

Emergency Planning Guide

Presented at the

Homeland Security Forum

**Gloria Dei Lutheran Church
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Nassau Bay, Texas**

Emergency and non-emergency contact numbers

Agency	Emergency	Non-Emergency
Houston Police Department	911	713-222-3131
Houston Fire Department, Ambulance	911	713-222-7643
Nassau Bay Police Department	911	281-333-4200
Nassau Bay Fire Department, Ambulance	911	281-333-3473
Seabrook Police Department	911	281-291-5610
Seabrook Fire Department	911	281-474-3434
Seabrook Ambulance	911	281-488-3078
Webster Police Department, Ambulance	911	281-332-2426
Webster Fire Department	911	281-332-2711
Harris County Sheriff's Office	911	713-221-6000
Texas Department of Public Safety (Houston)		281-517-1200
Bureau of Alcohol Tobacco and Firearms		281-372-2900
Coast Guard Air and Sea Rescue		409-766-5620
Drug Enforcement Administration		713-693-3000
FBI		713-693-5000
U.S. Marshal Service		713-718-4800
U.S. Secret Service		713-868-2299
National Response Center to Report Toxic Chemical and Oil Spills		800-424-8802
National Youth Crisis Hotline		800-448-4663
Poison Center		800-764-7661 800-POISON-1
National Services Referral Helpline		800-833-5948
Local		713-957-4357
Texas Abuse Hotline		800-252-5400
Texas state contact for homeland security: Jay Kimbrough Deputy Attorney General for Criminal Justice		512-936-1882

For non-emergency numbers for other city and county fire, police and ambulance services, see pages A1 to A4 in the White Pages of your telephone directory. Write these numbers in the spaces provided below:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other important telephone numbers for emergencies:

National Weather Service Office (Galveston-Houston area) 281-337-5074

Bay Area Local Emergency Planning Committee (LEPC)
Community Awareness and Emergency Response (CAER) 281-476-2237
(Call this number in the event of a chemical plant incident.
The number will have a recorded message telling you what
happened and how to respond.)

Houston office of the Red Cross 281-282-6029

Nearest Hospital:

_____	_____	_____
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Church:

_____	_____	_____
_____	_____	_____

Immediate Family contacts (cell, work, school):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Extended Family, relatives, neighbors, close friends, baby sitter:

Web Sites to search for emergency information:

Anser Institute for Homeland Security: www.homelandsecurity.org

Bay Area Local Emergency Planning Committee (LEPC): www.bayarealepc.org

Federal Bureau of Investigation: www.fbi.gov

Federal Emergency Management Administration: www.fema.gov

National Centers for Disease Control: www.cdc.gov

National Homeland Security Knowledge Base: www.twotigersonline.com

National Weather Service (Galveston-Houston area): www.srh.noaa.gov/hgx

Red Cross (Houston): www.houstonredcross.org

Texas Coastal Region Advisory System: www.tcras.org

Texas Department of Health: www.tdh.state.tx.us

Texas Department of Homeland Security: www.texashomelandsecurity.com

Texas Department of Transportation: www.dot.state.tx.us/hcr/main.htm

Survival Kit Check List

- Keep automobile gas tank filled
- Cash, personal credit cards
- Personal identification (driver's license, passport, visa)
- Important papers (photos of family members, birth certificates, marriage certificate, social security cards, wills, insurance papers, deeds, immunization records, stock certificates, bank books, check book, veterinarian records for pets). Keep in sealed plastic bag or waterproof container.
- Maps of local area, evacuation route, waypoints, and destination with addresses and contact numbers
- Stockpile at least 3 gallons of water for each family member (sufficient for 3 days)
- Nonperishable food items (sufficient for 3 days for each member of the family) in the event that family must shelter in place or at home
- First Aid Kit
- Prescription medicines required by all family members with renewal prescriptions
- Portable, battery powered radio or television with extra batteries
- Flashlight with extra batteries
- Signaling device (mirror, flare, strobe light, whistle)
- Matches in waterproof container
- All-purpose knife - preferably a multi-tool style knife with pliers, screwdrivers, file, and other tools included
- Duct tape
- Plastic sheeting
- Fire extinguisher
- Durable work gloves
- Woolen blanket or space blanket
- Notebook, pencils, pens
- Battery operated travel alarm clock
- Cups, plates, eating utensils
- Aluminum foil, plastic wrap
- Resealable plastic bags
- Household liquid bleach
- Liquid detergent
- Sanitary towelettes, hand sanitizer
- Hand soap
- Heavy-duty plastic trash or garbage bags
- Plastic bucket with tight fitting lid
- Pet food, toys, treats
- Other items based on special needs of family members
- Entertainment items (books, games, toys for children and pets)

Uses for these items are described in the booklet entitled, "Are You Ready?" published by the Federal Emergency Management Agency on its web site (www.fema.gov.)

Evacuation Check List

- Decide to evacuate if you feel that you or your family are threatened, or following instruction from emergency management officials.
- Collect survival kit, family members, pets as quickly as possible
- Each person pack one bag with clothing, toiletries, personal items for one week
- Plan an evacuation route and destination
- Notify emergency contacts, neighbors who know your planned route and destination
- Wear sturdy clothing and take additional clothing depending on weather/season
- Secure your home
 - unplug appliances
 - close and lock doors and windows
 - If freezing conditions are expected during your absence:
 - turn off main water valve
 - drain faucets
 - turn off inside valves for external faucets and open outside faucets to drain
 - engage alarm system
- Leave early enough to minimize congestion or delay
- Keep to main routes that are regularly traveled. Short cuts and back roads may become dangerous, flooded, or blocked and are not as regularly patrolled if you experience mechanical difficulty or other emergency.
- Notify emergency contacts of your arrival at destination and points of contact there.
- Keep emergency contacts updated about your condition, location, and contact information.
- Maintain radio watch to determine when it is safe to return to your home.
- Upon return to your home, inspect external doors and windows to determine if security is intact. Call police if you see intentional damage or suspect intruders have entered your home.
- If you have been absent for more than a 24 hours, determine if power outage occurred, inspect refrigerated foods for spoilage
- Establish Emergency Gathering Points:
 - In the home: _____
 - Away from home: _____
- Establish Emergency Contacts - people who can be used to find family members and maintain indirect contact. Call and describe **who** you are, **where** you are, **how** you are, **what** you need, **how** you can be reached, and any other information that may help others to find you and/or avoid crisis situations
Name: _____ Telephone No. _____
Name: _____ Telephone No. _____

Information About Chemical Attack

General Instructions

- ❑ Use extreme caution when helping others who have been exposed to chemical agents:
- ❑ Remove all clothing and other items in contact with the body. Cut off contaminated clothing to avoid contact with the eyes, nose, and mouth. Put into a plastic bag if possible.
- ❑ Decontaminate hands using soap and water. Remove eyeglasses or contact lenses. Decontaminate glasses in a pan of household bleach.
- ❑ Flush eyes with lots of water.
- ❑ Gently wash face and hair with soap and water; then thoroughly rinse with water.
- ❑ Decontaminate other body areas likely to have been contaminated. Blot (do not swab or scrape) with a cloth soaked in soapy water and rinse with clear water.
- ❑ Change into uncontaminated clothes. Clothing stored in drawers or closets is likely to be uncontaminated.
- ❑ If possible, proceed to a medical facility for screening.

Chemical Agents

Cyanide:

- A fast-acting, potentially deadly chemical that can exist in various forms.
- Gas sometimes is described as having a “bitter almond” smell, but not always.
- Breathing gas causes the most harm, but ingesting cyanide can be toxic as well.
- Most dangerous in enclosed places where the gas will be trapped.
- Gas evaporates and disperses quickly in open spaces - less harmful outdoors.
- Cyanide gas is less dense than air, so it will rise.
- Exposure may lead to some or all of the following symptoms within minutes:
 - Rapid breathing
 - Restlessness
 - Dizziness
 - Weakness
 - Headache
 - Nausea and vomiting
 - Rapid heart rate
- Exposure to a large amount of cyanide by any route may cause:
 - Convulsions
 - Low blood pressure
 - Slow heart rate
 - Loss of consciousness
 - Lung injury
 - Respiratory failure leading to death
- **If exposed to cyanide:**
 - Stay calm. Dial 911 and explain what has happened.
 - Get fresh air by leaving the area where the cyanide was released.
 - If leaving the area is not an option, stay as low to the ground as possible.

- Remove any clothing that has liquid cyanide on it. Double seal clothing in plastic bags
- Rinse eyes with plain water for 10 to 15 minutes if they are burning or vision is blurred.
- Wash any liquid cyanide from the skin thoroughly with soap and water.
- If cyanide was swallowed, do not induce vomiting or give fluids to drink. Seek medical attention right away.
- Wait for emergency personnel to arrive.

Ricin:

- A poison made from the waste left over from processing castor beans.
- Can be in a powder, mist, or pellet, or can be dissolved in water or weak acid.
- A stable substance, not affected much by extreme heat or cold
- Can be inhaled (mist or powder), ingested in food, or injected
- Injection of a pellet the size of the head of a pin (500 micrograms) is lethal. Much larger amounts would be needed to kill people through inhalation or ingestion.
- Ricin poisoning is not contagious.
- **Signs and symptoms**
 - **Inhalation:** Within a few hours symptoms will include:
 - coughing
 - tightness in the chest
 - difficulty breathing
 - nausea
 - aching muscles.
 - Within the next few hours, the body's airways (such as lungs) will become severely inflamed (swollen and hot), excess fluid will build up in the lungs, breathing would become even more difficult, and the skin might turn blue.
 - **Ingestion:** Symptoms include
 - internal bleeding leading to vomiting and bloody diarrhea.
 - the liver, spleen, and kidneys stop working, and the person could die.
 - **Injection:** Symptoms include
 - muscles and lymph nodes near the injection site will die.
 - the liver, kidneys, and spleen stop working,
 - massive bleeding from the stomach and intestines
 - The person dies from multiple organ failure.
- Death can take place within 36 to 48 hours of exposure. If the person lives longer than 5 days without complications, he or she will probably not die.

Sarin:

- The fastest acting, most volatile man-made chemical warfare nerve agent
- Can easily and quickly evaporate into a vapor and spread into the environment
- Exposure may occur through inhalation, skin contact, eye contact, touching or drinking contaminated water, or eating contaminated food.
- Contaminated clothing can release sarin for about 30 minutes after exposure. Other people can be exposed to sarin if they breathe this sarin gas.

- Vapor is heavier than air, so it would be more likely to settle in low-lying areas.
- Because it evaporates quickly, sarin presents an immediate, but short-lived, threat.
- Exposure will produce the following symptoms within seconds to hours:
 - Runny nose
 - Watery eyes
 - Small, pinpoint pupils
 - Eye pain
 - Blurred vision
 - Drooling and excessive sweating
 - Cough
 - Chest tightness
 - Rapid breathing
 - Diarrhea
 - Increased urination
 - Confusion
 - Drowsiness
 - Weakness
 - Headache
 - Nausea, vomiting, and/or abdominal pain
 - Slow or fast heart rate
 - Low or high blood pressure
- Exposure to large doses of sarin may cause the following harmful health effects:
 - Loss of consciousness
 - Convulsions
 - Paralysis
 - Respiratory failure possibly leading to death
- If exposed, rapidly decontaminate and get medical care as quickly as possible
 - Stay calm. Dial 911 and explain what has happened.
 - Leave the area where the sarin was released and get to fresh air
 - Go to the highest ground possible, as sarin is heavier than air
 - Remove any clothing that has liquid sarin on it, double seal the clothing in plastic bags
 - Rinse eyes with plain water for 10 to 15 minutes if they are burning or if vision is blurred
 - Immediately wash liquid sarin from skin with large amounts of soap and water
 - If sarin has been swallowed, do not induce vomiting or give fluids to drink
 - Seek medical attention immediately.

VX:

- VX is the most potent, least volatile of all nerve agents. Compared to sarin, VX is much more toxic by entry through the skin and somewhat more toxic if inhaled
- An odorless, tasteless, oily, amber colored liquid, that evaporates very slowly
- Exposure can occur through skin contact, eye contact, inhalation, drinking or touching contaminated water, or eating contaminated food.
- Primarily a liquid exposure hazard, but if heated, can become vapor (gas).
- Vapor is heavier than air
- Repeated exposure can have a cumulative effect

- Symptoms appear within seconds after exposure to vapor, within minutes to up to 18 hours after exposure to liquid
- A droplet of liquid VX the size of the head of a pin can be lethal
- Under average weather conditions, VX can last for days on objects that it has come in contact with. Under very cold conditions, VX can last for months.
- Because it evaporates so slowly, VX can be a long-term threat as well as a short-term threat. Surfaces contaminated with VX should therefore be considered a long-term hazard.
- Symptoms may occur with seconds to hours of exposure:
 - Runny nose
 - Watery eyes
 - Small, pinpoint pupils
 - Eye pain
 - Blurred vision
 - Drooling and excessive sweating
 - Cough
 - Chest tightness
 - Rapid breathing
 - Diarrhea
 - Increased urination
 - Confusion
 - Drowsiness
 - Weakness
 - Headache
 - Nausea, vomiting, and/or abdominal pain
 - Slow or fast heart rate
 - Abnormally low or high blood pressure
- Exposure to a large dose of VX by any route may result in these additional health effects:
 - Loss of consciousness
 - Convulsions
 - Paralysis
 - Respiratory failure possibly leading to death

Information About Biological Attack

- Pay close attention to official instructions if you are alerted to potential exposure to biological agents or if an actual attack has caused broad exposure
 - Places to report for triage or treatment and transportation methods and routes may be announced
 - Delivery of medical services may be altered to respond to changing demands.
- If your skin or clothing comes in contact with a visible, potentially infectious substance, remove and bag your clothes and personal items and wash yourself with warm soapy water immediately. Put on clean clothes and seek medical assistance.

Anthrax:

- An acute infectious disease caused by the spore-forming bacterium *Bacillus anthracis*, occurs in hoofed mammals and can also infect humans.
- The serious forms of human anthrax are inhalation, cutaneous, and intestinal
- Symptoms vary depending on how the disease was contracted, but usually occur within 7 days after exposure.
- Initial symptoms of inhalation anthrax infection may resemble a common cold. After several days, symptoms progress to severe breathing problems and shock. Inhalation anthrax is often fatal.
- The intestinal form may follow consumption of contaminated food and is characterized by an acute inflammation of the intestinal tract. Initial signs of nausea, loss of appetite, vomiting, and fever are followed by abdominal pain, vomiting of blood, and severe diarrhea.
- Direct person-to-person spread of anthrax is extremely unlikely, if it occurs at all. Therefore, there is no need to immunize or treat contacts of persons ill with anthrax, such as household contacts, friends, or coworkers, unless they also were also exposed to the same source of infection.
- Early antibiotic treatment of anthrax is essential—delay lessens chances for survival.
- An anthrax vaccine also can prevent infection. Vaccination against anthrax is not recommended for the general public to prevent disease and is not available.

Botulism:

- A muscle-paralyzing bacterial disease (*Clostridium botulinum*)
- Three kinds of botulism:
 - Food borne botulism occurs when a person ingests pre-formed toxin that leads to illness within a few hours to days. Creates a public health emergency because the contaminated food may be available to others.
 - Infant botulism occurs in a small number of susceptible infants who harbor *C. botulinum* in their intestinal tract.
 - Wound botulism occurs when wounds are infected with *C. botulinum* that secretes the toxin.
- With food borne botulism, symptoms begin within 6 hours to 2 weeks (most commonly between 12 and 36 hours) after eating toxin-containing food.
- Symptoms of botulism include
 - double vision
 - blurred vision
 - drooping eyelids
 - slurred speech
 - difficulty swallowing
 - dry mouth
 - muscle weakness that always descends through the body: first shoulders are affected, then upper arms, lower arms, thighs, calves, etc.
 - Paralysis of breathing muscles can cause a person to stop breathing and

- die, unless assistance with breathing (mechanical ventilation) is provided.
- Botulism is not spread from one person to another. Food borne botulism can occur in all age groups.
- CDC maintains a supply of antitoxin against botulism. The antitoxin is effective in reducing the severity of symptoms if administered early in the course of the disease.
- Most patients eventually recover after weeks to months of supportive care.

Plague

- An infectious disease that affects animals and humans, caused by the bacterium *Yersinia pestis*. This bacterium is found in rodents and their fleas and occurs in many areas of the world, including the United States.
 - Easily destroyed by sunlight and drying. When released into air, the bacterium will survive for up to one hour, depending on conditions.
- **Pneumonic plague** occurs when *Y. pestis* infects the lungs.
 - Can spread from person to person through the air.
 - Bacteria can be aerosolized and used in a bioterrorist attack.
 - Inhaling *Y. pestis* suspended in respiratory droplets from infected victim
 - Usually requires direct and close contact with the victim
 - May also occur if a person with bubonic or septicemic plague is untreated and the bacteria spread to the lungs.
- **Bubonic plague** is the most common form of plague.
 - Occurs when an infected flea bites a person or when contaminated materials enter through a break in a person's skin.
 - Patients develop swollen, tender lymph glands (called buboes), fever, headache, chills, and weakness. Bubonic plague does not spread from person to person.
- **Septicemic plague**
 - Occurs when plague bacteria multiply in the blood.
 - Can be a complication of pneumonic or bubonic plague or can occur alone
 - When it occurs alone, caused the same ways as bubonic plague; however, buboes do not develop.
 - Patients have fever, chills, prostration, abdominal pain, shock, and bleeding into skin and other organs.
 - Does not spread from person to person.
- **Symptoms and Treatment**
 - First signs of illness are fever, headache, weakness, and rapidly developing pneumonia with shortness of breath, chest pain, cough, and sometimes bloody or watery sputum. The pneumonia progresses for 2 to 4 days and may cause respiratory failure and shock. Without early treatment, patients may die.
 - **Early treatment of pneumonic plague is essential.**
 - To reduce the chance of death, antibiotics must be given within 24 hours of first symptoms.

- Antibiotic treatment for 7 days will protect people who have had direct, close contact with infected patients.
 - Wearing a close-fitting surgical mask also protects against infection.
- A plague vaccine is not currently available for use in the United States.

Smallpox

- Smallpox is a serious, contagious, and sometimes fatal infectious disease.
- No specific treatment for smallpox disease. The only prevention is vaccination.
- The name *smallpox* is derived from the Latin word for “spotted” and refers to the raised bumps that appear on the face and body of an infected person.
- There are two clinical forms of smallpox.
 - Variola major is the severe and most common form of smallpox, with a more extensive rash and higher fever. Historically, variola major has an overall fatality rate of about 30%; however, flat and hemorrhagic smallpox usually are fatal. There are four types of variola major smallpox:
 - ordinary (most frequent, accounting for 90% or more of cases);
 - modified (mild and occurring in previously vaccinated persons);
 - flat (rare);
 - hemorrhagic (very severe).
 - Variola minor is a less common presentation of smallpox, and a much less severe disease, with death rates historically of 1% or less.
- Except for laboratory stockpiles, the variola virus has been eliminated. However, in the aftermath of the events of September and October, 2001, there is heightened concern that the variola virus might be used as an agent of bioterrorism.
- Generally, direct and fairly prolonged face-to-face contact is required to spread smallpox from one person to another.
- Smallpox also can be spread through direct contact with infected bodily fluids or contaminated objects such as bedding or clothing.
- Rarely, smallpox has been spread by virus carried in the air in enclosed settings such as buildings, buses, and trains.
- Humans are the only natural hosts of variola. Smallpox is not known to be transmitted by insects or animals.
- A person with smallpox is sometimes contagious with onset of fever (prodrome phase), but the person becomes most contagious with the onset of rash. At this stage the infected person is usually very sick and not able to move around in the community.
- The infected person is contagious until the last smallpox scab falls off.

Tularemia

- Tularemia is an infectious disease caused by a hardy bacterium, *Francisella tularensis*, found in animals (especially rodents, rabbits, and hares).

- People can get tularemia many different ways, such as through the bite of an infected insect or other arthropod (usually a tick or deerfly), handling infected animal carcasses, eating or drinking contaminated food or water, or breathing in *F. tularensis*.
- Symptoms of tularemia could include:
 - sudden fever
 - chills
 - headaches
 - muscle aches
 - joint pain
 - dry cough
 - progressive weakness
 - pneumonia.
 - chest pain
 - bloody spit
 - trouble breathing or can sometimes stop breathing.
 - Other symptoms of tularemia depend on how a person was exposed to the tularemia bacteria.
 - ulcers on the skin or mouth
 - swollen and painful lymph glands
 - swollen and painful eyes
 - sore throat.
 - Symptoms usually appear 3 to 5 days after exposure to the bacteria, but can take as long as 14 days.
- Tularemia is not known to be spread from person to person, so people who have tularemia do not need to be isolated.
- People exposed to *F. tularensis* should be treated as soon as possible.
- The disease can be fatal if it is not treated with the appropriate antibiotics.
- A vaccine for tularemia is not currently available in the United States.

Viral Hemorrhagic Fevers (Ebola hemorrhagic fever or Ebola HF)

- Ebola HF is a severe, often-fatal disease in humans and nonhuman primates (monkeys, gorillas, and chimpanzees) that has appeared sporadically since 1976.
- Disease is caused by infection with Ebola virus, one of two members of a family of RNA viruses called the Filoviridae.
- Four subtypes of Ebola virus, three of which have caused disease in humans:
 - Ebola-Zaire
 - Ebola-Sudan
 - Ebola-Ivory Coast
 - Ebola-Reston has caused disease in primates, but not in humans
- The exact origin, locations, and natural habitat of Ebola virus remain unknown.
 - Researchers believe that the virus is zoonotic (animal-borne) , normally maintained in an animal host that is native to the African continent.

- A similar host is probably associated with Ebola-Reston, which was isolated from infected cynomolgous monkeys that were imported to the United States and Italy from the Philippines.
- Not known to be native to other continents, such as North America.
- Infections with Ebola virus are acute. There is no carrier state.
- Researchers hypothesize that a patient may be infected through contact with an infected animal.
- After the first case patient in an outbreak setting is infected, the virus can be transmitted in several ways.
 - Direct contact with the blood and/or secretions of an infected person. The virus is often spread through families and friends because they come in close contact with such secretions when caring for infected persons.
 - Contact with objects, such as contaminated needles
- The incubation period for Ebola HF ranges from 2 to 21 days.
- The onset of illness is abrupt and is characterized by
 - fever
 - headache
 - joint and muscle aches
 - sore throat
 - weakness, followed by diarrhea, vomiting, and stomach pain.
 - rash, red eyes, hiccups, internal and external bleeding may be seen
- Researchers do not understand why some people are able to recover from Ebola HF and others are not. Patients who die usually have not developed a significant immune response to the virus at the time of death.
- There is no standard treatment for Ebola HF. Patients receive supportive therapy.
 - balancing the patient's fluids and electrolytes
 - maintaining oxygen status and blood pressure
 - treating them for any complicating infections.

Information About Nuclear Attack

- Learn the warning signals and all sources of warning used in your community. Make sure you know what the signals are, what they mean, how they will be used, and what you should do if you hear them.
- Assemble and maintain a disaster supply kit with food, water, medications, fuel and personal items adequate for up to 2 weeks—the more the better.
- Find out what public buildings in your community may have been designated as fallout shelters. It may have been years ago, but start there, and learn which buildings are still in use and could be designated as shelters again
 - Call your local emergency management office.
 - Look for yellow and black fallout shelter signs on public buildings.
 - Make your own list of potential shelters near your home, workplace, or school
 - Give family members clear information about actions to take in case of attack.

- Talk to apartment or office building management about the safest place in the building for shelter and provisions for occupants until it is safe to go out.
- ❑ Learn about community evacuation plans, routes, relocation sites, notification and transportation options.
- ❑ If you live in an apartment building or high-rise, talk to the manager about the safest place in the building for sheltering, and about providing for building occupants until it is safe to go out.

Responding to Nuclear Attack

- ❑ If you hear an attack warning:
 - Do not look at the flash or fireball - it can blind you.
 - Take cover as quickly as you can, below ground if possible, and stay there unless instructed to do otherwise
 - If you are caught outside, take cover behind anything that might offer protection. Lie flat on the ground and cover your head.
 - Protect yourself from radioactive fallout. Take shelter even if you are many miles from the center of the explosion.
 - Listen to radio broadcasts for official information and follow instructions.

Recovery from Nuclear or Radiological Attack

- ❑ Do not leave shelter until officials say it is safe. Follow instructions when leaving.
- ❑ Make every effort to maintain sanitary conditions in shelter space
- ❑ Use water and food sparingly
- ❑ Cooperate with shelter officials and others in the shelter. Living with many people in confined space can be difficult and unpleasant. Look for ways to maintain a positive attitude, morale, and interpersonal relations with others.
- ❑ When returning to your residence, check for any sign of collapse, damage, or structural weakness.
- ❑ Immediately clean up spilled medicines, flammable liquids, and other potentially hazardous materials.
- ❑ Wait for utility companies to restore water, electricity, gas and sewage service. Turn utilities on only and use them only after you have confirmed that water, electrical, gas, and sewage service lines are intact.
- ❑ Stay away from areas marked "radiation hazard" or "HAZMAT."