

ADDRESSES FOR COMMUNITY

DISTRICT 1

Western Kentucky Regional  
Mental Health/Mental  
Retardation Board, Inc.  
1530 Loan Oak Road  
P.O. Box 7287  
Paducah, KY 42002-7287  
(502) 442-7121

DISTRICT 2

Pennyroyal Regional Mental  
Health/Mental Retardation  
Board, Inc.  
735 North Drive  
Hopkinsville, KY 42240  
(502) 886-5163

DISTRICT 3

Green River Comprehensive  
Care Center  
416 W. Third Street  
Owensboro, KY 42301  
(502) 684-0896

DISTRICT 4

Lifeskills, Inc.  
822 Woodway Drive  
P.O. Box 6499  
Bowling Green, KY 42101  
(502) 843-4382

DISTRICT 5

Communicare, Inc.  
1311 North Dixie Avenue  
Elizabethtown, KY 42701  
(502) 765-2605

DISTRICT 6

Seven Counties Services, Inc.  
137 W. Muhammad Ali Blvd.  
Louisville, KY 40202  
(502) 589-8600

DISTRICT 7

Northern Kentucky Comprehen-  
sive  
Care Center  
P.O. Box 2680  
Covington, KY 41012  
(606) 331-6505

MENTAL HEALTH CENTERS

DISTRICT 8

Comprehend, Inc.  
611 Forest Avenue  
Maysville, KY 41056  
(606) 564-4016

DISTRICT 9/10

Pathways, Inc.  
P.O. Box 790  
Ashland, KY 41101  
(606) 329-8588

DISTRICT 11

Mountain Comprehensive Care  
Center  
P.O. Box 1340  
18 South Front Avenue  
Prestonsburg, KY 41653  
(606) 886-8572

DISTRICT 12

Kentucky River Community  
Care, Inc.  
P. O. Box 603  
Jackson, KY 41339  
(606) 666-4904

DISTRICT 13

Cumberland River Comprehen-  
sive  
Care Center  
American Greeting Card Road  
P.O. Box 568  
Corbin, KY 40702  
(606) 528-7010

DISTRICT 13-A

Cumberland River Comprehen-  
sive  
Care Center  
American Greeting Card Road  
P.O. Box 568  
Corbin, KY 40701  
(606) 528-7010

DISTRICT 13-B

Cumberland River Comprehensive  
Care Center  
Mounted Route #1  
Harlan, KY 40831  
(606) 573-1624

DISTRICT 14

Lake Cumberland Regional  
Mental Health/Mental  
Retardation Board, Inc.  
120 Cundiff Square  
Somerset, KY 42501  
(606) 679-4782

DISTRICT 15

Bluegrass Regional Mental  
Health/Mental Retardation  
Board, Inc.  
P.O. Box 11428  
Lexington, KY 40575  
(606) 253-1686

DISTRICT 15-A

Bluegrass West Comprehensive  
Care Center  
191 Doctors Drive  
Frankfort, KY 40601  
(502) 223-2182

DISTRICT 15-B

Bluegrass East Comprehensive  
Care Center  
201 Mechanic Street  
Lexington, KY 40507  
(606) 233-0444

DISTRICT 15-C

Bluegrass South Comprehensive  
Care Center  
650 High Street  
Danville, KY 40422  
(606) 236-7072

## REACTIONS TO DISASTER STRESS

Mental health disaster workers have noted age-specific reactions of individuals to disaster (NIMH, 1983; Lystad, 1985a). These reactions to stress may appear immediately after the disaster or after the passage of days or weeks. The following composite list is not all inclusive

Preschool Reactions	Latency Age Reactions	Preadolescent and Adolescent Reactions	Adult Reactions	Senior Citizen Reactions
Crying	Headaches, other physical complaints	Headaches, other physical complaints	Psychosomatic problems, such as ulcers and heart trouble	Depression, withdrawal
Thumb-sucking	Depression	Depression		Apathy
Loss of bowel/bladder control	Fears about weather, safety	Confusion	Withdrawal, suspicion, irritability	Agitation, anger
Fear of being left alone, of strangers	Confusion	Poor performance	Anger	Irritability, suspicion
Irritability	Inability to concentrate	Aggressive behaviors	Loss of appetite	Disorientation
Confusion		Withdrawal and isolation		Confusion
Immobility	Poor performance		Sleep problems	Memory loss
	Fighting	Changes in peer group, friends	Loss of interests in everyday activities	Accelerated physical decline
	Withdrawal from peers			Increase in number of somatic complaints

APPENDIX M-7  
PSYCHOLOGICAL EFFECTS OF DISASTERS ON RESPONDERS

I. SITUATION AND ASSUMPTIONS

- A. In any major disaster there will be a high degree of stress on emergency responders
- B. Localized emergency situations may also involve increased levels of stress.

II. CONCEPT OF OPERATIONS

A. Effects of Stress

- 1. Effects of stress on the emergency responder include:
  - a. an increased heart rate
  - b. elevated blood pressure, and
  - c. muscle tension.
- 2. These effects produce:
  - a. a faster metabolism
  - b. added energy expenditure, and
  - c. heightened concentration.
- 3. In small doses these effects can assist in the performance of emergency-related tasks.
- 4. Physical discomfort is possible if changes are extended too long, occur too frequently or become too intense. Physical discomfort symptoms include:
  - a. Gastrointestinal tension
  - b. Nausea
  - c. Muscle tremors or cramps
  - d. Heart palpitations
  - e. Ringing in the ears
  - f. Muffled hearing, or
  - g. Profuse sweating.

5. Responders may also be energized by these physiological changes to the point they may want to work to the point of exhaustion.

B. Reactions to Stress

1. Emotional reactions to stress in emergency or disaster include:
  - a. Anxiety
  - b. Fatigue
  - c. Frustration
  - d. Anger
  - e. Irritability
  - f. Hopelessness, and
  - g. Moments of Melancholy.
2. Responders have reported disturbances in work performance. These have been exhibited as:
  - a. Short term memory loss,
  - b. the inability to use logic to solve problems, and
  - c. difficulty in understanding or communicating with co-workers.
  - d. These symptoms are often accompanied by feelings of being overwhelmed by the emergency task.
  - e. Longer term problems may include some of the same symptoms plus feelings of depression.
3. Following disasters or major emergencies, it is likely that there will be increased usage of alcohol and drugs (both legal and illegal). This needs to be strongly discourage.
4. The most severe form of an emotional reaction to an emergency or disaster is classified as a mental disorder known as Post-Traumatic Stress Disorder (PTSD). PTSD occurs when event stress and occupational stress compound feelings of burnout.

5. Responders may also begin to withdraw from family and friends.
  - a. This is because they feel their families cannot understand what the responder is going through.
  - b. Others withdraw to protect family members from the terrible aspects of the response. This withdrawal leads to alienation, tension, and strain in the family.
  - c. Some responders report conflict between their roles as disaster workers and family members when they have to be separated for an extended period of time.

C. Intervention

1. Early Intervention activities are designed to assist workers in coping with the stressor event. The goal is to interrupt negative processes or minimize their influences.
2. On-Site Intervention or Crisis Counseling
  - a. On scene intervention may include actions by the incident commander or coordinator; peers; and at times, crisis counseling by mental health professionals.
  - b. Counseling to prevent prolonged exposure to stressors or to provide some measure of protection to workers through support and relief actions.
  - c. Counseling by trained mental health practitioners can aid the responder who has become distressed in the performance of duties at the scene. Any after-disaster counseling should be done by trained mental health professionals.
3. Crisis Intervention Principles
  - a. Isolate immediate problem and focus on it.
  - b. Encourage the ventilation of feelings.
  - c. Use positive rather than negative self-statements.
  - d. Information gained through employee contact can help determine if an employee can

return to work, and if so, in what capacity.

1. the preferred goal is the immediate return to full emergency duties and restoration of the normal working pattern.
2. Alternately, reassignment to less stressing work or temporary release from disaster duties are options.

D. Therapy

Therapy for distressed workers should be short-term and emphasize an active, direct approach.

1. Responders become impatient with client-centered, non-directive approaches; but tend to respond favorably to behavioral management techniques targeted at symptom reduction.
2. Mental health professionals encourage removal of old stress reduction techniques (alcohol, drug use, etc.) before new techniques can be successful.
3. The normal adjustment period following exposure to an intense and distressing experience may take many weeks and not all people adjust properly without some assistance. Monitoring is needed, either supervisory or medical.
  - a. Favorable results are obtained when services are provided by trained Critical Incident Stress Debriefing (CISD) teams and by mental health professionals who are familiar with the personalities and jobs of emergency workers. CISD teams are not yet available for the entire state.
    1. CISD teams are trained to provide counseling for emergency workers within the first 24 to 48 hours.
      - a) Counseling on-scene needs to be separated as much as possible from the occurrence.
      - b) After incident counseling needs to be done within 72 hours, but best results are received by scheduling the session as soon as possible.

- c) CISD sessions do not force anyone to talk about the occurrence but allow those who need to talk to do so. Anything said at these sessions is confidential.
  - d) The news media is not allowed to participate in these sessions. A separate session for the media may be arranged in certain cases.
- b. Mental health services need to be available for those who need longer term attention.
- c. Those responders covered by Kentucky's Worker's Compensation program are eligible for full payment of mental health bills if the mental health problems are directly related to the performance of disaster duties.
- d. If a responder is temporarily unable to work due to direct exposure to a disaster; in addition to full payment of mental health bills, the responder is also eligible for other benefits from the Worker's Compensation program.
- e. State Government employees and their families are eligible for help from the Office of Employee Assistance in the Department of Personnel.
- f. Assistance is also available at Comprehensive Care Centers through the state (see Tab M-6-1). These centers are affiliated with the Cabinet for Human Resources.
- g. Following a Presidential Disaster Declaration, under PL 93-288 funds may be available from the National Institute of Mental Health (NIMH) to provide special mental health services for disaster victims. The request for these funds will come from the Cabinet for Human Resources.

#### E. Prevention

1. An effort to identify and analyze organizational stress should be undertaken. There are three major causes of organizational stress. They are:

- a. Problems in role clarity and role conflict: Role Clarity occurs among workers who are unsure of their responsibilities in an emergency or disaster; Role Conflict occurs when a worker must face competing demands from other personnel, the media, or the public.
  - b. Chain of Command: When multiple response agencies are involved in the incident, it may be difficult to ascertain who is in charge.
  - c. Organizational conflict (either within or between organizations) over allocations of resources, responsibility or blame.
- 2. Pre-service and in-service training and planning activities are necessary to help workers become less vulnerable to stress and learn more about coping with traumatic events. This training should be as a companion to any regular training programs.
  - 3. Any plan to assist workers in dealing with participation in a major incident should include an active affiliation between the organization and the mental health resources to which it has access. This affiliation should not exist only on paper.
    - a. Training can be accomplished through joint in-service activities. Mental health personnel can be incorporated into non-disaster emergency work such as on-site consultation for victims and referrals.
    - b. Cross-utilization of resources between mental health agencies and emergency services should be encouraged.

### III. ADDITIONAL GUIDANCE

- A. Disaster Work and Mental Health, DHHS Publication No. (ADM) 87-1422, 1985 [Reprinted 1987]
- B. Emergency Response to Crisis, Mitchell and Resnik, 1981
- C. Emergency Services Stress, Mitchell and Bray, 1989
- D. KRS Chapter 342
- E. Disasters and Mental Health: An Annotated Bibliog-

raphy, DHHS Publication No. (ADM) 84-1311, 1984

- F. Disaster Work and Mental Health: Prevention and Control of Stress Among Workers, DHHS Publication No. (ADM) 87-1422, 1985 [Reprinted 1987]
- G. Prevention and Control of Stress Among Emergency Workers, A Pamphlet for Team Managers; DHHS Publication No. (ADM) 87-1496, 1987 [Reprinted 1988]
- H. Prevention and Control of Stress Among Emergency Workers, A Pamphlet for Workers; DHHS Publication No. (ADM) 87-1497, 1987
- I. Training Manual for Human Service Workers in Major Disasters, DHHS Publication No. (ADM) 86-538, 1978 [Reprinted 1983 and 1986]
- J. Human Problems in Major Disasters: A Training Curriculum for Emergency Medical Personnel, DHHS Publication No. (ADM) 88-1505, 1987 [Reprinted 1988]
- K. Are You Prepared?, FEMA Publication 166, 1989
- L. FEMA Disaster Workers Can be Affected by Disasters, FEMA Publication L-156, 1987
- M. Returning Home After the Disaster, FEMA Publication L-157, 1987

APPENDIX M-8  
MEDICAL SERVICE TO ANIMALS

I. SITUATION AND ASSUMPTION

- A. Large scale disasters will injure and kill animals. These animals may be domestic, wild or pets.
- B. Located within Kentucky are Veterinarian, Humane Societies, wild life experts, and animal care providers who can assist in the care of injured animals and the disposal of dead animals.
- C. Care of wildlife and domestic animals will be a joint governmental and non governmental effort.

II. DIRECTION AND CONTROL

- A. The Kentucky Department of Agriculture will coordinate the care and/or disposal of domestic animals.
- B. The Kentucky Cabinet for Natural Resources and Environmental Protection, through its Fish and Wildlife Division, will coordinate the care and/or disposal of wildlife.

III. CONCEPT OF OPERATIONS

- A. The Kentucky Department of Agriculture and the Kentucky Cabinet for Natural Resources and Environmental Protection will coordinate the care of, destroying of and disposal of injured or dead animals.
- B. The Kentucky Cabinet for Natural Resources and Environmental Protection will coordinate the clean up of wildlife contaminated by hazard material.
- C. The Kentucky Department of Agriculture, in cooperation with the local Humane Society, will coordinate the handling of pets brought to a shelter.
- D. The Kentucky Veterinarian Medical Association will assist in providing care for animals if so requested by the Kentucky Department of Agriculture or the Kentucky Cabinet for Natural Resources and Environmental Protection.
- E. The Kentucky Cabinet for Natural Resources and Environmental Protection will coordinate all vector control for all animal borne disease. They will, in cooperation with Human Resources Cabinet and Kentucky Department of Agriculture, conduct field investigations, collect samples, oversee laboratory tests, assist in

providing necessary animal control equipment and supplies, and provide technical assistance to local government.

- F. The Department of Agriculture, assisted by the Kentucky Veterinarian Medical Association, will verify and destroy all contaminated meats, fish and poultry.
- G. The Department of Agriculture will coordinate the evacuation of any live stock as a result of a disaster.
- H. In the event of a major search and rescue operation using dogs, the Kentucky Veterinarian Medical Association will, if asked, provide medical assistance.
- I. Kentucky Department of Agriculture and Cabinet for Natural Resources and Environmental Protection will supply the Public Information Officer, during a major disaster, with mitigation, response and recovery information in the protection, care and disposal of animal

#### IV. ADMINISTRATIVE SUPPORT

Administrative Support will be provided by Kentucky Department of Agriculture and Cabinet for Natural Resources and Environmental Protection.

#### V. REFERENCES

Veterinary Services In Disaster And Emergencies, ED. Robert J. Schroeder DVM , 1987.

## **APPENDIX M-9**

### **CHEMICAL STOCKPILE EMERGENCY PREPAREDNESS PROGRAM**

#### **(CSEPP)**

#### **MEDICAL SERVICES**

##### **I. PURPOSE**

To provide and coordinate the provision of emergency medical services in response to a chemical event at the Blue Grass Army Depot (BGAD).

##### **II. SITUATION AND ASSUMPTIONS**

If there were an accidental release of Chemical agent at BGAD, certain medical procedures specific to CSEPP are necessary, both as a precaution, or as treatment for symptoms.

##### **III. CONCEPT OF OPERATIONS**

- A. During a declared " State of Emergency" in response to a chemical accident at BGAD, coordination of State agency emergency medical, public health and sanitation, and mental health services provided to the affected local government(s) will be exercised at the State level. The Kentucky Cabinet of Human Resources (CHR) will take the lead in coordination at the State level.
- B. Designated State agencies will be assigned to coordinate with CHR to assist local government efforts in various disaster-related medical services, including, but not limited to:
  - 1. Coordinated use of all available hospital resources and medical personnel, and casualty collection sites.
  - 2. A system for priority treatment of the contaminated and injured at both hospitals and casualty collection sites.
  - 3. Identification and registration of the chemical casualties.

4. Determination of any chronic conditions or on-going medical requirements of chemical accident victims.
  5. Emergency transportation of the chemical casualties.
  6. Coordinated assistance from the American Red Cross and other appropriate voluntary relief organizations.
- C. Designated State agencies will be assigned to coordinate with CHR to assist local government efforts in various disaster-related public health and sanitation services, including, but not limited to:
1. Vector control to prevent disease and infestations, including pesticides.
  2. Monitoring waste disposal, including contaminated foods.
  3. Dispersing of drugs and medications to individuals in need of continuing treatment.
  4. Inspection of the storage and handling of food, health and medical, and sanitation commodities and items essential to public health preservation.
  5. Protection from contaminated and unsafe food and drugs.
  6. Communicable disease control.
- D. In response to a chemical accident at BGAD, local government emergency medical, public health, mental health, and sanitation services will be directed and controlled by the affected local government. This includes coordination of any health services that may be made available by the American Red Cross and/or other voluntary organizations.
- E. **Incident Hazard Analysis**
1. If an incident occurs, a hazard analysis team will be established to:
    - a. Evaluate current hazards
    - b. Analyze any possible long term effects

- c. The team will be comprised of representatives from BGAD, CHR, Madison County Health Department, and representatives from Federal organizations. Other State agencies' representatives, Natural Resources and Environmental Protection Cabinet (NREPC), and the Kentucky National Guard, may also be required.

#### IV. DUTIES AND ASSIGNMENT OF RESPONSIBILITIES

- A. If the situation created by a chemical accident at BGAD is declared a "State of Emergency", "Emergency", or "Major Disaster", CHR will be responsible to coordinate all State agency disaster-related medical, public health, public mental health, sanitation and support operations and services.
- B. The designated State agencies below are responsible to assist CHR by performing the stated disaster medical, public health, and sanitation and support functions during declared "State of Emergency", "Emergency", or "Major Disaster" operations:
  - 1. Kentucky Disaster and Emergency Services: Coordination of federal and other support, including military, as appropriate.
  - 2. Kentucky National Guard: Traffic and Access Control, Medical care and water supply.
  - 3. Kentucky Medical Examiner: Body identification and disposition of remains.
  - 4. State Fire Marshall: Coordination of resources for mutual aid for fire fighters and equipment.
- C. While, as above, overall coordination of State agency emergency medical, public health and sanitation service provided to local government(s) will be exercised by Kentucky Department for Health Services during any declared "State of Emergency", "Emergency", or "Major Disaster" situation, each supporting State agency will function within its own internal structure and operating procedures under the direction and control of its agency head.
- D. CHR will notify the State EOC of any requirements for federal medical and health assistance that may be available to the state. If such assistance is provided, CHR will serve as the State's point of contact to the appropriate federal agency(ies) providing assistance.

- E. BGAD will maintain its Medical Support capability as outlined in its CAIRA Plan, which deals with on post emergency medical and health services.