasters, official welfare departments will have to coordinate activities with the American Red Cross, the Salvation Army, the food and feeding industries, and others both in and out of government.

**Audience:** Civil defense planners, health and welfare department staffs, and other government officials. Community emergency health care councils.

**Source:** Same as title No. 86.


Radioactive fallout will accompany any nuclear attack on the Nation. Many community and private fallout shelters will be needed to protect the population. This booklet outlines State and local responsibilities.

**Audience:** Civil defense, health, welfare,
industry, and other community emergency care planners.

Source: Same as digest No. 86.


Emergency social services needed after a nuclear attack will not be the usual day-to-day social services as we know them in peacetime. Human needs will be much the same, but they will be expanded in volume and intensity beyond previous American experience. Although the program described is geared to war emergencies, it does have application to natural and other unforeseen disasters during peacetime.


Source: Same as digest No. 86.


Nuclear emergencies and other major dis-
Disasters disorganize people various ways. Accounting procedures will be necessary to provide adequate overall shelter programs. Authentic information will be needed on the condition and whereabouts of displaced persons and families. Job potential of the surviving population will have to be surveyed and people reshuffled to meet immediate considerations. Vital records and other registries will be essential. State and local governments will require close cooperation with emergency postal services, health services, industry, among others.


Source: Same as digest No. 86.

92. Environmental Health Practice in Recreational Areas. PHS Publication No. 1195.


Information to be applied during disaster situations when open areas will be used for relocation of refugees.

The term recreational area refers to land and water sections used for the enjoyment of the public. These developments may be operated by public or private groups or individuals. They include parks, campgrounds, shelters, picnic areas, resorts, hotels, and other similar facilities.

When a large number of people are concentrated in one place, health problems are intensified. The guidelines, if used to main-
tain maximum health protection of the public
during normal peacetime situations, should
lead to more effective control during
disasters.

Audience: Government officials. Civil de-
defense planners. Health depart-
ment staffs. Recreational facili-
ties workers.

Source: Single copy free from the
Environmental Control
Administration
Information Office
12720 Twinbrook Parkway
Rockville, Md. 20852
Buy in quantity from the
Superintendent of Documents
U.S. Government Printing
Office
Washington, D.C. 20402

93. Establishing the Packaged Disaster Hospital. PHS
Publication No. 1071–F–1.

U.S. Public Health Service—Division of Emer-
gency Health Services. U.S. Government Printing

An aid to planning and preparation at the
local level, so that a Packaged Disaster
Hospital (PDH) can be used effectively.
PDH units are assembled by the U.S. Public
Health Service and stored in selected com-
munities in affiliation with a local hospital.
They contain hospital supplies, equipment,
and pharmaceuticals packed for long-term
storage. When a disaster occurs, the materials
can be used to expand the activities of the
hospital to which it is assigned. Or the PDH
can be set up as a separate 200-bed hospital in an appropriate preselected building, and operated as an adjunct to the community hospital with which it is affiliated. The booklet is intended for hospital staffs that have a PDH or those hospitals that want to assume responsibility for one. Local hospitals that want a PDH should apply to their State health departments.

Audience: Civil defense planners. Hospital staffs. Regional emergency health care officials.

Source: PHS—Division of Emergency Health Services


National Committee on Radiation Protection and Measurement. Published by the University of Chicago. 91 pp. 1962. Price 50 cents. Quantity discount.

This report was prepared to help civil defense officials to make proper decisions in preparation for nuclear warfare and the first few months after an attack. It is part of the recipe for survival. The Committee tried to describe the important characteristics of radiation and radioactive fallout so that they can be understood by people who lack special training in radiological physics and biology.


Source: Section on Nuclear Medicine Department of Pharmacology
How to meet problems that hospitals will have to face during and after a nuclear attack has been a concern of the U.S. Public Health Service. During any major emergency, hospital staff and patients must get continuing care and shelter. Preservation of basic facilities and services is vital following an enemy attack, in order to help the Nation to recover.

This study was a cooperative project of the Hill-Burton program of the U.S. Public Health Service and the Office of Civil Defense of the Department of Defense. It presents findings of studies on principles of hospital design that will offer protection from effects of gamma radiation due to fallout from a nuclear explosion. See title Nos. 150 and 159.

**Audience:** Hospital architects, Health department and civil defense planners. Hospital staffs.

**Source:** Single copy free from the Health Facilities Planning and
96. Fallout Shelter Medical Kit.


About 30 items listed for medical kits are intended to meet emergency needs of generally normal, healthy people living in public fallout shelters. Kits do not provide medications and devices that need a high degree of professional competence. Kits are not used for treatment of mass casualties caused by heat and blast effects. Storage life of medical supplies is indicated. Instruction manual with each kit.


Source: State civil defense offices or the U.S. Army AG Publications Center
Civil Defense Branch
2800 Eastern Boulevard
(Middle River)
Baltimore, Md. 21220
97. Fallout Shelter Sanitation Kits.


Describes federally procured sanitation kits with estimated storage life for use in public fallout shelters. Includes a reference list of comparable items that might be used as substitutes or supplements to those in the kits.

**Audience:** Civil defense planners. Health department staffs. Community emergency health councils.

**Source:** State civil defense offices or the U.S. Army AG Publications Center
Civil Defense Branch
2800 Eastern Boulevard
(Middle River)
Baltimore, Md. 21220

98. Federal Disaster Assistance.


Describes briefly Federal agencies and programs that provide disaster aid to individuals, States, and communities. Includes a bibliography that lists sources of detailed information about specific programs.

**Audience:** Civil defense planners. Health and welfare department staffs. Other government officials.
Community emergency health care councils.


99. First Aid for Psychological Reactions in Disasters. (The basic text.)


See title No. 100.

100. First Aid for Psychological Reactions in Disasters: Instructor's Plan Book.


These companion documents (titles 99 and 100) are intended to give persons in the health professions and other community workers some ideas about how to come to the aid of emotionally disturbed persons in times of local or national disaster. The first title presents some of the basic principles involved. The plan book helps the instructor to set the stage for effective teaching of psychological first aid.

Source: American Psychiatric Association
1700 18th Street NW.
Washington, D.C. 20009

101. Formula for Disaster Preparedness.


Preliminary planning and training by communities will pay dividends when a disaster occurs. The usual hospital routine and supplies are insufficient to meet major emergencies. The article discusses the Packaged Disaster Hospital (PDH) and the Hospital Reserve Disaster Inventory (HRDI) programs of the U.S. Public Health Service. The PDH is a 200-bed emergency hospital that is placed at strategic locations throughout the United States. HRDI units are emergency medical supplies intended to keep selected hospitals operating for a 30-day period. Communities and their hospital staffs should contact State health departments to determine eligibility for the material.

Audience: Civil defense planners. Hospital and health department staffs. Community emergency health councils.

Source: PHS—Division of Emergency Health Services
102. General Stores Section of the Packaged Disaster Hospital. PHS Publication No. 1071-F-17.

This booklet is intended mainly for those people who will work during disasters in the general stores section of the Packaged Disaster Hospital (PDH). People assigned to the PDH general stores unit will inventory and distribute supplies that come with the PDH, plus those items procured later by the PDH administrator. See title No. 129.

The general stores section of the PDH stores and distributes bandages, dressings, all linens, and a variety of miscellaneous items.

Audience: Civil defense planners. Hospital and health department staffs.

Source: Free copy from the PHS—Division of Emergency Health Services.

103. Guide for Suggested Course in Austere Medical Care for Disaster. PHS Publication No. 1071-D-1A.

U.S. Public Health Service—Division of Emer-

This is an instructor’s guide for a course in medical care for people forced to live in shelters during national emergencies. See title No. 46 that describes a companion textbook for use by those who take the course. Discusses treatments to be used, based on recognition of common symptoms, when a doctor is not available.

Audience: Health department staffs. Civil defense planners and workers.

Source: PHS—Division of Emergency Health Services

104. Guide to Developing an Industrial Disaster Medical Service.


This material (slightly revised) was developed by the Committee on Industrial Health Emergencies of the Council on Occupational Health. The guide is primarily a questionnaire that an industrial medical department can use to evaluate its readiness to cope with a disaster. Suggests procedures that should facilitate effective handling of a disaster situation.


Source: American Medical Association
Management of resources in a national emergency is the responsibility of governmental agencies at all levels. Under the extreme conditions of a nuclear attack, the highest degree of cooperation will be required to utilize and conserve health resources. Effective management of resources to meet natural or nuclear disasters requires getting emergency organization and program activities into the peacetime governmental health structure. This booklet outlines the kind of planning that should lead to coordinated health and medical care. The guide is restricted to the management of materials and facilities. It excludes health manpower which is treated separately in title No. 58.

**Audience:** Civil defense planners. Health department staffs. Other government officials. Community emergency health care councils.

**Source:** PHS—Division of Emergency Health Services
Sooner or later most hospitals have to cope with a disaster. The Joint Commission on Accreditation of Hospitals requires an accredited institution to have a written plan for the care of mass casualties, plus a rehearsal of the plan twice a year. This booklet outlines the extensive preparations needed to face all kinds of disasters. Some of the problems include: very large numbers of sick and injured; significant losses of hospital staff and facilities; a breakdown of support from groups outside the community; movement of large numbers of refugees; disrupted communications and transportation; delay in receipt of critical medical items; and radioactive fallout where nuclear attack is involved.

**Audience:** Civil defense planners. Hospital staffs. Health department personnel. Community emergency health councils.

**Source:** Single copy free from the PHS—Division of Emergency Health Services. Quantity purchases from the Superintendent of Documents U.S. Government Printing Office Washington, D.C. 20402
107. If Disaster Strikes and There is no Doctor. Unnumbered PHS Publication.


Explains the Medical Self-Help Training Course that schools and other local groups may get through State health departments and State civil defense offices. The course teaches what to do if sudden illness, accidents, or other major health emergencies strike and there is no doctor to help. The program originally was intended to prepare individuals to survive natural disasters or possible nuclear war. Free publications, a slide projector, slides, and other instructional aids are issued to schools and other eligible community groups. The goal is to train at least one member of every family in medical self-help. The project is endorsed by the American Medical Association and other national health organizations.

Audience: Civil defense planners, school officials and teachers, health department and other government staffs, ambulance attendants, policemen, firemen, and other rescue workers, industrial health physicians and their staffs.


A ready reference locator catalog. Supplies and equipment described and illustrated are components of a completely functional 200-bed Packaged Disaster Hospital (PDH). Part I of the booklet lists alphabetically about 700 different items of the series 62000 PDH. Part II lists items in an earlier PDH series (53000–57000). This catalog will help predisaster planning: unpacking the PDH; recognition of individual items stored in the PDH cartons when only certain components are required for emergency purposes; and facilitate distribution of the entire PDH to appropriate sections of the hospital.

See title No. 51 (PHS Publication No. 1071–F–15A) a companion volume that relates to series 54000 through 57000, plus Supply Additions No. 1 and No. 2. Also refer to title No. 130.

Audience: Civil defense planners. Hospital staffs participating in the PDH program.


Intended to alert the general public to prepare for disasters. Past experience shows many lives can be saved if people train themselves to meet possible emergencies. Discusses family preparedness for life in fallout shelters, protection against nuclear fallout, first aid, and community planning. Provides helpful hints on how to survive natural disasters.


Source: Local and State civil defense offices or the U.S. Army AG Publications Center Civil Defense Branch 2800 Eastern Boulevard (Middle River) Baltimore, Md. 21220
110. Living and Nursing In A Fallout Shelter.


A brief discussion of some of the problems that will have to be faced. The reprint includes another article entitled “Preparedness May Mean Survival,” by Catherine M. Sullivan.

Audience: Civil defense planners. Nurses and other paramedical personnel. General public.

Source: PHS—Division of Emergency Health Services


Basic information for waterworks and public health personnel on the potential hazards that chemical agents have for public water supplies. Gives practical detection and treatment measures to cope with these hazards.
Because toxic chemical agents in water involve complex chemical problems, the services of an experienced chemist are essential.

**Audience:** Civil defense planners. Health department and hospital staffs. Waterworks personnel. Laboratory technicians. Pharmacists.


Emphasizes the sanitation aspects of small water supply systems such as those serving individual dwellings, farms, rural schools or similar institutions. Includes recreational or tourist accommodations, camps, or other installations that do not have access to public water supply systems. Provides essential requisites for an adequate and acceptable water supply system that average people with limited skills can attain.

**Audience:** Health department staffs. Water resources and civil defense planners. Rural sanitation workers. Regional emergency health care councils.

Intended primarily for Federal personnel concerned with analysis functions that support the resource management and government continuity aspects of emergency readiness. The National Resource Analysis Center (NRAC) worked with many Federal agencies to develop manual analysis procedures that will meet average needs during circumstances where computer output will not be available. NRAC presents procedures that may be applicable under widely varying conditions. Gives other sources of information on the topics discussed in this document: maps for resource evaluation; weapon effects and resource vulnerability; strike assessment; fallout prediction; casualty estimation; individual resource assessment; and resource evaluation.

CAUTION


Detailed discussion of peacetime radiation accidents; industrial aspects; injuries; decontamination; and radiation monitoring.

Audience: Medical and technical professions. Health department and hospital staffs. Occupational health planners.

Source: Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402

115. Medical Self-Help Demonstration Project in Davis County, Utah.


This project proved so effective in training large numbers of people that the State health department recommended its adoption by all other counties in Utah. The Medical
Self-Help training project required the joint efforts of county schools, civil defense, State and local health departments, Parent-Teachers Associations, Red Cross, physicians, nurses, faculty and other staff of two universities and one college, plus various civic-minded citizens.

**Audience:** Civil defense and community emergency health care planners. Health department staff. School officials.

**Source:** PHS—Division of Emergency Health Services.


This booklet describes a course that teaches people how to help themselves and others during disasters when physicians and paramedical personnel are not available. Care of the sick and injured is stressed. How to meet problems of sanitation, crowded living, and other emergency situations are considered. The 11-hour course is free to everyone. State health departments provide free instructional materials to schools and other organized community groups. See title Nos. 107 and 161.

**Audience:** Civil defense and community emergency health care planners. School officials and teachers. Social, civic, and religious orga-
nizations. Industrial health and labor officials.

Source: PHS—Division of Emergency Health Services

117. Medical Self-Help Training Program.


Describes the national training program developed by the U.S. Public Health Service in cooperation with the Office of Civil Defense, U.S. Department of Defense. The program is intended to train people in simple procedures that will enable them to meet their health needs when professional medical care might not be available.

Audience: Civil defense and other community emergency health care planners. School officials and teachers. Industrial health programs.

Source: PHS—Division of Emergency Health Services


The plan outlined is a model that demonstrates how a metropolitan area in the United States might prepare to assure effective emergency health services during major disasters. About 85 percent of the Nation's population live in Standard Metropolitan Sta-
tistical Areas. A hypothetical area is used in this book to set up a pattern of action to meet disaster conditions. Policies, procedures, organization, assignments, and coordination are parts of the overall plan.

**Audience:** Civil defense and other government officials. Metropolitan and regional health planners.

**Source:** PHS—Division of Emergency Health Services


Designed for State health officers to help them prepare effective health service operations for use during a major natural disaster or other national emergency. A State must start with a written plan, after which testing should be done to determine its capability to meet emergency needs.

**Audience:** Civil defense and State government planners. Health department staffs.

**Source:** PHS—Division of Emergency Health Services


Provides for postattack situations wherein normal mortuary services will be impractical. Therefore, mortuary services will be organized as a new part of county government for emergency operations.

**Audience:** Civil defense planners. County and local government officials. Health department and hospital staffs.

**Source:** PHS—Division of Emergency Health Services


Will give Federal officials an overview of the field of emergency preparedness. The Plan describes the roles of the Federal, State, and local agencies and the kind of planning that will lead into effective action when a disaster arises. Most chapters were prepared by the Federal agencies assigned the primary emergency responsibilities.

Chapter 4 deals with health aspects. Topics discussed include: basic principles; civil defense; welfare; health; manpower, transportation; telecommunications; food and water; fuel and energy; minerals; resource management; economic stabilization; production; housing; and government operation. See title No. 155.
Audience: Civil defense planners, government officials, health department staffs.


Damage assessment includes estimation of casualties and damage to all classes of resources that will result from hypothetical or actual attacks. Rapid, but realistic appraisals will be needed during and after an actual attack. Also, damage estimates will be required before attack, in order to make plans and preparations for possible emergencies. Damage assessments might be used to: formulate defense policy; plan and prepare to assure continuity of government; provide civil defense planning and operations; plan resource management operations; and provide general advice on vulnerability.

Audience: Civil defense planners.
Source: Office of Emergency Preparedness
Executive Office of the President
Washington, D.C. 20504

123. Natural Disaster Hospital: Component Listing and Storage Data. Publication No. 1071-F-18.


This publication is a master packing list of the items in the 50-bed Natural Disaster Hospital (NDH). These NDH units are prepositioned in or near areas where natural disasters (floods, windstorms, et al.) or other major emergencies are likely to occur throughout the Nation. Each NDH has the traditional assortment of emergency supplies and equipment for use where on-site first aid is required. The unit provides a lifesaving surgical capability in the field. When transfer of patients to an ongoing medical facility is delayed up to 24 hours, the material in the Natural Disaster Hospital will be very helpful.

Audience: Civil defense and community emergency health care planners. Health department and hospital staffs.

Source: PHS—Division of Emergency Health Services


American Chemical Society. Published by the
Society. 100 pp. 1960. Price $4.00. 20% discount for 100 or more.

Comprehensive discussion of the threat from chemical and biological warfare agents. Explains personal protection available, and the research and development effort needed to protect citizens from such agents.


Source: American Chemical Society
Special Issue Sales Department
155 16th Street NW
Washington, D.C. 20036


Betsy has been called the most devastating tropical storm ever to hit the mainland of the United States. This booklet presents a variety of problems met by nurses who served in the New Orleans area during the disaster that began September 9, 1965. This series of personal experiences should prompt discussion among nurses and other community groups to find best ways to cope with future disasters.


Presents principles of nursing management that can be applied by nurses assigned to staff a Packaged Disaster Hospital (PDH), or those working in any hospital facility that has to cope with a heavy increase in patient load. The nursing staff might have worked as a team during predisaster training exercises. Or disaster circumstances could bring together a staff largely unfamiliar with one another. The material is intended to stimulate thinking and planning aimed at meeting nursing services required during major disasters.

See title No. 129 for general information on operation of the PDH.

Audience: Civil defense planners. Hospital staffs in PDH programs.

Source: PHS—Division of Emergency Health Services
Following a major disaster, normal supplies of electrical power might be disrupted for a considerable period of time. Every Packaged Disaster Hospital (PDH) has gasoline engine-driven electrical generating equipment. For those with requisite skills, as electricians and automobile mechanics, this equipment is relatively easy to set up and operate. But practice sessions will be necessary to make ready for possible use during disasters. This booklet will help to make predisaster training sessions effective in setting up and operating the equipment.

See title No. 129 for general information about the PDH.

**Audience:** Civil defense planners. Hospital staffs in the PDH program.

**Source:** Single copy free from the PHS—Division of Emergency Health Services
Buy in quantity from the Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402


Identifies and explains services that pharmacists can perform in disaster situations. Presents guidelines for the pharmacist to help him participate in programs for disaster preparedness. This expands on material found in The Role of the Pharmacist in National Disaster, PHS Publication No. 1071-I-4 (see title No. 145). Includes a listing of services that pharmacists can be expected to perform during emergencies.

Audience: Civil defense planners. Hospital and health department staffs. Pharmacists.

Source: PHS—Division of Emergency Health Services

129. The Packaged Disaster Hospital. PHS Publication No. 1071-D-6.


The publication will help hospital staffs and related community groups in the prelim-
inary planning and training activities that are required to make effective use of this emergency hospital. It discusses the Packaged Disaster Hospital (PDH) on the following: establishing and managing; receiving and sorting; operating room; management of wards by nurses; X-ray section; laboratory procedures; central sterile supply section; general stores; electrical generating equipment; and water supply management.

The PDH is a 200-bed emergency hospital unit developed by the Federal Government for use after a nuclear attack or when natural disasters strike a local community. Hospitals that accept responsibility for PDH units must develop a utilization plan that will be written into the overall disaster plan of the hospital. Disaster plans of hospitals with which PDH's are affiliated must comply with the recommendations made by the Joint Committee on Accreditation of Hospitals.

Audience: Hospital staffs participating in the PDH program. Health department staff. Civil defense planners.


130. Packaged Disaster Hospital, Series 10000 Mod "A" . . . Component Listing and Storage Data. PHS Publication No. 1071-F-19.

U.S. Public Health Service—Division of Emer-
This is a master packing list of the medical and surgical supplies, and related equipment, that is stored in the latest model of the Packaged Disaster Hospital (PDH). See title No. 51.

A PDH is a 200-bed emergency hospital that is packed in boxes and stored in critical points throughout the Nation. These units have an estimated 30-day supply of materials that will provide austere but adequate medical care during natural disasters or enemy attack on the Nation. A PDH unit can be a completely functional emergency hospital, or it can add another 200-bed supplement to already existing hospitals. See title No. 108.

Audience: Civil defense planners. Hospitals participating in the PHD program.

Source: PHS—Division of Emergency Health Services

131. Packaged Disaster Hospitals & Hospital Reserve Disaster Inventories. PHS Publication No. 1311.

Packaged Disaster Hospitals (PDH) are 200-bed fully equipped emergency hospitals that are stored throughout the United States for...
use if major natural disasters or nuclear attacks occur.

_Hospital Reserve Disaster Inventory (HRDI)_**
units are a 30-day reserve supply of critical medical items that are supplied free to qualified hospitals of 50-beds or more. They are intended to provide continuing patient care for 30 days during disasters.

Applications for PDH or HRDI units should be sent to State health departments.

**HRDI is pronounced as if spelled, "hardy."

Audience: Civil defense planners. Hospital staffs.

Source: PHS—Division of Emergency Health Services

132. Pharmacy Section of the Packaged Disaster Hospital. PHS Publication No. 1071–F–13.


Intended for those in predisaster planning who are responsible for activation and operation of the pharmacy section of a Packaged Disaster Hospital (PDH). Effective predisaster preparation is very important for those who will work in the pharmacy. Preliminary training will help to offset possible delays in unpacking supplies and getting critical medical items to the sick and injured. The pharmacy section of a PDH takes care of storage, control, distribution, labeling, and dispensing of all drugs, chemicals, and pharmaceuticals. It is stocked with at least one medication in each essential therapeutic category. The pharmacy section should be
supervised at all times by a licensed pharmacist.

Audience: Civil defense planners. Hospitals participating in the PDH program. Pharmacists and hospital pharmacy workers.

Source: Free copy from the PHS—Division of Emergency Health Services.
Buy in quantity from the Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402


U.S. Public Health Service—Division of Emergency Health Services. Free.

Recommended basic medical supplies for use by physicians during major emergencies.


Source: PHS—Division of Emergency Health Services

134. Preparedness May Mean Survival


Life in a fallout shelter will bring increased responsibilities for everyone. A short sketch.
Audience: Civil defense planners, Medical and allied health workers in local communities.

Source: PHS—Division of Emergency Health Services


Reprints from leading journals on activities of hospitals discuss facility design for fallout shelters and emergency operations; communication systems for disasters; and alternate or auxiliary utilities equipment.

Audience: Civil defense planners. Hospital boards. Administrators, architects, and engineers on hospital staffs. Health department officials.

Source: Single copy free from the PHS—Division of Emergency Health Services

Buy in quantity from the Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402


The Joint Commission on Accreditation of Hospitals requires an accredited institution to have a written plan for the care of mass casualties. This disaster plan should be rehearsed twice a year.

The publication outlines a hospital emergency preparedness plan in all its phases, including equipment, personnel, and communications. Some elements of planning included are: fallout protection; expansion of bed capacity; evacuation and relocation; admission; space allocation; and special emergency units. A sample plan is included.

Audience: Hospital and health department staffs. Civil defense planners.

Source: American Hospital Association
840 North Lake Shore Drive
Chicago, Ill. 60611

137. Public Water Supply Facilities Emergency Preparedness Checklist. (Unnumbered PHS publication.)


This is aimed at superintendents of community water works. It lists 50 factors to determine how well-prepared a water plant is to meet major emergencies. An aid to program planning that can be used as a base to evaluate future progress in disaster preparedness.

Audience: Civil defense planners. Water works staff. Health department personnel.

Provides information for radiologists on fallout, radiation effects, shelters and supplies for shelters, and some protective measures that can be used when fallout occurs. Intended to help radiologists participate effectively in community survival plans.


Source: American College of Radiology—Committee on Radiologic Aspects of Disaster Planning. Published by the College. 16 pp. 1962. Free.
accounts describe actual disasters and how specific hospitals reacted to them. The problems faced by these institutions during major emergencies, and the lessons they learned, should help all hospitals to develop better disaster plans.

Audience: Hospital and health department staffs, Civil defense and local government officials.

Source: American Hospital Association
840 North Lake Shore Drive
Chicago, Ill. 60611


When hospitals, communities, or States accept the responsibility to plan for disaster health services, both natural disasters and nuclear disasters must be considered. Planning, training, and organizing for relatively localized catastrophies and natural disasters should get extra emphasis.

Emergency medical and public health services during disasters will be an important responsibility of the medical and allied health disciplines. Advance planning and organized preparation by communities is the only way to assure effective medical care during disasters. Close cooperation by medical, paramedical, hospitals, and other community groups is vital.

This material was prepared by the U.S. Public Health Service in cooperation with
the American Medical Association, the American College of Surgeons, and the U.S. Department of Defense.

**Audience:** Civil defense planners, hospital and health department staffs, physicians and paramedical personnel.


---


Prepared by a study committee appointed by the Council on Federal Dental Services of the American Dental Association, in cooperation with the Division of Emergency Health Services of the U.S. Public Health Service.

During major emergencies the dentist and dental auxiliary personnel have potential for expansion beyond their usual everyday duties. Pre-disaster planning will help communities make the most of the several skills that dentists have to offer.

**Audience:** Hospital, medical, and civil defense planners. Dentists and
dental societies. Health department staffs.

Source: PHS—Division of Emergency Health Services


This material was prepared and approved by the National Federation of Licensed Practical Nurses and the American Nurses' Association. Licensed practical nurses and registered professional nurses have a joint responsibility to society to provide the best patient care possible. In disasters, nursing services will be more demanding than ever, and predisaster planning and training among nurses should be given a top priority in all communities.


143. The Role of the Nurse in National Disaster. PHS Publication No. 1071-1-5.
Prepared by the Committee on Nursing in Disaster and National Defense of the American Nurses’ Association. The professional nurse daily performs many lifesaving and preventive health activities. Disasters will require nurses to improvise and extend their special nursing skills into other medical-paramedical areas. They will find themselves working with people with a wide range of preparation, skills, and stability. Predisaster training will help nurses, among others, to adapt to the chaos that will prevail during disasters.


Source: Free from the PHS—Division of Emergency Health Services
Buy in quantity from the Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402

144. The Role of the Optometrist in National Disaster.
(Unnumbered PHS publication.)

Prepared jointly by the Committee on Civil Defense of the American Optometric Association, the U.S. Public Health Service,
and the Office of Emergency Preparedness of the Executive Office of the President. Much of the material is extracted from the Optometric Mobilization Plan.


Source: PHS—Division of Emergency Health Services

145. The Role of the Pharmacist in National Disaster.
PHS Publication No. 1071-I-4.


Prepared by the Committee on Disaster and National Security of the American Pharmaceutical Association in cooperation with the U.S. Public Health Service. Over 100,000 pharmacists in the Nation have an educational background and special on-the-job work experience that is readily adaptable to various emergency care activities. Participation in predisaster preparedness efforts at the local level will help pharmacists direct attention to the expertise they have to offer.


Source: PHS—Division of Emergency Health Services

146. Role of the Physician in Disaster Medicine.
American Medical Association. Published by the A.M.A. 4 pp. 1965. Quantity prices on request.
This is a statement by the AMA Council on National Security and its Committee on Disaster Medical Care. Provides broad guidelines on the responsibility of physicians in the practice of medicine during disasters.

**Audience:** Civil defense planners. Hospital and health department staffs. Physicians and paramedical personnel.

**Source:** Single copy free from the American Medical Association Committee on Disaster Medical Care
535 North Dearborn Street
Chicago, Ill. 60610

147. The Role of the Veterinarian in National Disaster.
PHS Publication No. 1071–3.


An estimated 25,000 veterinarians in the United States have considerable capability for broad adaptation of their usual daily activities into the emergency health and medical care requirements of disasters. Pre-disaster planning, coupled with supplemental training to meet special disaster needs, will equip veterinarians and allied technicians to extend their role to meet major emergencies.

**Audience:** Civil defense planners. Veterinarians. Hospital and health department staffs. Community emergency health councils.

**Source:** Free from the PHS—Division of Emergency Health Services. 151


People cannot get along without water. During disasters, a supply of stored water could be a person's most important item to assure survival. Water must be safe to drink. This leaflet tells what to do to treat water of doubtful purity so that one can drink it safely.


Source: Environmental Control Administration Information Office U.S. Public Health Service 12720 Twinbrook Parkway Rockville, Md. 20852

149. Series 10000, Mod “A” Packaged Disaster Hospital: Packed for Tropical Storage—Component Listing and Storage Data. Unnumbered PHS publication.*

*Supersedes PHS Publication No. 1071-F-11.4 entitled: Series 62000 Packaged Disaster Hospital, Packed for Tropical Storage, Component Listing and Storage Data. Revised 1965.
This material has a very limited audience. It is intended only for people who will work with Packaged Disaster Hospitals (PDH) that are stored in the tropics. A PDH is a 200-bed emergency hospital that is stored in selected communities for use when major natural disasters or nuclear wars occur. Each PDH has an estimated 30-day supply of essential medical supplies and related equipment that will provide austere but adequate emergency medical care during disasters.

Audience: Hospital staffs at work in tropical areas in the PDH program.

Source: PHS—Division of Emergency Health Services


Establishes official standards for fallout shelters in hospitals. Shelters designed as recommended should be able to function as an operating medical facility in a fallout environment. In such shelters austere medical care for inpatients and necessary
emergency treatment could be furnished. See title No. 95.

**Audience:** Civil defense planners. Health department and hospital staffs. Hospital architects.

**Source:** State and local civil defense offices or
U.S. Army AG Publication Center
Civil Defense Branch
2800 Eastern Boulevard (Middle River)
Baltimore, Md. 21220

---

151. **Therapeutic Guide for Pharmaceuticals in the Packaged Disaster Hospital.** PHS Publication No. 1071-C-1.


Packaged Disaster Hospitals (PDH) are stored throughout the Nation for use during natural disasters, nuclear war, or other major emergency. They contain expendable medical supplies to take care of casualties for an estimated 30-day period. These pharmaceuticals contain at least one drug for potential life-threatening medical and surgical conditions. Narcotics are not included because of security regulations.

The guide should be helpful to physicians engaged in administration, teaching, or research; to specialists who have not practiced general medicine for several years; or those retired from active practice who return to serve during a national emergency.
152. Three Approaches to Disaster Preparedness. Publication No. ND-10.


Preparation for disasters through basic nursing education programs, training in nursing services, and coordination through leadership by State nurses' associations. Selected references. From material presented at the 45th Biennial Convention of the American Nurses' Association.


Source: American Nurses' Association
10 Columbus Circle
New York, N.Y. 10019

153. Training Syllabus for Social Services in Emergency Conditions. Unnumbered publication


Provides teaching materials for increased and specialized training in public assistance
and child welfare services. Useful to help provide essential social services for conditions resulting from enemy attack; during community emergencies that result from natural disasters, such as floods and windstorms; or whenever there is adverse social and economic impact among groups. Produced initially by the Children's Bureau and the Bureau of Family Services of the U.S. Department of Health, Education, and Welfare.

**Audience:** Civil defense planners. Health and welfare department staffs. Hospital officials. Community emergency health councils.

**Source:** Single copy available from the Repatriate and Refugee Office Field Services Division Assistance Payments Administration Social and Rehabilitation Service U.S. Department of Health, Education, and Welfare Washington, D.C. 20201


An outline of simplified procedures for the management of mass casualties in a temporary or permanently functioning hospital. The goal of medical care personnel, following a mass disaster such as a thermonuclear attack, is to restore as rapidly as
possible the maximum number of productive people into needed activities. Sorting patients into priority groups for treatment is the first thing to be done. The Committee on Trauma of the American College of Surgeons helped to develop the material.

**Audience:** Civil defense planners. Health department and hospital staffs.

**Source:** PHS—Division of Emergency Health Services


Water and food are essential to national survival. The emergency water program is set up to assure an adequate supply of safe water to meet human needs, for industry, and agricultural and livestock requirements. This material is intended for use by all individuals who are responsible for preparing plans for effective emergency water supplies. See title No. 121.

**Audience:** Civil defense planners. Government officials. Health department staffs. Water works operators.

**Source:** PHS—Division of Emergency Health Services


This publication is intended for people who will activate and operate the water supply section of a Packaged Disaster Hospital (PDH). It discusses water conservation techniques and suggests how to meet emergency water requirements in quantity and quality. Also useful to those who will select emergency water supplies or are involved with the transmission or haulage of water during or following a disaster.

Audience: Civil defense planners, health department planners, and hospital staffs. Waterworks personnel.

Source: PHS—Division of Emergency Health Services

---

157. X-ray Section of the Packaged Disaster Hospital. PHS Publication No. 1071-F-2.

CAUTION


*Previous edition entitled: X-ray Section of the Civil Defense Emergency Hospital.
Intended to help community personnel to set up and use the X-ray equipment of a Packaged Disaster Hospital. See title No. 129.

Audience: Civil defense planners. Hospital and health department staffs.

Source: Free from the PHS—Division of Emergency Health Services
Buy in quantity from the Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402
Part 3

Other Materials

Films
Slides
Training Kits


This film and a related pamphlet entitled, Community Action: Before the Emergency, stress the urgency of the emergency health care problem. The film and the supplemental publication will help community groups to survey their emergency health care needs.


Source: On loan from the Employers Insurance of Wausau Film Library
2000 Westwood Drive
Wausau, Wis. 54401

and the Modern Talking Pictures
1909 Prudential Place
Chicago, Ill. 60601
Prints of the film may be bought from
Robert K. Geisel Studios
2301 3d Street
Wausau, Wis. 54401


Based on hospital design research studies sponsored by the U.S. Department of Defense. Shows recommended methods to provide protection against gamma radiation from fallout of a nuclear explosion. Considers personnel, patients, and vital functional components of a 150-bed hospital. See title No. 95.

Audience: Hospital and civil defense planners. Community emergency care councils. Hospital and health department staffs. Hospital architects and construction engineers.

Source: National Medical Audiovisual Center (Annex)
Attn: Film Distribution
Chamblee, Ga. 30005

160. Mass Casualty Care . . . a slide lecture presentation.

Intended for presentation by a physician-speaker to a medical audience. However, the text in the speaker’s handbook is written in language appropriate for all groups with an interest in the handling of mass casualties. The sorting and treatment of mass casualties is stressed. Additional material of local interest may be added at the speaker’s discretion.

Audience: Civil defense planners. Health department and hospital staffs. Community emergency health councils.

Source: Blair, Inc.
5819 Seminary Road
Bailey’s Crossroads, Va. 22041

161. Medical Self-Help Training Program.

U.S. Public Health Service—Division of Emergency Health Services. An 11-hour free course for the general public.

See titles 107 and 116 for other descriptive matter on this program.

Sudden illness or injury often strikes people when a doctor cannot be reached quickly. This could happen at home, on vacation in isolated areas, or when disasters strike.

At least one member in every family should be trained in medical self-help. It was developed by the U.S. Public Health Service in cooperation with the Office of Civil Defense. The course is endorsed by the
American Medical Association and other national health organizations.
Community organizations, neighborhood groups and schools should be encouraged to sponsor the training course.
Free training kits are available to eligible groups. These kits contain reference manuals, instructor's guides, 35 mm. filmstrips, projector and screen.
A special kit has been developed for schools and other organizations who already have projectors and screens. Otherwise, the special kit is identical to the regular instructional kit described above.

Audience: Community civil defense and emergency care planners. Students of secondary schools and colleges. Adults who belong to various community organizations. Hospital and health department staffs. Labor union officers. Industrial and civil defense workers.

Source: Contact State health departments.

162. Packaged Disaster Hospital: Equipment Training Unit.

U.S. Public Health Service—Division of Emergency Health Services.

See title No. 93 for a brief description of a Packaged Disaster Hospital (PDH).
This training material is made up of selected items in the PDH that differ substantially from those now commonly used in community hospitals. Or the items might not be found in hospitals.

The unit gives hospital personnel an opportunity to become familiar with actual PDH equipment during predisaster training activities.

**Audience:** Affiliated hospitals assigned Packaged Disaster Hospitals.

**Source:** Contact State health departments.


*U.S. Public Health Service—Division of Emergency Health Services.* December 1967. Copies available on loan or purchase (see below).

This award-winning film is an excellent training aid to stimulate community interest in emergency health care. Some of the film's success as a training aid is due to the use of the open-end technique as a means to promote audience participation.

See title No. 77 for a free leaflet that explains how the film may be used at the community level.

The film story shows how citizens of a community, and the staff of its hospital, reacted to a disaster. It points out how people analyzed their reactions and evaluated existing disaster plans. The film explains how known weaknesses were corrected and a
revised plan of operations was tested to make sure that it worked.

The film emphasizes the point that the price of survival is not as great when a community makes advance preparations to meet possible disasters. A guide is provided to help citizens plan and use the film successfully at the local level.

**Audience:** Civil defense and community emergency health care planners. Government administrators and elected officials. Hospital and health department staffs. School and other community organization administrators.

**Source:** For further information and possible loan of the film, contact:
State Departments of Health.

Those who want to buy prints of the film:

1. Write for approval to purchase to Chief, Training Division of Emergency Health Services U.S. Public Health Service 6935 Wisconsin Avenue Chevy Chase, Md. 20015

2. After approval to purchase is obtained, send your order and check for $89.91 to
Du Art Film Laboratories, Inc. 245 West 55th Street New York, N.Y. 10019

**Important:** Prospective buyers should deal directly with the Du Art Film Laboratories. Do NOT send
checks to the PHS—Division of Emergency Health Services.
Part 4  Catalogs
The catalogs in this section include some materials that relate to disaster care as well as day-to-day health emergencies that occur in and out of the home. Free publications are indicated in some instances. Many films are available on loan from the sources listed.

Some life insurance and casualty insurance companies in the United States have free material available on a variety of emergency health care subjects. Readers interested in specific emergency health topics should contact local offices of the insurance companies. Or send requests to the home office (central office) of the insurance company.


Lists motion pictures, film strips, and slides on hospital subjects, including some that relate to disaster care. Visual aids are available for rental or purchase from the AHA and other sources. A film library useful for hospital inservice training and community education. Order blanks included.

**Audience:** Community emergency health councils. Civil defense planners. Hospital and health department staffs. Physicians and paramedical personnel.

**Source:** American Hospital Association Film Library
840 North Lake Shore Drive
Chicago, Ill. 60611
165. ANA 1968 Publications List.

*American Nurses' Association. Published by the ANA.* 29 pp. 1968. Free

Includes publications and films that relate nursing care to disasters.

**Audience:** Hospital and health department staffs. Civil defense planners. Community emergency health councils.

**Source:** American Nurses' Association
10 Columbus Circle
New York, N.Y. 10019


Almost 300 references that relate to various phases of disaster care: Studies of disasters; atomic science; burns; planning for civil defense; clinical aspects; disaster experience; preparedness plans; maternal and infant care; nursing, nutrition, psychological aspects; public health; and nine reports on human behavior in disaster, a U.S. Strategic Bombing Survey (1945-47).

**Audience:** Civil defense planners. Hospital and health department staffs.
167. Disaster Medical Care Films.


Lists films that may be borrowed or bought from various sources.

Audience: Civil defense planners. Hospital and health department staffs. Community emergency health councils.

Source: American Medical Association Department of Governmental Medical Services 535 North Dearborn Street Chicago, Ill. 60610


U.S. Public Health Service/National Institutes of Health—National Library of Medicine—National Medical Audiovisual Center. U.S. Gov-
Includes medical films, filmstrips, videotapes, and television film recordings. The Guide is sponsored and published annually by the Federal Advisory Council on Medical Training Aids (FACMTA). It provides member agencies with a basic catalog of selected audiovisuals used in biomedical education. Each audiovisual included is available currently for loan or rental.

The following Government agencies are members of FACMTA:

- Department of the Army—Office of the Surgeon General.
- Department of the Navy—Bureau of Medicine and Surgery.
- Armed Forces Institute of Pathology.
- Veterans' Administration—Department of Medicine and Surgery.

**Audience:** Hospital and health department staffs. Physicians, paramedical, and public health personnel. Community emergency health councils.

**Source:** No free copies.
For sale by the
Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402
169. An Index to Literature on Disaster Medical Care—A Guide for the Physician.

*American Medical Association—Committee on Disaster Medical Care. Published by theAMA. 32 pp. 1966. Free.*


**Audience:** Civil defense and community emergency health care planners. Hospital and health department staffs. Physicians and paramedical personnel.

**Source:** American Medical Association Department of Governmental Medical Services 535 North Dearborn Street Chicago, Ill. 60610


*American Medical Association—Committee on Disaster Medical Care. Published by theAMA. 32 pp. 1967. Free.*

This supplement covers material published from July 1965 to March 1967. See title No. 169.

**Audience:** Physicians and paramedical personnel. Hospital and health
department staffs. Civil defense and community emergency health care planners.

Source: Same as title No. 169.


The list includes material with a direct bearing on emergency health preparedness.

Audience: Civil defense planners. Hospital and health department staffs.

Source: Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402

172. 1968 National Medical Audiovisual Center Catalog

U.S. Public Health Service/National Institutes of Health—National Library of Medicine—National Medical Audiovisual Center. U.S. Gov-
This publication supersedes all previous editions of the "Public Health Service Film Catalog," PHS Publication No. 776.

The National Medical Audiovisual Center (NMAC) conducts an extensive cataloging and distribution program to provide current biomedical audiovisuals to health professionals. This 1968 NMAC Catalog lists motion picture films, filmstrips, kinescopes, television film recordings, and audio discs and tapes that are available on free loan from the Center. The majority of films listed are cleared for television broadcasting. However, use of the films on open-circuit television is prohibited without prior consent of the NMAC.

**Audience:** Physicians, paramedical, and public health personnel. Hospital and health department staffs. Community emergency health care planners.

**Source:** Superintendent of Documents U.S. Government Printing Office Washington, D.C. 20402

173. Publications Index. MP-20

Lists current publications from the Office of Civil Defense (OCD). Also has an index to the Federal Civil Defense Guide. The Guide is a series of OCD publications that outlines civil defense policy and doctrine. The series is designed to guide Federal, State, and local officials on the national civil defense program. Some of the publications listed are not available for general issue, because they were published for specific purposes or programs.

**Audience:** Civil defense and other community emergency health care planners. Government officials.

**Source:** State and local civil defense offices
Or
U.S. Army AG Publications Center
Civil Defense Branch
2800 Eastern Boulevard
(Middle River)
Baltimore, Md. 21220
Appendix I
Sources of Materials Listed

Non-Federal Government

Aerospace Industries Association
Vertical Lift Aircraft Council
1725 De Sales Street NW.
Washington, D.C. 20036

American Chemical Society
Special Issue Sales Departments
155 16th Street NW.
Washington, D.C. 20036

American College of Radiology
29 North Wacker Drive
Chicago, Ill. 60606

American College of Surgeons
55 East Erie Street
Chicago, Ill. 60611

American Hospital Association
840 North Lake Shore Drive
Chicago, Ill. 60611

American Medical Association
535 North Dearborn Street
Chicago, Ill. 60610

American National Red Cross
National Headquarters
17th and D Streets NW.
Washington, D.C. 20006

(The national headquarters suggests that local chapters should be contacted for copies of Red Cross publications.)

American Nurses' Association
10 Columbus Circle
New York, N.Y. 10019
American Podiatry Association  
20 Chevy Chase Circle NW.  
Washington, D.C. 20015

American Psychiatric Association  
1700 18th Street NW.  
Washington, D.C. 20009

American Public Health Association  
1790 Broadway  
New York, N.Y. 10019

Charles C. Thomas, Publisher  
301–327 East Lawrence Avenue  
Springfield, Ill. 62704

Du Art Film Laboratories, Inc.  
245 West 55th Street  
New York, N.Y. 10019

Genesee Valley Medical Foundation, Inc.  
315 Alexander Street  
Rochester, N.Y. 14604

International Association of Laryngectomees  
219 East 42d Street  
New York, N.Y. 10017

Littlefield, Adams & Co.  
81 Adams Drive  
Totowa, N.J. 07512

Medic Alert Foundation, International  
Turlock, Calif. 94380

Medical Examination Publishing Co., Inc.  
65–36 Fresh Meadow Lane  
Flushing, N.Y. 11365

National Academy of Sciences  
Printing and Publishing Office  
2101 Constitution Avenue NW.  
Washington, D.C. 20418
National League for Nursing
10 Columbus Circle
New York, N.Y. 10019

Ohio State University
Instructional Materials Laboratory
1885 Neil Avenue
Columbus, Ohio 43210

Commonwealth of Pennsylvania
Department of Health, Housing, and Institutions
Post Office Box 90
Harrisburg, Pa. 17120

Police Training Foundation
3410 Ruby Street
Franklin Park, Ill. 60131

Sedgwick County Medical Society
1102 South Hillside
Wichita, Kans. 67211

Consultant, S.K. & F. Laboratories
1500 Spring Garden Street
Philadelphia, Pa. 19101

Texas A. & M. University
Engineering Extension Service
College Station, Tex. 77843

University of Chicago
Department of Pharmacology
Section of Nuclear Medicine
Chicago, Ill. 60637

University of Iowa
Bureau of Police Science
Iowa City, Iowa 52240

University of Tennessee
Bureau of Public Administration
1005 McClung Tower
Knoxville, Tenn. 37916
Appendix II
Request for Publications

Use only to request sample publications available free* from the Division of Emergency Health Services (PHS)

Attn: Information Officer
Division of Emergency Health Services
Health Services and Mental Health Administration
U.S. Public Health Service
5600 Fishers Lane, Rockville, Md. 20852

<table>
<thead>
<tr>
<th>Name of requestor</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Organization represented

<table>
<thead>
<tr>
<th>Mailing address (Street and No.)</th>
<th>(City)</th>
<th>(State)</th>
<th>(ZIP code)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Publication number</th>
<th>Titles (Please type or print)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Do not send money in any form with this request

*Note: Government publications may be bought in quantity from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. (See special order blanks that follow.)

<table>
<thead>
<tr>
<th>Date mailed by DEHS</th>
<th>No. of packages</th>
<th>Total weight</th>
<th>Mailed by</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Request for Publications

Use only to request sample publications available free* from the Division of Emergency Health Services (PHS)

Attn: Information Officer
Division of Emergency Health Services
Health Services and Mental Health Administration
U.S. Public Health Service
5600 Fishers Lane, Rockville, Md. 20852

<table>
<thead>
<tr>
<th>Name of requestor</th>
<th>Date</th>
</tr>
</thead>
</table>

Organization represented

<table>
<thead>
<tr>
<th>Mailing address (Street and No.)</th>
<th>(City)</th>
<th>(State)</th>
<th>(ZIP code)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Publication number</th>
<th>Titles (Please type or print)</th>
</tr>
</thead>
</table>

*Do not send money in any form with this request

*Note: Government publications may be bought in quantity from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. (See special order blanks that follow.)

Date mailed by DEHS | No. of packages | Total weight | Mailed by |
Purchase Order for Federal Publications

To: Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402

Enclosed is $........ (check or money order). Please send the following publications to the address shown at the bottom of this order blank.

<table>
<thead>
<tr>
<th>Number of copies</th>
<th>Title of publication (Please type or print)</th>
<th>Price each</th>
<th>Total amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Requested by:

Name of person or organization ............................................................

Street address ..............................................................................................

City ................................ State ......................... Zip Code ...........

173
Purchase Order for Federal Publications

To: Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402

Enclosed is $........ (check or money order). Please send the following publications to the address shown at the bottom of this order blank.

<table>
<thead>
<tr>
<th>Number of copies</th>
<th>Title of publication (Please type or print)</th>
<th>Price each</th>
<th>Total amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Requested by:
Name of person or organization ............................................................
Street address .................................................................
City ................................................................. State .................. Zip Code ........}

17/7/75
U.S. GOVERNMENT PRINTING OFFICE: 1975 O-364-043
164
Publications in the
Emergency Health Series*
Public Health Service Publication Series No. 1071

Each subject category in the 1071 series is identified by a different letter of the alphabet, as

1071–A Emergency Health Services Planning
1071–B Environmental Health
1071–C Medical Care and Treatment
1071–D Training
1071–E Emergency Resources Evaluation
1071–F Packaged Disaster Hospitals
1071–G Health Facilities
1071–H Supplies and Equipment
1071–I Health Manpower
1071–J Public Water Supply

*Formerly called the Health Mobilisation Series