

## APPENDICES

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## HELICOPTER REQUIREMENTS FOR OPERATION AT CCPS

The information contained herein is provided to allow county authorities to site and design Casualty Collection Points (CCPs) for optimal helicopter operations.

## Helicopter Patient Capacity by Model

The type and capacity of helicopters likely to be assigned evacuation missions are as follows:

<u>TYPE HELICOPTER</u>	<u>LITTER CAPACITY</u>	<u>AMBULATORY PATIENTS</u>
CH-46	16	20
CH-47 "CHINOOK"	24	33
CH-53	24	33
HH-3 "JOLLY GREEN GIAN"	16	21
HH-53	22	37
S-58	9	15
UH-1 "HOUEY"	6	9

## Landing Area Designation and Control Procedures

With the exception of Disaster Support Areas, few special facilities have preapproved helicopter landing sites. To facilitate air transportation of casualties during a disaster response, counties should survey all proposed CCPs. The California National Guard will conduct safety surveys of each CCP as they are identified. These special facilities should be listed using a generic mapping system available to potential county, state and federal responders. The Thomas Brothers Guide is suggested as the preferred map system.

In extreme emergencies, helicopters may land at locations other than approved landing sites. In the interest of air operations safety, local authorities should temporarily mark or outline these emergency landing sites. Listed below are minimum landing site specifications for two representative military helicopters and general landing site considerations for all helicopter operations.

#### OH-58/UH-1

1. Site must be at least 150 ft. long X 150 ft. wide.
2. In addition, computing from the edge of the landing zone, aircraft should be able to land/depart at a 3:1 ratio slant without encountering obstacles.
3. Aircraft dimensions:  
OH-58 - Length (including rotor): 41 ft.  
Height: 10 ft.  
UH-1 - Length (including rotor): 53 ft.  
Height: 13 ft.

#### CH-46 AND CH-47

1. Site must be at least 250 ft. long X 250 ft. wide.
2. In addition, computing from the edge of the landing zone, aircraft should be able to land/depart at a 3:1 slant ratio without encountering obstacles.

3. Aircraft dimensions (both helicopters):

Length: 98 feet

Width: 17 feet

Main Rotor: 60 feet in diameter

**Landing Site Considerations**

1. Counties should always try to opt for the 250 X 250 ft. clear area for a casualty collection point. We may not have a choice of the type of helicopter available.
2. Landing sites should be as level as possible and free of bushes, shrubs, stumps, etc. They should be free of debris that could be "sucked up" into rotor blades. If in an urban area, landing sites should be free of light standards, power poles, power lines, etc. Obstacles adjacent to the landing site should be marked, especially during night operations.
3. Aircraft sites should be marked to indicate prevailing winds. Prevailing winds should be indicated by using smoke. Improvised windsocks or markers should be avoided due to the danger of such items being sucked into rotors.
4. During night operations, vehicle lights may be used to mark the helipad or landing area. A helicopter pilot will land into the head lights and stop just short of the vehicle. This is to prevent the tail rotor from hitting anything. Therefore, the vehicle should position itself at the

upwind limit of the landing area with the backend of the vehicle pointing upwind. A check should be made to insure that there are no obstructions or debris for 250 ft. in front of the vehicle.

5. Security is important at the helicopter landing site to prevent inadvertent injuries or access to the helicopter.

## MEDICAL SUPPLY LIST

### PRELIMINARY DRAFT

*[The Medical Supply lists provided below are advisory only. The Authority is currently reviewing the lists and the time frames under which they are organized. Also, please note that CCPs should, in general, plan for a 200 bed holding capacity. The amounts on these lists should be adjusted accordingly.]*

#### TIME FRAME 1 (1-8 hours)

Staffing: prehospital personnel (all levels of EMTs)  
          first aiders  
          first responders

#### Procedures:

##### Assessment

##### Airway management

- head tilt
- oral airway insertion
- oxygen administration
- needle thoracostomy
- occlusive dressing for open pneumothorax

##### Bleeding control

- dressing and bandaging wounds
- pressure dressings
- tourniquet application
- use of hemostats

##### Shock management

- IV fluid replacement
- application of pneumatic antishock trousers

##### Fracture management

- application of cervical collars and backboards
- application of splints to extremity fractures including traction splint
- use of ice packs to decrease swelling

##### Drug therapy

- pain control
- narcotic overdose
- diabetic reaction

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drug treatment to assist with post partum  
hemorrhage(oxytocin)

Obstetrical Emergencies  
assist with childbirth

Patient Transport

KIT ONE ( 1-8 hours, 50 casualties)

BANDAGE AND DRESSING SUPPLIES

compresses, gauze, 4" x 4", bulk	200
pad, gauze, 5" x 9", sterile	48
bandage, gauze, 4" x 10 yds., unsterile, stretchable	48
gauze, petrolatum, 5" x 9", sterile	24
tape, cloth, 1" x 10 yds.	24
tape, cloth, 3" x 10 yds.	24
bandaid, 1"	36

ORTHOPEDIC SUPPLIES

splint, traction, femur (adult)	6
splint, traction, femur (pediatric)	4
splint, cardboard, 36", non-padded	24
splint, cardboard, 24", non-padded	24
collars, cervical, hard-foam, non-absorbing, adult	12
collars, cervical, hard-foam, non-absorbing, child	4
backboards, 18" x 72", AA Marine Plywood (or equivalent)	48
bandage, triangular	24
icepacks, instant	24

INTRAVENOUS SUPPLIES

catheter and needle, IV, 18 ga.	48
catheter and needle, IV, 16 ga.	12
intravenous administration set, reg. drip	24
intravenous administration set, pediatric drip	6
povo-iodine prep pads	100
Lactated Ringers solution, 1,000 cc. plastic bag	48
tourniquets, 1"	12
armboards, 3" x 18"	24

INSTRUMENTS AND GENERAL MEDICAL SUPPLIES

scissors, bandage, angular, 5 1/2"	12
hemostats, locking	6
sphygmomanometer, adult	6
sphygmomanometer, pediatric	4
stethoscope	6
gloves, patient exam	200
masks, flat, surgical	100

SUPPLIES

bags, plastic, 30 gal., 8 mil.	48
blankets, disposable, plastic backing	100
emesis basins	12
obstetrical kits	2
litters, folding, rigid pole	48
strap, webbing, 72"	100



MEDICATIONS AND DISPENSING SUPPLIES

syringe, hypo, 3 cc, 20 ga. x 1", disposable	24
needle disposal containers	6
morphine sulfate injection, 15 mg/cc, 22 ga. x 1 1/4" pre-loaded syringe	12
naloxone hydrochloride injection, 0.4 mg/cc	12
nitroglycerin tablets, 0.6 mg.	12
Dextrose 50%, 50 cc. pre-loaded syringe	4
Oxytocin, 10 units, pre-loaded syringe	4

RESPIRATORY EQUIPMENT AND SUPPLIES

airways, oropharyngeal #1, #3, #5	4 ea.
oxygen cannula, nasal	12
oxygen mask, adult	12
oxygen cylinder, "D", aluminum	6

TIME FRAME 2 (8-36 hours)

Staffing: First aiders  
First responders  
Prehospital personnel  
Hospital emergency response teams  
Volunteer nurses and doctors

Procedures:

all of the above in time frame one, plus:

Airway management  
suctioning  
nasopharyngeal airway insertion  
esophageal obturator airway insertion  
endotracheal intubation  
needle cricothyrotomy  
needle thoracostomy

Bleeding control  
    application of ligatures  
    field amputation  
    packing of wounds

Fracture management  
    application of conforming splints (plaster of paris  
        splints)

Eye injury care  
    removal of foreign body  
    prevention of infection

Abdominal Emergencies  
    Catheterization  
    Nasogastric tube insertion and suctioning  
    Peritoneal Lavage

Dehydration  
    Pediatric replacement solutions (Pedilyte/Osmolyte)

Provide initial drug treatment for:  
    diabetes-related crises  
    asthma attacks  
    congestive heart failure  
    psychological reaction  
    tetanus vaccination  
    burns  
    cardiac problems (?)  
    head injuries (?)  
    acute respiratory emergencies  
    seizures

KIT TWO (time frame 2, 50 casualties)

ORTHOPEDIC SUPPLIES

bandage, elastic, 3"	12
bandage, cotton, plaster of paris impregnated, 5" x 30"	48
cast underwrap, 5" x 6 yds.	24
pail, utility, 8 qt. with handle, metal or plastic	2

INSTRUMENTS AND GENERAL MEDICAL SUPPLIES

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hemostats	12
surgical suture, size 00, polyester, braided, 3/8 circle	8
morgue pack	12
surgical amputation kit, for field use (to include Ketamine for anesthesia)	4
Catheter, urethral, foley, 5cc balloon #12, #16, #20 french	4ea.
Feeding tube, #8 french	6
Catheterization pack, urethral	12
Drainage set, urinary	12
Nasogastric tube, #16, #22 french	4ea.
syringe, irrigation, 60cc	8
Otoophthalmoscope set	2
Peritoneal Lavage catheters	4

SUPPLIES

soap, bar, non-astringent, 100% pure, 4 oz.	12
basin, wash, sturdy plastic/ metal, 7 qt.	6
bedpan, plastic disposable	48
bedpan, fracture, plastic disposable	6
urinals	24
blanket, lightweight	48
towel sets, white (1 towel, 1 washcloth)	24
towels, paper, rolls	12
napkins, sanitary	10
toilet paper	12

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Medical Supply List

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hot cups, 10 oz., disposable 200

MEDICATIONS AND DISPENSING SUPPLIES

Diazepam Inj., 5 mg./cc,  
2 cc pre-loaded syringe 10

Insulin Inj. USP (Regular) U-100,  
10 cc/bottle 1

Furosemide Inj., 10 mg./cc,  
4 cc pre-loaded syringe 4

Adrenalin 1:1000 ampules 4

Aminophylline 250 mg./10 cc ampule 4

Tetanus immune globulin (Hypertet) 10

Tetanus and Diptheria toxoid,  
5 cc pre-loaded syringe, (adult) 36

Diptheria, pertussis and tetanus toxoid,  
(pediatric) 121

Silver Sulfadiazine Cream, 400 Gms./jar 6

Talwin Inj., 60 mg./2 cc,  
cartridge-needle unit 6

Aspirin 250 mg. tablets 100

Syringe, disposable hypo., 1cc  
(.1 gradients) 8

syringe, disposable hypo., Insulin,  
100 units with 5/8" needle 12

syringe, disposable hypo.,  
5 cc luer-loc 200

needle, disposable hypo.,  
20 gauge x 1.5" 36

needle, disposable hypo.,  
22 gauge x 1" 100

EYE CARE ITEMS

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magnifying glasses	1
eye spud, ( 2 sizes)	1ea.
Opthaine	1
eye shield	6
sodium sulamyd ointment	6

PEDIATRIC SUPPLIES

diapers	12
disposable wipes	72
Pedilyte/osmolyte solutions	24
nipples	24
cotton balls, unsterile	24

RESPIRATORY EQUIPMENT AND SUPPLIES

Nasopharyngeal airways #24, #28, #32 french	4ea.
esophageal obturator airway	2
endotracheal tubes, #__, #__ french	2 ea.
suction catheters, #__, #__ french	12 ea.
manual suction apparatus, multiple patient use	2
Oxygen "E" cylinders	5
Cascade filling system for oxygen tanks	1

TIME FRAME THREE (36-120 hours)

Staffing: all of the above  
greater numbers of hospital personnel

Procedures:

all of the above in time frame 1 & 2, plus:

Airway management  
Tracheostomy  
Thoracostomy

Bleeding control and wound management  
Primary wound closure

Fracture management  
setting of fractures, including muscle relaxant  
cast application

Eye care  
check for scratches

Initial drug treatment for:  
infections  
diarrhea  
local anesthesia

KIT THREE (time frame 3, 50 casualties)

WOUND CARE SUPPLIES

Sterile water for irrigation, 1,000 cc plastic bottles	24
surgical scrub brushes with betadine	24
suture set, disposable	12
scalpel, disposable, #10	24
suture, 4-0, nylon	24
betadine solution, non-foaming, plastic quart bottles	4
penrose drains, (latex tubing), sterile, 1/2" x 12"	12

ORTHOPEDIC SUPPLIES

bandage, cotton, plaster of paris im- pregnated, 4" x 5 yds. rolls	24
bandage, cotton, plaster of paris impreg- nated, 6" x 5 yds. rolls	18
cast cutting scissors	2

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scalpel, disposable, #15	24
surgical set for fasciotomy	6

MEDICATIONS AND DISPENSING SUPPLIES

5% Dextrose in water (D5W), partial fill, 100 cc	24
IV piggyback tubing	12
Cefazolin Sodium injection (Ancef), 5 Gm. vials	12
Vancomycin hydrochloride, 500 mg. vials	4
Furosemide, 40 mg. tablets	50
Diazepam, 5 mg. tablets	12
Diphenoxylate Hydrochloride and Atropine Sulfate tablets (Lomotil)	48
Talwin 50 mg. tablets	100
Tylenol with Codeine, 30mg. tablets	100
Water for injection, 5 cc/bottle	100
Lidocaine Hydrochloride injection 1%, 50 cc/bottle	2
Potassium chloride injection, 20 mEq/10 ml.	8

GENERAL MEDICAL SUPPLIES

Tongue depressors, wood	24
Test strips and color chart, urinary glucose and protein	24
eye wash	2
floriscen strips	12
sterile saline, 500 cc IV solution	12
utility kit	50

RESPIRATORY EQUIPMENT AND SUPPLIES

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Tracheostomy tray	4
Tracheostomy tubes, #__, #__	4ea.
Thoracostomy tray	4
Chest tubes, #16, #__ french	4ea.
Kelly clamps	8
Closed drainage system, non-breakable	8



## JOB DESCRIPTIONS AND TEAM CONFIGURATIONS

### PRELIMINARY DRAFT

#### Medical Personnel Job Descriptions

MEDICAL SUPERVISOR - Lead medical person who, under the direction of the County, directs and controls the activities at a CCP.

TRIAGE CONTROL OFFICER - Medical person who coordinates triage of casualties and manages the triage area at a CCP.

TRIAGE TEAM - Medical personnel who triage patients and assign them to the appropriate treatment unit.

TREATMENT CONTROL OFFICER - Medical person who assures proper triage and treatment of casualties and manages the treatment area.

IMMEDIATE AND DELAYED TREATMENT UNIT LEADERS - Medical personnel who coordinate treatment of casualties received in their respective Units. In the absence of other qualified personnel, they treat casualties using their current standard of practice. Coordinate movement of stabilized casualties into a holding area for transport.

TREATMENT TEAMS - Medical personnel who treat casualties utilizing their current standard of practice and assign stable casualties to the appropriate holding area.

MORGUE OFFICER - Person who coordinates movement of deceased into morgue area, assures security of casualty remains and belongings for identification purposes, and records information for release of bodies to coroner's office.

TRANSPORTATION CONTROL OFFICER - Medical person who coordinates (with communication officer) transportation of casualties to local hospitals or to the DSA. Assures maintenance of adequate patient tracking records, including use of the State Tracking Tag, if available.

IMMEDIATE AND DELAYED TRANSPORT UNIT LEADERS - Medical personnel who coordinates care of stable casualties waiting for transport.

MONITORING TEAMS - Medical personnel assigned to monitor and assure continued stability of casualties waiting for transport.

Job Descriptions  
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TRANSPORTATION RECORDER - Person who maintains records necessary for patient tracking, including destination and assignment of Tracking Tags.

MEDICAL COMMUNICATIONS OFFICER - Person who maintains communications with appropriate county officials to assure proper patient destinations and to process requests for equipment, supplies, personnel, and casualty evacuation.

AIR OPERATIONS CONTROLLER - Coordinates traffic flow within helicopter landing area, assures patient and personnel safety, adequate heliport area maintenance, and appropriate placement of heliport markers.

REGISTRATION CLERK - Person who initiates medical records for patients arriving at CCP.

Non-Medical Personnel

LOGISTICS AND SUPPORT SUPERVISOR - Responsible for assuring logistic and other support services are operational and functioning properly.

SUPPORT SERVICES BRANCH SUPERVISOR - Assures support services such as food services, sanitation, and water are available.

SOCIAL SERVICES BRANCH SUPERVISOR - Assures social and mental health support services are available and operational.

LOGISTICS SUPPORT BRANCH SUPERVISOR - Assures the availability and operational status of logistic support for the CCP. These support operations include Supply Operations, Facility Operations, Security, Safety and General Traffic Control.

SUPPLY OFFICER - Person who distributes and maintains equipment and supplies and/or manages other personnel performing these functions. Supply officer will manage medical supply, non-medical supply and clothing and linens operation.

FACILITY OPERATIONS MANAGER - Responsible for opening facility housing CCP, assuring layout and setup according to procedures, maintaining power and other utilities, and handling other facility related issues.

PROCUREMENT OFFICER - Responsible for coordinating requests for personnel, supplies and equipment needed for the operation of the CCP.

PERSONNEL OFFICER - Responsible for identifying personnel needs and orienting and assigning volunteers and other medical and non-medical personnel needed for CCP operation.

## Team Descriptions

The suggested teams and their respective compositions are:

1. CCP Strike Team

Medical Supervisor - 1  
Triage Control Officer - 1  
Treatment Control Officer - 1  
Immediate Treatment Unit Leader - 1  
Transportation Control Officer - 1  
Air Operations Controller - 1  
Medical Logistics Officer - 1  
Communications Officer - 1

2. CCP Triage Team

Triage Control Officer - 1  
Triage Team - 6  
Registration Clerk - 1

3. CCP Treatment Team

Treatment Control Officer - 1  
Immediate Treatment Unit Leader - 1  
Immediate Treatment Team - 3  
Delayed Treatment Unit Leader - 1  
Delayed Treatment Team - 1  
Morgue Officer - 1

4. CCP Transportation Team

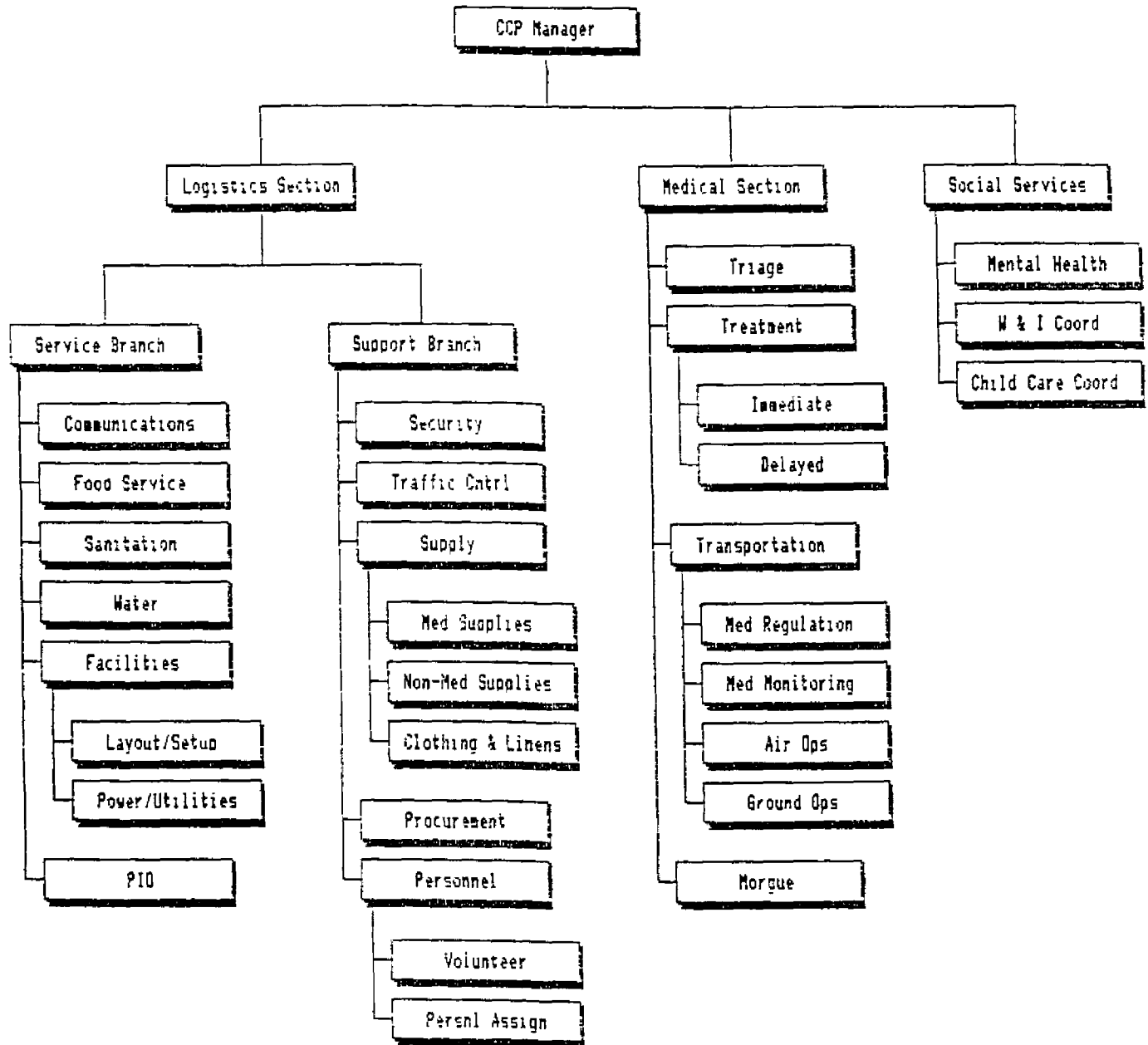
Transportation Control Officer - 1  
Transportation Recorder - 1  
Communications Officer - 1  
Air Operations Controller - 1  
Immediate Transport Unit Leader - 1  
Immediate Transport Monitoring Team Members - 1  
Delayed Transport Unit Leader - 1  
Delayed Transport Monitoring Team Members - 1

5. CCP Support Team

Medical Logistics Officer - 1  
Logistics Assistant - 1  
Communications Assistant - 1  
Respiratory Therapist - 1  
Pharmacist - 1  
Pharmacy Assistant - 1  
Medical Assistants - 2

CASUALTY COLLECTION POINT ORGANIZATION  
PRELIMINARY DRAFT

CCP Guidelines  
02/09/89



## APPENDIX 2

### ISSUES AND CONSIDERATIONS

*[This appendix lists issues and considerations for siting and operating CCPs. These guidelines cannot detail all the aspects of CCP operations. The detailed procedures should flow from local planning based on available resources and the existing EMS system. This section does provide, however, a starting point for local planning by listing issues related to siting operating CCPs.]*

Many of the items listed below were generated by the management staff of the San Bernardino County Department of Public Health during a two day workshop on CCPs. Their assistance is gratefully acknowledged.]

[The optimal locations for CCPs depend on a variety of factors including the distribution of medical facilities and population within a county, the availability, location, and competing uses for appropriate facilities; and, the county's plans for how CCPs will be integrated into its disaster response system. Below, we have listed the pros and cons for various CCP siting options. Please note, we have intentionally refrained from recommending any particular option].

#### A. Near Hospitals

##### 1. Pro

- a. Accessibility to supplies
- b. Proximity to hospital
- c. Proximity to personnel
- d. People aware of location
- e. Good road access
- f. Heliport

##### 2. Con

- a. Overrun by people coming in
- b. Congestion
- c. May not be most accessible
- d. Too much impact on personnel
- e. Confusion of people
- f. Drain on power, water, sewage, etc.

## B. Covered Shopping Centers

### 1. Pro

- a. Space
- b. Location well known
- c. Diversion when overwrought
- d. Clothing and linens available
- e. Fast food
- f. Pharmacy
- g. Reading Material
- h. Structurally sound
- i. Parking available - heliport
- j. Major freeways near
- k. Pet store - patient mental health

### 2. Con

- a. No cooking/water storage
- b. Liability - private property
- c. Plate glass breaks
- d. Stealing
- e. Access may not be good
- f. Probably no generators
- g. limited sanitation

### C. Large Parks

#### 1. Pro

- a. Large Spaces
- b. No structures falling
- c. Locations well known
- d. Planned parking
- e. No gas leaks

#### 2. Con

- a. Weather conditions
- b. No cooking facilities
- c. Inadequate restroom facilities
- d. Landing area for helicopters
- e. Security

### D. High Schools

#### 1. Pro

- a. Individual rooms
- b. Large areas
- c. Internal communications - PA
- d. Cooking facilities
- e. Plenty of water, restrooms, etc.
- f. Access by helicopter



2. Con

- a. Structure faults
- b. Occupied
- c. Parking
- d. Access
- e. Lack of elevators if multi-story

E. Fairgrounds

1. Pro

- a. Open space
- b. Covered buildings
- c. Traffic/transportation access by road
- d. Perimeter security - most are enclosed
- e. Parking
- f. Food preparation facilities
- g. Water and electrical
- h. Sanitation - toilets
- i. Locations are well known
- j. Proximate to helipad and fire stations in some locations

2. Con

- a. Only a one or a few in each county
- b. No communications
- c. Problem if event is in progress

- d. May not be near hospital
- e. Not distributed throughout population

## F. Airports

### 1. Pro

- a. Access by fixed wing aircraft for supply stocking
- b. Ease of evacuation
- c. Usually quite a few in larger counties distributed throughout
- d. Good road access
- e. Good communications
- f. Open spaces
- g. Hangars may be available for cover
- h. Electrical and water
- i. Backup electrical
- j. Locations well known

### 2. Con

- a. Usually not near hospitals
- b. Some small airports do not have water or sanitation facilities
- c. Lack of food preparation capabilities
- d. Poor access for casualties
- e. Smaller airports may have limited covered space for storage

*[Detailed planning for CCP operations should take place at the local level. Further, it is advisable to decentralize the planning process encouraging those responsible for each functional area to develop plans for its implementation. Below we have provided lists of issues which should be considered. The items are provided without comment and are meant only to assist the planning effort.]*

#### **A. Facilities and Utilities Setup and Operation**

1. Sanitation - Portapoddies
2. Assessment of layout
3. Utilities - generators available
4. Communications and backup
5. Preliminary work - who does what - keys
6. MOUs on use of facility
7. Staffing - who & availability in worst case
8. Notify public CCP is setup
9. Cooking facilities and fuel
10. Check for proximity to toxic materials
11. Structurally sound
12. Back up location
13. Capacity for beds and space - do you have to move anything out of the way?
14. Heating and cooling

#### **B. Food Preparation and Distribution**

1. Refrigeration and Heat Source
2. Catered - Properly Prepared

3. Small containers for food serving dishes
4. Adequate space for service
5. Washing hand space - sanitation
6. Washing dishes or disposable
7. Trash collection
8. Baby feeding and sterilization issues
9. Pets and stray animals foraging
10. Birth control and family planning for animals
11. Rodents
12. Bringing in food - transportation
13. MOUs for food donations and preparation
14. Quick to prepare vs long term cooking
15. Enough water for cooking as well as drinking
16. Security

C. Internal and External Communications

1. Phone lines
2. HAM operators - local, regional, state communications
3. Press releases/media
4. EOC location & communication - logistics
5. Patient tracking
6. Registration of volunteers
7. Registration and supervision of staff
8. Battery operated radios
9. Update information for CCP staff

10. Public address system
11. Defining roles of staff and volunteers

#### D. Security and Traffic Control

1. Define plan
2. Who's responsible
3. Helicopter signals
4. Ropes and barricades
5. Entry and exit identification
6. ID tags for staff and volunteers to get past sheriff's barriers
7. Designated areas with signs
8. Pedestrian traffic control
9. Secure storage for medical supplies
10. Secure morgue area

#### E. Safety

1. Helicopter operations
2. Crowd control
3. Lighting problems if no power
4. Spills in foot traffic areas
5. Vehicle traffic control
6. Medications/Medical equipment security
7. Hazardous materials storage and use (Oxygen, fuel, etc.)
8. Biological hazards and wastes

9. Air traffic control

10. Physical layout - steps, tent stakes, etc.

**F. Mental Health/Social Services**

1. CCP/Rescue staff burnout

2. Inquiries about family and significant others

3. Child care

4. Elderly care

5. Mentally ill people

6. Referrals to shelters

7. Acute/urgent mental health crises

8. General information

9. Transportation

10. Medical status of family and significant others

## APPENDIX 3

### SAMPLE PLANNING FORMS

*[The forms provided below are suggested to assist counties in organizing the CCP planning efforts. The key to successful planning for CCP operations include:*

- a. Accomplishing as much site preparation prior to the event as possible, and*
- b. Establishing responsibility not only for the operation of a function but also for its planning. CCPs, in particular, and disaster planning in general are sufficiently complicated to require assistance from all the potential participants.*

*There is no requirement that these forms be used. We do suggest that some standardization of data on CCP locations and responsibilities be used in each county.]*

CASUALTY COLLECTION POINT  
FACT SHEET

OCP LOCATION

COUNTY:	CITY:
FACILITY NAME:	ZIP CODE:
STREET ADDRESS:	MAP COORDINATES:

FACILITY DESCRIPTION

FACILITY CAPABILITIES

FACILITY TYPE:		WATER:	Y	N
		ELECTRICAL:	Y	N
TOTAL SQ FEET:		BACKUP ELECTRICAL:	Y	N
COVERED SQ FEET:		SUPPLY CACHE:	Y	N
# BLDGS AVAILABLE:		COOKING FACILITY:	Y	N
		SANITATION:		
		TOILETS:	Y	N
		SHOWERS:	Y	N
		SECURITY:		
		FENCE:	Y	N
		CONTROLLED ACCESS PT:	Y	N

AIR OPERATIONS

SITE INSPECTION

CALIFORNIA NATIONAL GUARD AIR SAFETY INSPECTION Y N	GROUND INSPECTION: Y N
DATE: / /	DATE: / /
INSPECTOR'S NAME:	NAME OF INSPECTOR:
UH - 1 CAPABLE: Y N	Notes:
CH - 47 CAPABLE: Y N	
FACILITY CONTACT NAME:	BACKUP FACILITY CONTACT NAME:
WORK PHONE:	WORK PHONE:
EMERGENCY PHONE:	EMERGENCY PHONE:



**CASUALTY COLLECTION POINT  
FUNCTIONAL RESPONSIBILITY DELEGATION**

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
CCP Manager	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Logistics Section Chief	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Service Branch Chief	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Communications Officer	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Food Service Manager	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Power/Utilities Coordinator	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Public Info Officer	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Social Services Section Chief	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Mental Health	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Welfare & Inquiry	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Child Care Coordinator	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Support Branch Chief	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Security Officer	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Traffic Control Officer	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Supply Officer	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Medical Supply Officer	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Non-Medical Supply Officer	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Clothing & Linens	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Procurement Officer	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Personnel Officer	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Volunteer Coordinator	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Assignment Coordinator	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Medical Section Chief	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Triage Officer	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Treatment Officer	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Immediate Tx Unit Leader	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Delayed Tx Unit Leader	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Transportation Officer	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Med Regulation Officer	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Med Monitoring Officer	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Air Operations Officer	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Ground Ops Officer	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
Morgue Officer	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

FUNCTION	PRINCIPAL RESPONSIBILITY	BACKUP RESPONSIBILITY
	Name:	Name:
LEAD AGENCY	Work/Emergency Telephone:	Work/Emergency Telephone:
	(W) (E)	(W) (E)

# SAMPLE ARRANGEMENT FOR CCP FUNCTIONS

