



**Franklin County  
Department of Health**

**A GUIDE  
FOR VOLUNTEERS**

*Our Mission is to protect the general health of all residents and visitors of Franklin County. We assist in helping our residents live in a well protected environment through education, clinics and the implementation of programs designed with the concept of promoting healthy practices and lifestyles*



**Public Health**  
Prevent. Promote. Protect.

*Franklin County Department of Health  
15 South Oak  
Union, MO 63084  
636-583-7300*



**Public Health**  
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# Be Prepared

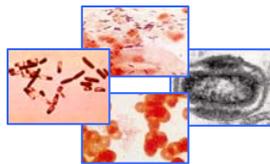
## Planning for Health Emergencies



In the event of a bio-terror attack or an outbreak of contagious disease, the Franklin County Department of Health has an emergency plan for protecting you. Depending on the situation, we may need to immunize or give antibiotics to a large number of people in order to prevent a disease outbreak. Arrangements have been made to use local schools as "Mass Clinics" to treat a large number of people within a 4-5 day period. Since large number of volunteers will be needed to operate clinics, our local resource volunteer groups may be called to help.

This booklet will provide community volunteers with the basic information they will need if called upon to help with clinic operations.

## Bio-terrorism and Other Disease Threats



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The Center for Disease Control (CDC) has identified several diseases which may cause a health emergency, including smallpox, anthrax, plague, tularemia, botulism, and viral hemorrhagic fevers. These diseases are dangerous because they are contagious or can be weaponized and because they have a high death rate if not treated. In addition, there is always some risk of an outbreak of SARS or a particularly serious strain of flu that could develop into a Pandemic.

Whether a health emergency is a result of bio-terrorism or of a natural outbreak, prompt action can limit the spread of these diseases, save lives, and prevent local hospitals from being overwhelmed with seriously ill people.

### Emergency Contact Information:

In the event of a health emergency, the Health Department will contact you by phone and e-mail with specific instructions for volunteers. Please keep your contact information up to date by notifying the Health Department of any changes in address, phone numbers, or e-mail.

### Mass Clinic Operations

Some of these disease threats require operating mass dispensing clinics to immunize or give preventive medications to the general public *before* they become ill. In this type of emergency, the Health Department will open clinics at local schools or public buildings.

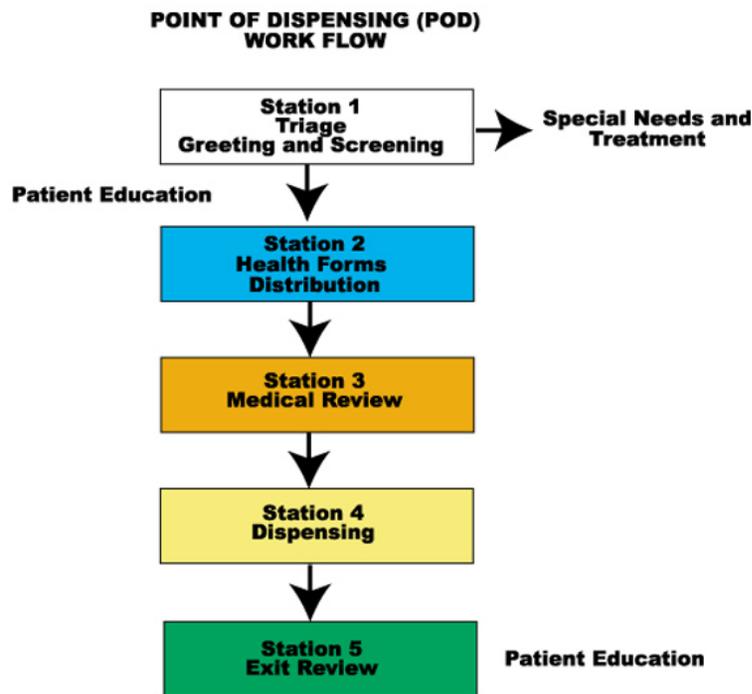
High school gyms make a practical setting for these clinics, because they can be organized into work stations which will serve a large number of people quickly. Some of our local school districts have agreed let the Health Department use school buildings in an emergency.

### Volunteer Roles

Volunteers will work side-by-side with the Health Department employees to give preventive treatment to a large number of people quickly. Some of the volunteer assignments must be done by doctors, nurses, or other health professionals. Other assignments can be done by volunteers with no medical training such as Triage or Exit Review and Information.



A flow diagram of the work stations would be set up in a mass dispensing and the order in which patients would move through the stations.



**1. Triage Greeting and Screening:** Volunteers will greet people and ask specific questions to verify that people who enter the clinic do not have symptoms of the disease. If needed, those who are ill will be directed to a separate area where they can be treated without exposing other people.

**2. Health Forms and Distribution:** Volunteers will give medical history forms to patients. This information will be used by medical workers to decide on the best course of treatment.

**Patient Education:** Volunteers will give patients information about the disease and the preventive treatment which will be given, either in video or handout form. Patients may need help filling out their forms.

**3. Medical Review:** A volunteer will review the medical history forms for conditions which may need special attention. Patients will either be referred to Medical Advice or to Treatment.

**+ Medical Advice,** Patients will talk to a licensed health professional one-on-one about any medical conditions which may require special consideration before they are treated.

**+ 4. Dispensing:** At this station, patients will receive preventive treatment. Patients will be immunized by a health care professional. For diseases such as anthrax or plague, patients will be given a supply of antibiotics which will prevent the disease.

**5. Exit Review:** As patients leave, volunteers will give them information about followup care. People who have been given antibiotics will receive an information sheet on the medication they received.

#### **Our Commitment to Volunteers:**

**Notification:** If a major health emergency occurs, you will be contacted by the Health Department or the Emergency Management Agency for our County and given specific instructions. Volunteers will be asked to report to a "staging area" where they will sign in and receive identification, preventive treatment, and job-specific training before starting to work at a clinic.

**Preventive Treatment:** For the safety and peace of mind of volunteers, the Health Department will provide preventive treatment to all volunteers and First Responders before they begin working in Mass Clinics. Families of volunteers will also be given priority treatment.

We recommend that volunteers have basic medical information at hand for themselves and all family members, to expedite treatment in an emergency situation.

*This is the information needed in order to dispense preventive medications:*

- **Medications:** What medications are you taking? Are you allergic to any antibiotics or other drugs?
- **Medical Conditions:** Do you or any family members have kidney or liver disease? Are any female family members pregnant?
- **Children:** If your children are under age 9, please provide the child's weight to the special needs area.

- **Medical Conditions:** Do you or any family members have medical conditions which might need special consideration? (eczema, immune system problems, or currently taking chemotherapy).
- **Vaccination Status:** Be prepared to show your medical records. Have you or your family members been previously vaccinated for smallpox? (Until 1977, most children were vaccinated before entering school). Are your HEP A, or B vaccinations up to date?

**Training:** As a Volunteer, you will receive training on disease agents, how to protect yourself and your family, and mass clinic operations. Ideally, this training should be done in advance, so that volunteers are prepared to assume their responsibilities in an emergency.

### Health Emergencies and Public Health Actions



The chart below is a summary of the diseases the Center for Disease Control considers most serious and the actions which would be taken by the Health Department if these diseases occurred in our area.

<b>Botulism</b>	Not contagious. Bacteria, which occurs naturally, produces a toxin which causes paralysis.	Remove source of bacteria
<b>Viral Hemorrhagic Fevers</b>	Not native to US; occurs in Africa and South America. Carried by "vector" animals, but may be transmitted human-to-human.	Isolation/quarantine. Security
<b>SARS</b>	Severe respiratory infection spread by a coronavirus Very contagious.	PODs Isolation/quarantine. (No vaccine available. Does not respond to antibiotics)
<b>Influenza Outbreak</b>	A contagious respiratory illness caused by a viruses.	Vaccination
<b>Avian Influenza H5N1</b>	A highly contagious viral infection.	PODs Isolation/quarantine. Vaccination Clinics Security

**Preparedness:** Preparedness is everyone's responsibility. We hope we never have to activate our Health Emergency Plan, but if that ever becomes necessary, trained volunteers will know how to protect themselves and their families. The more people who are prepared, the safer our community will be!

## Preparedness and Response Request

Our role at the Health Department is to protect the general health of all residents and visitors in Franklin County. In response to Homeland Security preparedness issues, The Franklin County Department of Health in cooperation with the Franklin County Emergency Management Agency is preparing a county-wide bioterrorism disaster plan.

### **Disaster**

*Any occurrence or potential of a major category III damage, ecological disruption, and loss of human life, deterioration of health or services, sufficient to warrant an extraordinary response from the community.*

Disease	Description/Risks	Public Health Actions
<b>Smallpox</b>	Viral infection which causes skin lesions similar to chicken pox. Contagious. High death rate among unvaccinated people.	Vaccination Clinics PODs Security Storage for Vaccine
<b>Anthrax (Inhaled)</b>	Not contagious; spread by spores, which can be weaponized. High death rate if not treated early.	PODs Antibiotic Dispensing Security
<b>Plague</b>	Bubonic: spread by bites from infected fleas. Lymph nodes become swollen or Inflamed. Pneumonic: Severe respiratory infection. High death rate if not treated early.	PODs Antibiotic Dispensing Security
<b>Tularemia</b>	Occurs naturally in animals, but not spread human-to-human. In natural form, can cause sores. In weaponized form, can cause severe respiratory infection.	PODs Antibiotic Dispensing Security

**Franklin County Department of Health** is requesting assistance for volunteers in the event of a bio-terrorism event or disaster. If you are licensed in a particular area or have a particular trade or expertise, you may be vital to the recovery aspect of our community.

- Please review and consider the following areas you may provide assistance.
- **Health and medical**
- **Office support**
- **Training**
- **Clinic flow and triage**
- **Packaging and dispensing**
- **Counseling - mental health, or spiritual**
- **Security or traffic control**
- **Communication interpreter services, (i.e., sign language)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Special skill or interest: \_\_\_\_\_

**For information about training programs, or to volunteer for Health Related response contact:**

**Jeanette Hale**  
**Regional Planner**  
**[halej1@lpha.dhss.mo.gov](mailto:halej1@lpha.dhss.mo.gov)**  
**636-583-7300**

**Additional Resource Information**