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Community Assessment for Public Health Emergency Response (CASPER) to Assess the Level of Preparedness in Douglas County, Nevada May 2019

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Background

Community Assessment for Public Health Emergency Response (CASPER) is an epidemiologic tool, designed by the Centers for Disease Control and Prevention (CDC), to collect household-based information about the community in a quick and low-cost manner. CASPERs can be conducted throughout any phase of a disaster to assess the needs of the community, the effects of the disaster, or to evaluate response and recovery efforts. It can also be conducted in non-emergent settings to collect accurate pre-disaster information regarding preparedness efforts and to prepare responders to do one during an incident.

On the western side of Northern Nevada bordering Lake Tahoe, Douglas County spans approximately 710 square miles of land and 28 square miles of water¹. Although it is the second smallest county in Nevada by area, it is the fifth most populated county with a total population of approximately 46,997 persons². Due to its proximity to Northern California and Lake Tahoe, the population of Douglas County can exceed 65,000³ persons with the tourist population.

The five hazards that pose the greatest threat in Douglas County include floods, wildland fire, earthquake, drought, and severe weather⁴. In recent years, flooding throughout Nevada led to two Federal Disaster Declarations, highlighting the importance of emergency planning and public health response to disasters. In January and February 2017, atmospheric river storms caused both water run-off and river flooding on the Carson River which impacted Douglas County. Throughout the spring of 2017, flood warnings were regularly in effect due to the spring thaw of a high amount of snow. In April 2018, flooding led to road closures and unsafe conditions in the community. Responses to these events included issuing warnings and taking public health measures to reduce the effects of flooding on the health of the community. Education of community members regarding flood preparedness has been regularly occurring since these events.

Several large wildland fires have occurred in Douglas County. Between 1992 and 2012, more than 45,000 acres burned⁴. In July of 2013, The Bison Fire started by lightening, became the largest wildland fire on record for Douglas County. The Bison Fire burned 24,140 acres and destroyed some abandoned buildings while threatening several homes and residential areas⁴. Douglas County has a history of losing buildings to wildfire including four homes in the 1996

¹ U.S. Census Bureau QuickFacts: Douglas County, Nevada (County). (n.d.). Retrieved from <https://www.census.gov/quickfacts/fact/map/douglascountynevada/LND110210>

² U.S. Census Bureau QuickFacts: Douglas County, Nevada (County). (n.d.). Retrieved from <https://www.census.gov/quickfacts/fact/map/douglascountynevada/POP010210>

³ Douglas County Nevada: Community Profile. (n.d.) Retrieved from <http://douglascountynv.hosted.civillive.com/cms/one.aspx?pagelid=12557468>

⁴ Douglas County (2019). Douglas County Hazard Mitigation Plan.

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Autumn Hills Fire and two homes in the 2012 Topaz Ranch Estates Fire⁴. Wildfire education takes place each year to inform the community of the possible threats and the importance of having defensible space.

As part of the ongoing effort to increase the level of emergency preparedness in the community, the Quad-County Public Health Preparedness Program housed at Carson City Health and Human Services (QCPHP), collaborated with East Fork Fire Protection District (EFFPD) in their role as Emergency Management, Tahoe Douglas Fire Protection District, Douglas County Sheriff's office, Douglas County Community Emergency Response Team (CERT), Douglas County School District, and Douglas County government officials to complete a Community Assessment for Public Health Emergency Response (CASPER) May 13-17, 2019. The goal of the Douglas County CASPER was to assess resident preparedness for an emergency or disaster. The assessment focused on general emergency preparedness, such as having emergency supply items and plans, the preferred source of information during an emergency, evacuation intentions, as well as additional household needs such as durable medical equipment. The data gathered will be used to strengthen local level preparedness and response capabilities.

Methods and Materials

QCPHP facilitated a CASPER that covered all of Douglas County on May 13-17, 2019. The CASPER was conducted in a non-emergent setting to assess the level of preparedness in the community. Approximately 6 months prior to conducting the CASPER, representatives from the collaborating agencies formed a committee that met bi-weekly to plan different components of the CASPER. Together, the committee selected survey questions, developed leave behind materials, assessed the safety in each cluster, and provided staff or volunteers to be on the survey teams. Each representative provided valuable input on each of the following components. The success of this CASPER was greatly influenced by the collaborative approach taken by the planning committee.

Cluster Selection

CASPER utilizes a two-stage sampling method to select 210 households to be surveyed. The first stage involves randomly selecting 30 census blocks within the geographic region with at least seven households in each block. These census blocks, or clusters, are selected with their probability proportional to the estimated number of households in each cluster. In the second stage, seven households are randomly selected in each of the 30 clusters. This is done by calculating the total number of households and dividing it by seven; the target number of interviews to be obtained from each cluster. Modifications to the traditional CASPER design can be made, with consultation with the CDC, to accommodate needs. Random selection of clusters and households allows the results to be generalizable to the entire community.

The standard CASPER methodology described in the CASPER Toolkit Version 2.0⁵ was applied to define households within Douglas County. However, due to the large number of second homes in Douglas County, only occupied housing units were eligible. A total of 19,638 occupied housing units from the 2010 U.S. Census made up the sampling frame. Through random selection, 30 census blocks (clusters), were selected with a probability proportional to the amount of housing units within the blocks. Staff from QCPHP was then able to assess the clusters and determine multiple clusters had a low number of housing units or a large number of vacation rentals. Census blocks in close proximity to the selected blocks were combined to increase the number of housing units in the cluster. The final number of clusters selected was 30.

To reduce confusion during the survey process, QCPHP staff pre-selected seven households within each of the 30 clusters to be interviewed by the survey teams. The seven houses were

⁵ Centers for Disease Control and Prevention (CDC). Community Assessment for Public Health Emergency Response (CASPER) Toolkit: Second Edition. Atlanta : CDC, 2012. Available at http://www.bt.cdc.gov/disasters/surveillance/pdf/CASPER_toolkit_508%20COMPLIANT.pdf.

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selected by strategic random sampling. The total number of households within the cluster was divided by the completed interview goal, 7, providing “*n*”. A random house within the cluster was selected as the starting point and then staff counted “*n*” houses to determine the next selected house. This continued until 7 housing units were selected in each cluster.

Survey

QCPHP, in collaboration with the local stakeholders and public health preparedness partners, developed a two-page, twenty-five question survey (see [Appendix A: Survey](#)). The survey addressed emergency preparedness items and plans, evacuation intentions, pets, emergency communication, and basic household information including preferred household language and medical needs. Nevada’s three local health authorities and State Public Health Preparedness agreed to include four common questions on each CASPER conducted in the state.

Interview Teams

Volunteers were recruited from QCPHP staff, Western Nevada Medical Reserve Corps, Douglas County Community Emergency Response Team, Douglas County Citizens Patrol, Douglas County Search and Rescue, East Fork Fire Protection District, and Nevada Division of Public and Behavioral Health Public Health Preparedness Program. Thirty-two volunteers were recruited allowing for three to five interview teams to be created, each consisting of two to three members.

Training

Interview team members were provided with a two-hour training session on the overall purpose, methodology, process, safety, and logistics of CASPER. Interview teams then reviewed the questionnaire, consent letter, interview script, and tracking forms during the training. Interview teams were instructed to make three attempts at each pre-selected household and to notify the Incident Commander (IC) when they needed a replacement household due to refusal or third attempt with no answer. Risk specific safety and health training was provided to interview team members during the initial CASPER training. The training included the pre-identified safety and health risks, the protective measures that would be provided to reduce these risks, and how to respond to a safety or health risk.

Supplies

To greet the community member and gain oral consent, interview teams read a script. The script introduced the team members, associated them with Douglas County Emergency Management, explained what CASPER was and why the team was there, and explicitly asked if they would like to participate in the survey. This script was laminated and given to each

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interview team. A letter was also developed as another form of consent. This letter was on official Douglas County Emergency Management letterhead, explained the CASPER process and why it was being conducted, and provided contact information if any questions or concerns arose. Each team received both English and Spanish copies of this letter to provide to community members.

Along with basic supplies such as clipboards, pens, and pencils, interview teams were given a binder that included their assigned clusters, road and geographic information systems (GIS) maps, tracking forms, a folder for both English and Spanish surveys, a folder with consent letters, and a folder for completed surveys. Since the households to be interviewed were selected prior to deployment, teams were provided a list of addresses and the coordinating household number. There were extra, pre numbered lines provided for each cluster to allow the teams to write in addresses for replacement houses. The address list also included sections to write the time of the first, second, and third attempts. Knowing the times that attempts were made allowed the IC to deploy survey teams during a time period when attempts had not yet been made on a given household in an effort to increase survey completion.

To identify official CASPER survey teams, each team was given canvas bags that said “CASPER”, CASPER lanyards with official identification badges, and red vests that identified them as Douglas County CASPER interview team members. Team members were instructed to wear these identifiers at all times when out in the community.



Figure 1. CASPER interview teams conducting surveys out in the community.

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Figure 2. CASPER interview team posing after completing a survey.

Interview teams were also given resealable bags printed with a checklist of important documents to store in the bag. The bag contained information on Douglas County’s Reverse 911 emergency alert system, flood preparedness, Western Nevada Medical Reserve Corps, Douglas County CERT, how to stay informed in Douglas County, and five things to start a household emergency kit. These bags were given to all survey respondents and most were available in both English and Spanish; the Reverse 911 information was only in English due to the alerts only being sent out in English (see [Appendix B: Leave Behind Materials](#)).

Communications

The CASPER IC utilized Very High Frequency (VHF) radios as the primary method of communication and cell phones as the secondary method to communicate with team members. Each team had at least one member of Douglas County Search and Rescue, Citizens Patrol member, or QCPHP who had a VHF radio to communicate with the incident command post (ICP). Radio training was provided at the initial CASPER training and a refresher was done as part of the just-in-time training each day. The initial training included basic concepts of communication: how to use a radio, proper radio protocol for calling an individual and responding, repeating transmissions, and appropriate transmissions. The just-in-time training served as a refresher on radio use and protocol.

Interview teams were instructed to notify IC when entering and leaving a cluster. They were also instructed to notify the IC of completed surveys, refusals, and attempts made. This was completed over the Douglas County alternate command radio frequencies. Douglas County 911 Emergency Services, the all hazards communications center, was able to monitor the frequency to assist with volunteer safety.

Responder Health and Safety

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Tracking responder health and safety falls under Public Health Preparedness and Response Capability 14: Responder Safety and Health⁶. Prior to the start of CASPER, responder safety and health risks were identified by the planning team. After identifying the risks, health and safety recommendations were made and the information was included in the incident action plan and in the daily safety briefing. Protective measures were also provided to team members based on the initial health and safety recommendations. The health and wellness of the team members was tracked each day. Prior to deployment, team members answered four questions regarding their self-assessed health. After deployment, team members answered the same four questions. This process was repeated daily and the responses were entered into Emergency Responder Health Monitoring and Surveillance System⁷, a software program designed by the CDC to track the health and safety of responders.

Interviews

Teams conducted interviews between 10:00am and 1:00pm and again between 3:00pm and 7:00pm PST each day. Teams attempted to conduct seven interviews in each of the 30 selected clusters for an overall goal of 210 interviews. Eligible respondents were at least 18 years of age and resided in the selected household.

Data Analyses

To start data analyses, data from the cluster survey tracking form was used to calculate the contact, cooperation, and completion response rates. These rates assisted with determining the representativeness of the sample to the sampling frame population and the validity of the CASPER.

- The **contact rate** is the percentage of households at which contact was attempted and the households successfully completed an interview. This indicates the representativeness of the sample to the population within the sampling frame.
- The **cooperation rate** is the percentage of households at which contact was made and the household agreed to complete an interview. This represents the willingness and eligibility of the sampling frame to complete the CASPER survey.

⁶ Centers for Disease Control and Prevention (CDC). (2018). Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health. Atlanta, GA: U.S. Department of Health and Human Services.

⁷ Centers for Disease Control and Prevention. (n.d.). Emergency Responder Health Monitoring and Surveillance (ERHMS). Retrieved October 31, 2018, from <https://www.cdc.gov/niosh/erhms/erhms-info-manager.html>

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- The **completion rate** is the number of completed interviews out of the goal number of completed interviews. This represents how close interview teams came to collecting 210 surveys.

A weighted-cluster analysis was conducted to report the estimated percent and projected number of households with a particular response in Douglas County. Weighted data means that the data has been adjusted to be representative of what is known about a population. Each data point was weighted based upon what was known about the total number of housing units in the sampling frame (19,638), the number of housing units interviewed within each cluster, and the number of clusters selected (n=30). This weighting procedure is outlined in the CDC CASPER Toolkit⁸ for any CASPER that does not complete the full 210 surveys.

The data analyses were performed in Epi Info™ 7.2.2.6⁹ to calculate the unweighted and weighted frequencies, percentages, projected number of households, projected percentages, and the 95% confidence interval of the projected percentages. The confidence interval implies a 95% certainty that the true percentage of the population who would pick a response lies within the expressed range. Weighting the data provides projected estimates of frequencies and percentages that can be generalized to each household in the sampling frame. The unweighted data provides the frequencies and percentages of responses that is only representative of what the 190 interviewees reported. Since the goal of the Douglas County CASPER was to assess resident preparedness in Douglas County, it is important to focus on the projected frequencies and percentages because they represent the entire sampling frame rather than the just the sample. Unless otherwise stated, percentages in the text represent the weighted percentages and thus the projected percentages related to the Douglas County population.

⁸ Centers for Disease Control and Prevention (CDC). Community Assessment for Public Health Emergency Response (CASPER) Toolkit: Second Edition. Atlanta : CDC, 2012. Available at http://www.bt.cdc.gov/disasters/surveillance/pdf/CASPER_toolkit_508%20COMPLIANT.pdf.

⁹ Centers for Disease Control and Prevention. (2018). Epi Info™. Retrieved from <https://www.cdc.gov/epiinfo/index.html>

Results

Validity

For a CASPER to be considered valid, 168 (or 80%) of the 210 interviews need to be completed. According to the CDC, a completion rate below 80% is unacceptably low to represent the sampling frame¹⁰. Interview teams completed a total of 190 interviews over five days for an overall completion rate of 90.5%. Due to the amount of interviews completed, the data is representative of the entire Douglas County population and the CASPER is statistically valid. The contact rate shows that interviews were completed in 59.6% of the houses approached. The cooperation rate shows that 79.5% of households with eligible participants answering the door completed an interview.

Table 1. Response Rates

Response Rates	Percentage	Definition
Completion Rate	90.5%	Number of completed interviews divided by the goal number of interviews
Cooperation Rate	79.5%	Number of completed interviews divided by all houses where contact was made (including completed interviews, incomplete interviews, and refusals)
Contact Rate	59.6%	Number of completed interviews divided by the number of houses where contact was attempted (including completed interviews, incomplete interviews, refusals, and non-respondents)

Emergency Preparedness

Approximately 80.7% of Douglas County feels they are prepared for an emergency or disaster (see Table 2). In general, most households have basic emergency supplies. Almost all households have a working smoke detector (98.4%) while about 65.9% of the households have a working carbon monoxide detector. Approximately 4 out of 5 households have a working fire extinguisher. For other emergency items on the survey, almost three quarters reported having adequate supplies. The most commonly reported emergency supply was a 3-day supply of food that will not go bad (92.7%) and the least common emergency supply was a 3-day supply of drinking water (72.4%) (see Table 3).

¹⁰ CASPER methodology overview | CDC. (2018). Retrieved from <https://www.cdc.gov/nceh/hsb/disaster/casper/overview.htm>

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Table 2. Feeling of Preparedness

Do you feel your household is prepared for an emergency	Frequency (n=190)	Projected Households (n=19,368)	Percent of Households	95% CI
Yes	152	15,840	80.7%	(75.2%, 86.1%)
No	23	2,288	11.7%	(7.1%, 16.2%)
Don't Know	15	1,510	7.7%	(4.1%, 11.3%)

Table 3. Emergency Preparedness Items

Does your household currently have...	Frequency (n=190)	Projected Households (n=19,368)	Percent of Households	95% CI
A working carbon monoxide detector				
Yes	121	12,947	65.9%	(57.9%, 73.9%)
No	61	5,896	30.0%	(22.3%, 37.7%)
Don't Know	8	795	4.0%	(0.4%, 7.7%)
A working smoke detector				
Yes	187	19,320	98.38%	(96.5%, 100.3%)
No	3	318	1.6%	(-0.3%, 3.5%)
A working fire extinguisher				
Yes	155	16,164	82.3%	(76.4%, 88.2%)
No	27	2,679	13.6%	(8.7%, 18.5%)
Don't Know	8	795	4.1%	(1.1%, 7.0%)
A 3 day supply of drinking water?				
Yes	137	14,217	72.4%	(66.3%, 78.5%)
No	51	5,234	26.7%	(20.6%, 32.7%)
Don't Know	2	187	1.0%	(-0.4%, 2.3%)
A 3-day supply of food that will not go bad?				
Yes	177	18,199	92.7%	(88.3%, 97.0%)
No	13	1,439	7.3%	(3.0%, 11.7%)
A 7-day supply of important medications?				
Yes	160	16,064	81.8%	(73.8%, 89.8%)
No	10	1,582	8.1%	(0.7%, 15.4%)
Don't Know	1	94	0.5%	(-0.5%, 1.5%)
Not Applicable	19	1,898	9.7%	(4.6%, 14.7%)
A first aid kit that you could take with you if you had to leave?				
Yes	153	15,846	80.7%	(74.0%, 87.4%)
No	33	3,402	17.3%	(10.7%, 24.0%)
Don't Know	4	390	2.0%	(0.1%, 3.9%)

**Not Applicable if no medication is taken*

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Emergency Plans

In terms of components of household emergency plans, having multiple routes out of their neighborhood was the most common component (86.4%) and having copies of important documents was the second most common component (82.3%). Having a designated meeting place in their neighborhood (12.6%) and outside of their neighborhood (19.3%) were the least frequent components. More than half of the households have a written list of phone numbers for people who can help in an emergency (55.6%) while many reported having a list on their phone (see Table 4).

Table 4. Emergency Preparedness Plans

Does your household currently have the following items:	Frequency (n=190)	Projected Households (n=19,368)	Percent of Households	95% CI
Copies of important documents				
Yes	156	16,155	82.3%	(74.6%, 89.9%)
No	31	3,165	16.1%	(9.5%, 22.7%)
Don't Know	3	318	1.6%	(-0.3%, 3.5%)
A designated meeting place in your neighborhood				
Yes	25	2,466	12.6%	(8.5%, 16.6%)
No	149	15,397	78.4%	(73.0%, 83.9%)
Don't Know	7	810	4.1%	(1.2%, 7.1%)
*Not Applicable	9	965	4.9%	(1.7%, 8.2%)
A designated meeting place outside of your neighborhood				
Yes	37	3,797	19.3%	(13.4%, 25.3%)
No	143	14,783	75.3%	(68.2%, 82.3%)
Don't Know	3	296	1.5%	(-0.2%, 3.2%)
*Not Applicable	7	762	3.9%	(0.8%, 7.0%)
Multiple routes out of your neighborhood				
Yes	165	16,960	86.4%	(79.1%, 93.6%)
No	24	2,584	13.2%	(5.8%, 20.5%)
Don't Know	1	94	0.5%	(-0.5%, 1.5%)
A written list of phone numbers for people who can help you in an emergency				
Yes	109	10,912	55.6%	(47.4%, 63.8%)
No	80	8,633	44.0%	(35.8%, 52.1%)
Don't Know	1	94	0.5%	(-0.5%, 1.5%)

**Not applicable if respondent was the only person living in the household.*

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Hazards

Households reported that the first hazard most likely to affect their household is fire, either wildland or house (72.9%). Earthquake (8.8%) followed by flooding (7.8%) were other most common responses for the first hazard. Almost one quarter (23.4%) of the households do not know what would be the second hazard most likely to affect their household. Of those who do know, flooding (23.3%) was the highest reported second hazard most likely to affect their household followed by earthquake (22.7%). Other hazards included domestic issues including robbery and civil unrest; weather events such as snow, ice, wind; and events occurring in the home such as carbon monoxide poisoning, falls, and power outages (see Table 5). In 2019, Douglas County and other Northern Nevada communities experienced a tragedy when a series of homicides occurred. The fear in the community could have influenced the responses making domestic issues one of the possibly hazards.

Table 5. Top Hazards

Top hazards most likely to affect your household	Frequency (n=190)	Projected Households (n=19,368)	Percent of Households	95% CI
Hazard 1:				
Fire	135	14,294	72.9%	(66.2%, 79.4%)
Earthquake	18	1,730	8.8%	(5.1%, 12.6%)
Flood	16	1,527	7.8%	(3.3%, 12.3%)
Don't Know	8	786	4.0%	(1.1%, 6.9%)
Domestic Issues	4	374	1.9%	(-0.4%, 4.2%)
Weather Events	4	390	2.0%	(0.1%, 3.9%)
Home Event	3	351	1.8%	(-0.3%, 3.9%)
Planes Falling	1	94	0.5%	(-0.5%, 1.5%)
Government	1	94	0.5%	(-0.5%, 1.5%)
Hazard 2:				
Don't Know	46	4,567	23.4%	(15.9%, 31.0%)
Flood	46	4,549	23.3%	(14.8%, 31.8%)
Earthquake	43	4,423	22.7%	(15.3%, 30.1%)
Fire	22	2,143	11.0%	(6.0%, 15.9%)
Weather Events	14	1,972	10.1%	(2.6%, 17.6%)
Domestic/ Civil Issues	7	670	3.4%	(0.7%, 6.2%)
Home Event	4	390	2.0%	(0.1%, 3.9%)
Hazardous Leak or Spill	3	388	2.0%	(-0.3%, 4.3%)
Traffic Events	2	203	1.0%	(-0.4%, 2.5%)
Bears or Zombies	2	240	1.2%	(-0.5%, 3.0%)
No Threats	1	94	0.5%	(-0.5%, 1.5%)

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Evacuations

If public authorities announced a voluntary evacuation, 81.2% of households would evacuate. Of those who would not evacuate, the main reason is concern about leaving pets behind (9.1%). Other commonly reported reasons not to evacuate included concern about leaving property (8.7%), concern about safety (3.9%), and lack of trust in public officials (3.9%). For those who responded with other reasons not to evacuate, most said that it would depend on the emergency (47.1%), and that they feel safer in their home (47.1%) (see Table 6). Most households (63.8%) would evacuate to a friend's, family, or a second home outside of the area and 7.3% would evacuate to an American Red Cross, church, or community shelter (see Table 7).

Table 6. Evacuation Intentions

	Frequency (n=190)	Projected Households (n=19,368)	Percent of Households	95% CI
Would your household evacuate				
Yes	153	15,940	81.2%	(76.3%, 86.0%)
No	8	795	4.1%	(1.0%, 7.1%)
Don't Know	29	2,904	14.8%	(10.3%, 19.3%)
The main reason you would not evacuate if asked to do so				
Concern about leaving property	18	1,714	8.7%	(4.6%, 12.9%)
Concern about safety	7	771	3.9%	(0.4%, 7.4%)
Health problems	4	374	1.9%	(0.1%, 3.7%)
Lack of trust in public officials	7	762	3.9%	(0.5%, 7.3%)
Concern about leaving pets behind	13	1,792	9.1%	(1.6%, 16.6%)
Inconvenient	4	390	2.0%	(-0.4%, 4.4%)
Concern about traffic	6	561	2.9%	(0.3%, 5.4%)
Lack of transportation	3	351	1.8%	(-0.3%, 3.9%)
Nowhere to go	3	318	1.6%	(-0.3%, 3.5%)
Expensive	1	94	0.5%	(-0.5%, 1.5%)
Don't Know	3	281	1.4%	(-0.2%, 3.1%)
Not Applicable	110	11,100	56.5%	(47.7%, 65.3%)
Other Reasons not to Evacuate:				
Depends on emergency	5	483	2.5%	(0.4%, 4.6%)
Feels safer in home	2	187	1.0%	(-0.4%, 2.3%)
Road congestion	1	94	0.5%	(-0.5%, 1.5%)
Panic outside	1	109	0.6%	(-0.6%, 1.7%)
Elderly occupant	2	257	1.3%	(-0.6%, 3.2%)

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Table 7. Evacuation Locations

If your household had to evacuate, where would you go?	Frequency (n=190)	Projected Households (n=19,368)	Percent of Households	95% CI
Friends/family/2nd home	121	12,620	64.3%	(56.9%, 71.6%)
Hotel/motel	26	2,634	13.4%	(7.8%, 19.0%)
American Red Cross/ church/ community shelter	14	1,534	7.8%	(4.1%, 11.5%)
Don't Know	7	762	3.9%	(0.8%, 7.0%)
Would not evacuate	1	94	0.5%	(-0.5%, 1.5%)
Other:				
RV/ Motorhome	6	577	2.9%	(0.7%, 5.2%)
Community Location	5	468	2.4%	(-0.5%, 5.2%)
Airport	2	203	1.0%	(-0.4%, 2.5%)
Leave the area/ Off the grid	6	561	2.9%	(0.3%, 5.4%)
Depends on event	2	187	1.0%	(-0.4%, 2.3%)

Pets

Over two-thirds of households in Douglas County have at least one pet (69.4%). The most common type of pet was small animal (67.1%) which includes dogs and cats. The next most common pet was large animal (9.8%) which includes horses, cattle, sheep, and pigs (see Table 8). In the event of an evacuation, 65.6% of those with pets would take their pet with them. Only 0.5% of pet owners in the community would not evacuate because of their pet (see Table 9). This number differs from Table 6 which reports that 9.1% of the community would not evacuate because of their pets.

Table 8. Pets

	Frequency (n=190)	Projected Households (n=19,368)	Percent of Households	95% CI
Do you have any pets?				
Yes	133	13,637	69.4%	(60.3%, 78.6%)
No	57	6,001	30.6%	(21.4%, 39.7%)
What kind of pets?*				
Large Animal	20	1,933	9.8%	(3.0%, 16.7%)
Small Animal	128	13,170	67.1%	(57.5%, 76.7%)
Exotic	8	748	3.8%	(1.0%, 6.6%)

**Multiple responses were possible*

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Table 9. Pet Evacuations

If asked to evacuate, what would you do with your pets?	Frequency (n=190)	Projected Households (n=19,368)	Percent of Households	95% CI
Take them with you	125	12,889	65.6%	(56.7%, 74.5%)
Find a safe place for them to go	1	94	0.5%	(-0.5%, 1.5%)
Leave them behind with food and water	1	94	0.5%	(-0.5%, 1.5%)
Would not evacuate because of pets	1	94	0.5%	(-0.5%, 1.5%)
Don't Know	5	468	2.4%	(0.4%, 4.4%)
Not Applicable- Do not own pets	57	6,000	30.6%	(21.4%, 39.7%)

Emergency Communications

During an emergency, more than 3 out of 4 households would communicate with their friends and family via cellular phone calls (78.4%). The second communication method with the highest frequency was a text message (7.8%). Some communications methods, including Twitter and mail, were included on the survey but were not selected by any respondents. These options are not shown in the table (see Table 10).

Table 10. Communications

Communication methods with friends and family during an emergency	Frequency (n=190)	Projected Households (n=19,368)	Percent of Households	95% CI
Land line	15	1,559	7.9%	(3.9%, 11.9%)
Cellular phone call	149	15,388	78.4%	(73.2%, 83.6%)
Text message	16	1,688	8.6%	(4.5%, 12.7%)
E-mail	1	94	0.5%	(-0.5%, 1.5%)
Internet site	1	109	0.6%	(-0.6%, 1.7%)
Facebook	2	187	1.0%	(-0.4%, 2.3%)
Nextdoor	1	94	0.5%	(-0.5%, 1.5%)
Other:				
Depends on emergency	1	94	0.5%	(-0.5%, 1.5%)
Depends on what is working	1	94	0.5%	(-0.5%, 1.5%)
Multiple Sources	1	131	0.7%	(-0.7%, 2.0%)
Satellite Phone	1	94	0.5%	(-0.5%, 1.5%)
Walkie Talkies	1	109	0.6%	(-0.6%, 1.7%)

The primary source of information during an emergency is cable television (25.4%) followed by text message (22.1%) (see Table 11). One primary source of information, church or other groups, was not selected by any respondents and is not shown in the table.

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Table 11. Primary Source of Information During an Emergency

Primary source of information during an emergency	Frequency (n=190)	Projected Households (n=19,368)	Percent of Households	95% CI
Cable TV	48	4,984	25.4%	(18.0%, 32.8%)
Satellite TV	20	1,993	10.2%	(6.2%, 14.1%)
Streaming Services	1	94	0.5%	(-0.5%, 1.5%)
Text message	38	4,338	22.1%	(13.0%, 31.2%)
Radio	11	1,082	5.5%	(2.1%, 8.9%)
Automated phone call	20	1,961	10.0%	(4.8%, 15.2%)
Nextdoor	1	94	0.5%	(-0.5%, 1.5%)
Internet site	9	1,021	5.2%	(1.7%, 8.7%)
Social Media	7	670	3.4%	(0.7%, 6.2%)
Word of mouth	2	203	1.0%	(-0.4%, 2.5%)
Don't Know	1	1009	0.6%	(-0.6%, 1.7%)
Other sources of information:				
Cell phone/ home phone	19	1,862	9.5%	(4.0%, 14.9%)
Emergency Alert Systems	7	708	3.6%	(0.7%, 6.5%)
Scanner	1	109	0.6%	(-0.6%, 1.7%)
TV	2	224	1.1%	(-0.5%, 2.8%)
E-mail	1	94	0.5%	(-0.5%, 1.5%)
All of the above	1	94	0.5%	(-0.5%, 1.5%)

The secondary source of information during an emergency is radio (14.4%) with other sources being the second most commonly reported. Of the households that reported using other sources for information during an emergency, cell phones and home phones were the most commonly reported (58.7%), followed by emergency alert systems (13.6%). TV is included under other sources due to the respondent not specifying whether it was cable or satellite TV (see Table 12). For those turning to social media for information (3.4% primary, 4.5% secondary), Facebook was the most preferred type. Some secondary sources of information were not selected by any respondents. These options, local newspaper and poster or flyer, are not shown in the table.

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Table 12. Secondary Source of Information during an Emergency

Secondary source of information during an emergency	Frequency (n=190)	Projected Households (n=19,368)	Percent of Households	95% CI
Cable TV	28	2,740	14.0%	(7.5%, 20.5%)
Satellite TV	26	2,564	13.1%	(7.6%, 18.5%)
Streaming Services	5	468	2.4%	(-0.8%, 5.5%)
Text message	15	1,541	7.8%	(4.5%, 11.2%)
Radio	29	2,827	14.4%	(9.4%, 19.4%)
Automated phone call	13	1,393	7.1%	(2.8%, 11.4%)
Nextdoor	2	187	1.0%	(-0.4%, 2.3%)
Church or other groups	1	94	0.5%	(-0.5%, 1.5%)
Internet site	22	2,757	14.0%	(6.6%, 21.5%)
Social Media	9	888	4.5%	(1.1%, 8.3%)
Word of mouth	10	1,005	5.1%	(2.0%, 8.3%)
Don't Know	2	203	1.0%	(-0.4%, 2.5%)
Other sources of information				
Cell phone/ home phone	16	1,742	8.9%	(4.0%, 13.7%)
Emergency Alert Systems	4	405	2.1%	(-0.5%, 4.7%)
Scanner	1	131	0.7%	(-0.7%, 2.0%)
TV	2	187	1.0%	(-0.4%, 2.3%)
E-mail	1	131	0.7%	(-0.7%, 2.0%)
CB/ HAM Radio	2	187	1.0%	(-0.4%, 2.3%)
Sheriff's office/ Government	1	94	0.5%	(-0.5%, 1.5%)
Depends on situation	1	94	0.5%	(-0.5%, 1.5%)

Over half of the households have heard of the emergency alert system for Douglas County, Reverse 911. Of those who have heard of it, a little more than 20% are registered (see Table 13). Information regarding Reverse 911 and staying informed in Douglas County was handed out to every household that participated.

Table 13. Reverse 911

	Frequency (n=190)	Projected Households (n=19,368)	Percent of Households	95% CI
Has anyone in your household heard of Reverse 911?				
Yes	117	11,731	59.7%	(49.3%, 70.2%)
No	70	7,626	38.8%	(28.2%, 49.5%)
Don't Know	3	281	1.4%	(-0.2%, 3.1%)
Are you registered for Reverse 911?				
Yes	42	4,188	21.3%	(15.3%, 27.3%)
No	50	4,998	25.5%	(17.5%, 33.4%)
Don't Know	26	2,639	13.4%	(8.3%, 18.6%)
*Not Applicable	72	7,813	39.8%	(29.1%, 50.5%)

*Not applicable if the respondent had not heard of Reverse 911

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When asked if they would like to receive more information on emergency preparedness, 64.9% of households said that they would. Of those that responded yes, most of them (18.6%) reported that they would like to receive that information from a website. The most commonly reported other way to receive that information was e-mail (29.6%), written materials (26.4%), and through the mail (22.8%). For those that would like to receive more information at a community event (2.3%), home owner association meetings were the most preferred event (see Table 14). Other ways to receive more preparedness information, including Twitter and Nextdoor, were not selected by any respondents and are not shown in the table.

Table 14. Emergency Preparedness Information

	Frequency (n=190)	Projected Households (n=19,368)	Percent of Households	95% CI
Would you like more information on emergency preparedness				
Yes	128	12,743	64.9%	(55.8%, 74.0%)
No	60	6,671	34.0%	(25.2%, 42.8%)
Don't Know	2	224	1.1%	(-0.5%, 2.8%)
How would you like to receive that information?				
TV	12	1,122	5.7%	(1.6%, 9.8%)
Poster/Flyer	25	2,536	12.9%	(7.5%, 18.3%)
Newspaper	3	281	1.4%	(-0.2%, 3.1%)
Facebook	8	887	4.5%	(1.3%, 7.8%)
Community Event	4	444	2.3%	(0.0%, 4.5%)
Internet Site	38	3,655	18.6%	(11.6%, 25.6%)
DK	8	764	3.9%	(1.1%, 6.7%)
Not Applicable	61	6,802	34.6%	(25.5%, 43.8%)
Other:				
Cell phone	1	109	0.6%	(-0.6%, 1.7%)
E-mail	9	959	4.9%	(1.5%, 8.2%)
Mail	7	740	3.8%	(1.1%, 6.5%)
Text message	2	187	1.0%	(-0.4%, 2.3%)
Written materials	9	857	4.4%	(1.8%, 6.9%)
Neighborhood Watch	1	109	0.6%	(-0.6%, 1.7%)
Multiple ways	2	187	1.0%	(-0.4%, 2.3%)

Household Demographics

Most of Douglas County lives in single family homes (89.5%) with the second most common dwelling being apartments or condominiums (7.8%). The most common household size in Douglas County is two people (44.4%) with one person being the next commonly reported (23.8%). A large number of households reported having someone between the ages of 18 and

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65 (65.7%) and 44.6% reported having someone over the age of 65 in the household (see Table 15).

Table 15. Household Demographics

	Frequency (n=190)	Projected Households (n=19,368)	Percent of Households	95% CI
Structure Type (n=333)				
Mobile Home	12	578	2.9%	(-1.2%, 7.1%)
Single Family Home	280	17,573	89.5%	(80.6%, 98.3%)
Apartment or Condo	27	1,487	7.8%	(-0.2%, 15.4%)
People Living in Home				
1	41	4,679	23.8%	(15.5%, 32.1%)
2	86	8,723	44.4%	(35.8%, 53.0%)
3	26	2,478	12.6%	(7.0%, 18.3%)
4	28	2,793	14.2%	(8.3%, 20.1%)
5	3	281	1.4%	(8.3%, 20.1%)
6	3	318	1.6%	(-0.3%, 3.5%)
7	1	94	0.5%	(-0.5%, 1.5%)
12	1	164	0.8%	(-0.9%, 2.5%)
Refused	1	109	0.6%	(-0.6%, 1.7%)
Household Age Range				
Less than 2 years old				
1 person	5	542	2.8%	(-0.3%, 5.9%)
2 people	1	94	0.5%	(-0.5%, 1.5%)
3 people	1	94	0.5%	(-0.5%, 1.5%)
Refused	1	109	0.6%	(-0.6%, 1.7%)
2-17 years old				
1 person	19	1,845	9.4%	(5.1%, 13.6%)
2 people	13	1,253	6.4%	(2.7%, 10.1%)
3 people	4	449	2.3%	(-0.7%, 5.3%)
Refused	1	109	0.6%	(-0.6%, 1.7%)
18-65 years old				
1 person	31	3,698	18.8%	(10.9%, 26.8%)
2 people	69	6,803	34.6%	(26.3%, 42.9%)
3 people	15	1,449	7.4%	(3.6%, 11.2%)
4 people	6	577	2.9%	(0.7%, 5.2%)
5 people	1	94	0.5%	(-0.5%, 1.5%)
12 people	1	164	0.8%	(-0.9%, 2.5%)
Refused	1	109	0.6%	(-0.6%, 1.7%)
More than 65 years old				
1 person	45	4,578	23.3%	(15.5%, 31.1%)
2 people	37	3,780	19.2%	(12.1%, 26.4%)
3 people	2	187	1.0%	(-0.4%, 2.3%)
4 people	1	109	0.6%	(-0.6%, 1.7%)
Refused	1	109	0.6%	(-0.6%, 1.7%)

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A majority of the population prefers to speak English in their household (97.9%) and 1.7% preferred to speak Spanish. The other preferred household language is Slovakian with approximately 0.5% of households speaking it (see Table 16). This information should be considered when determining what languages to provide emergency information in.

Table 16. Household Language

Preferred household language	Frequency (n=190)	Projected Households (n=19,368)	Percent of Households	95% CI
English	186	19,227	97.9%	(95.4%, 100.4%)
Spanish	3	318	1.7%	(-0.3%, 34.5%)
Slovakian	1	94	0.5%	(-0.5%, 1.5%)

Work Communities

Over a quarter (34.2%) of the community is retired or does not work. A majority of the households have one member that works at a location in the Carson Valley of Douglas County (29.5%) including Gardnerville (8.3%), Genoa (0.5%), and Minden (4.8%). The next most commonly reported work location for one household member was Carson City (13.9%) followed by Lake Tahoe (7.6%). Very few households reported having one member that works out of state (1.5%), not including South Lake Tahoe, or one member working in Washoe County (2.3%) (see Table 17). For those households that have members working in different communities, the most commonly reported work location for the second member was Douglas County (5.7%), followed by Carson City (3.4%), and Lake Tahoe (2.3%) (see Table 18).

Table 17. Work Community 1

What communities does your household work in?	Frequency (n=190)	Projected Households (n=19,368)	Percent of Households	95% CI
Work Community 1				
All Over	2	748	3.8%	(-3.0%, 10.7%)
California	5	575	2.9%	(0.4%, 5.5%)
Carson City	28	2,735	13.9%	(7.9%, 20.0%)
Douglas	32	3,130	15.9%	(9.3%, 22.6%)
Don't Work/ Retired	67	6,721	34.2%	(26.5%, 41.9%)
Gardnerville Minden Area	28	2,665	13.6%	(6.3%, 20.1%)
Lake Tahoe	14	1,492	7.6%	(2.3%, 12.9%)
Out of State	2	295	1.5%	(-0.6%, 3.6%)
Washoe County	4	444	2.3%	(0.0%, 4.5%)
Work from Home	4	460	2.3%	(0.0%, 4.7%)
Don't Know	4	374	1.9%	(-0.8%, 4.6%)

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Table 18. Work Community 2

What communities does your household work in?	Frequency (n=190)	Projected Households (n=19,368)	Percent of Households	95% CI
Work Community 2				
Carson City	7	670	3.4%	(0.3%, 6.5%)
Douglas County	5	468	2.4%	(0.4%, 4.4%)
Ely	1	94	0.5%	(-0.5%, 1.5%)
Lake Tahoe	4	444	2.3%	(0.0%, 4.5%)
Leviathan Mine (CA)	1	94	0.5%	(-0.5%, 1.5%)
Minden	7	655	3.3%	(0.6%, 6.0%)
Out of Country	1	94	0.5%	(-0.5%, 1.5%)
Washoe	4	374	1.9%	(-1.1%, 5.0%)
Retired	2	257	1.3%	(-0.6%, 3.2%)
Not Applicable	158	16,490	84.0%	(77.8%, 90.1%)

Health Issues and Functional Needs

In a little over 60% of Douglas County households, at least one person receives a flu vaccine each year (see Table 19). The most common reported medical conditions were high blood pressure (37.3%); physical disability (11.1%); and asthma, COPD, and emphysema (10.8%) (see Table 20). Over half of households have at least one member taking daily medications besides vitamins or birth control (59.8%), and many have at least one member who needs a wheelchair, cane, or walker (12.0%) (see Table 21).

Table 19. Flu Vaccination

Do any members in your household receive a flu vaccine each year	Frequency (n=190)	Projected Households (n=19,368)	Percent of Households	95% CI
Yes	123	12,436	63.3%	(55.9%, 70.8%)
No	62	6,682	34.0%	(26.2%, 41.8%)
Don't Know	4	411	2.1%	(-0.4%, 4.6%)
Refused	1	109	0.6%	(-0.6%, 1.7%)

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Table 20. Medical Conditions

Has anyone in your household been told by a healthcare provider that they have...	Frequency (n=190)	Projected Households (n=19,368)	Percent of Households	95% CI
Diabetes				
Yes	16	1,527	7.8%	(3.6%, 12.0%)
No	172	17,871	91.0%	(86.5%, 95.5%)
Refused	2	240	1.2%	(-0.5%, 3.0%)
Asthma/COPD/Emphysema				
Yes	21	2,118	10.8%	(6.5%, 15.1%)
No	167	17,280	88.0%	(83.4%, 92.6%)
Refused	2	240	1.2%	(-0.5%, 3.0%)
High blood pressure				
Yes	74	7,322	37.3%	(29.1%, 45.4%)
No	114	12,076	61.5%	(55.2%, 69.7%)
Refused	2	240	1.2%	(-0.5%, 3.0%)
Heart disease				
Yes	23	2,299	11.7%	(7.2%, 16.2%)
No	165	17,099	87.1%	(82.4%, 91.8%)
Refused	2	240	1.2%	(-0.5%, 3.0%)
Stroke				
Yes	7	701	3.6%	(0.6%, 6.5%)
No	181	18,697	95.2%	(92.0%, 98.5%)
Refused	2	240	1.2%	(-0.5%, 3.0%)
Weak immune system				
Yes	8	818	4.2%	(1.5%, 6.9%)
No	179	18,471	94.1%	(90.6%, 97.5%)
Don't Know	1	109	0.6%	(-0.6%, 1.7%)
Refused	2	240	1.2%	(-0.5%, 3.0%)
Kidney disease				
Yes	5	483	2.5%	(0.4%, 4.6%)
No	183	18,915	96.3%	(93.8%, 98.9%)
Refused	2	240	1.2%	(-0.5%, 3.0%)
Physical disability				
Yes	22	2,174	11.1%	(6.3%, 15.8%)
No	166	17,224	87.7%	(82.8%, 92.7%)
Refused	2	240	1.2%	(-0.5%, 3.0%)
Mental health illness				
Yes	6	577	2.9%	(0.7%, 5.2%)
No	182	18,821	95.8%	(93.2%, 98.5%)
Refused	2	240	1.2%	(-0.5%, 3.0%)

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Table 21. Functional Needs

Does anyone in your household need any of the following...	Frequency (n=190)	Projected Households (n=19,368)	Percent of Households	95% CI
Daily medication				
Yes	118	11,753	59.8%	(51.3%, 68.4%)
No	68	7,458	38.0%	(29.5%, 46.5%)
Refused	2	240	1.2%	(-0.5%, 3.0%)
Dialysis				
Yes	0	0	0%	0%
No	188	19,398	98.8%	(91.0%, 100.5%)
Refused	2	240	1.2%	(-0.5%, 3.0%)
Caregiver				
Yes	4	374	1.9%	(0.1%, 3.7%)
No	184	19,024	96.9%	(94.5%, 99.3%)
Refused	2	240	1.2%	(-0.5%, 3.0%)
Oxygen Supply				
Yes	11	1,130	5.8%	(2.5%, 9.0%)
No	177	18,268	93.0%	(89.2%, 96.8%)
Refused	2	240	1.2%	(-0.5%, 3.0%)
Wheelchair/cane/walker				
Yes	24	2,360	12.0%	(7.8%, 16.2%)
No	163	16,945	86.3%	(81.5%, 91.1%)
Don't Know	1	94	0.5%	(-0.5%, 1.5%)
Refused	2	240	1.2%	(-0.5%, 3.0%)
Special formula, bandages, diapers				
Yes	10	966	4.9%	(1.0%, 8.9%)
No	178	18,432	93.9%	(89.1%, 98.6%)
Refused	2	240	1.2%	(-0.5%, 3.0%)
Service Animal				
Yes	3	318	1.6%	(-0.3%, 3.5%)
No	185	19,080	97.2%	(94.7%, 99.6%)
Refused	2	240	1.2%	(-0.5%, 3.0%)
Other				
C-PAP	1	94	0.5%	(-0.5%, 1.5%)
Hearing Aid	1	94	0.5%	(-0.5%, 1.5%)

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Responder Health

Several responders reported feeling dehydrated pre-deployment for the morning shift, yet only a couple reported feeling dehydrated post deployment of the morning shift. Only one volunteer reported soreness prior to deployment in the morning and post deployment of the morning shift. The same volunteer reported sores pre-deployment for the afternoon shift and again post-deployment of the afternoon shift. None of the volunteers reported sunburns. Three volunteers reported having bug bites both pre and post deployment for the morning shift, and one volunteer reported having bug bites both pre and post deployment of the afternoon shift.

Discussion

Process

Volunteers reported the CASPER experience to be enjoyable. They felt the event was organized, there was great communication between team leaders and the IC, and that community members were polite and welcoming.

The Douglas County CASPER followed the basic process outlined by the CDC with the exception of houses being pre-selected for the interview teams. This eliminated convenient sampling but made replacement houses difficult to determine. The IC had to use GIS and Google Maps to select households from the ICP. This led to stress when multiple houses needed to be replaced and when household addresses were not visible on GIS maps or on Google Maps. Having replacement houses be pre-determined would be a challenge since it is unknown what households will need a replacement. Conducting the CASPER over a five day period was shown to be preferred instead of many hours in fewer days. Having a morning shift and an afternoon shift reduced volunteer exhaustion and allowed teams to make first attempts in the morning and second attempts in the afternoon to ensure contact was attempted with each selected household at various times.

Survey

Interview teams reported the survey contained questions similar to others on the form and they were asked in a confusing order. There were also different interpretations of the questions and response choices. The questions that required only one response were not made clear to the teams and multiple choices were being selected. There was also confusion regarding the “R” option for the working community question. Teams believed the “R” stood for retired instead of refused. These discrepancies were addressed during the briefing for each shift once it was brought to the IC’s attention.

Supplies

Interview team members felt they were provided with adequate supplies such as pens, papers, bags, binders, snacks, and water. Interview teams were satisfied with the length of the initial script. Having a lengthy introduction to the survey caused community members to be uninterested. Some teams did not follow the script verbatim but still said who they were, what they were doing, and why the survey mattered. Team members found that although the tracking form was confusing, having the IC report the survey number to them was helpful and allowed them to fill out the tracking form properly. Teams were provided with maps of every cluster, both landmass and satellite view, as well as maps of the census tracts with the clusters identified. On the individual cluster maps, each address was provided whether it was selected

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or not and the selected households were marked red. This made it easier for the teams to move throughout the cluster. They were able to see the order of the houses they were visiting and it reduced transportation time. Having the addresses labeled also made selecting replacement houses easier for the IC.

Interview Teams

Teams were composed of two or three members to enhance efficiency. Having teams of 3 members allowed the driver to fill out the tracking form and radio the IC, while two members conducted the interview. When resources were low, teams of two were utilized to expand human resources and allow for additional teams. Transportation was not a major challenge for this CASPER due to the number of vehicles and drivers available. Vehicles from Douglas County Search and Rescue, Douglas County Citizens Patrol, East Fork Fire Protection District, Douglas County CERT, and CCHHS were available for transportation as long as they were driven by the appropriate agency members.

If a disaster were to occur and QCPHP needed to conduct a CASPER in an emergency setting, more volunteers would be needed. The CASPER teams were comprised of volunteers as well as state and local health department staff. In the event of an emergency or disaster, these staff members would be responding in other roles based on the incident. To successfully run a CASPER in an emergency setting, more volunteers would need to be trained on the process to reduce the need for health department staff members to conduct the CASPER. Volunteers may be recruited from other CERTs, MRCs, senior volunteers in law enforcement, volunteer firefighters, and other government employees.

Training

The initial training only provided a brief overview of CASPER and the benefits of conducting one. The remainder of the training focused on the actual process, safety, and logistics. To train team members on proper use of the forms, different scenarios that might be encountered were provided to the volunteers and they had to fill out the tracking form for each scenario. The IC then verified that volunteers were filling it out correctly and would explain the reasoning behind the appropriate selections. Volunteers were also provided a copy of the survey as well as time during the training to read through the survey and ask questions. This helped ensure everyone understood what each question was asking and allowed IC to clarify any different interpretations of questions by providing examples.

Radio training was provided at the initial CASPER training during the logistic section. The training included a basic reminder of radio functions and proper radio protocol. The volunteers with agency radios were the ones communicating with the IC. Due to their roles and tasks within their agency, more in-depth radio training was not necessary.

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The CASPER provided excellent 'real life' training for volunteers on the CASPER process and the incident command system. If an emergency happened in the community, volunteers will now have experience with CASPER and will be able to conduct one quickly in an emergency. Volunteers also have a better understanding of the incident command system and will be more comfortable with it in future events and exercises.

Communications

The Douglas County alternate command frequency used by the teams was monitored by dispatch. During CASPER, the IC monitored the radio at all times to ensure proper radio protocol was followed and transmissions were appropriate for content and frequency. If a technical or protocol issue occurred, the IC addressed it with the team member via cell phone.

Responder Health

Tracking the health of the responders throughout the CASPER process provided another means to ensure responder safety. Prior to the start of CASPER, the following responder safety and health risks were identified: dehydration, long periods of physical activity, exposure to sun, insect exposure, approaching unknown houses, and walking on uneven terrain. After identifying the risks, health and safety recommendations were made and the information was included in the incident action plan and safety briefing prior to each shift. Based on the initial health and safety recommendations, the following protective measures were provided:

- Water bottles to team members and in vehicles;
- Vehicles to be used as transportation;
- Sun screen and insect repellent in the ICP and in team vehicles; and
- Shift safety briefings to remind interview teams to remain in pairs and ensure that they look where they are stepping when walking on uneven terrain.

Risk specific safety and health training was provided to interview team members during the initial CASPER training. Throughout the CASPER process, team member safety and health actions were monitored by the IC. This was done by screening team members prior to deployment and after deployment each shift along with tracking and monitoring the location of teams while deployed. If any health or safety issue was reported, the IC would provide recommendations or make changes to alleviate the health or safety risk. For example, after team members reported feeling dehydrated the IC knew to provide more water. Safety is always the top priority and ensuring responder's health is a key part of their safety when out in the field.

To ensure the safety of responders, the CASPER IC with the assistance of the emergency manager and the Douglas County CERT team, conducted a safety assessment of the selected

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clusters prior to conducting the CASPER. During this assessment, any noticeable safety concerns were noted and responders were informed of these concerns prior to deployment. Information regarding CASPER was also provided to the public notifying them that survey teams would be out in the community. This information included what days and times the teams would be out in the community and what identification they would have. Providing the responders with visible identification and informing the public was an important part in protecting the responder's health and safety.

Data Analyses

Some households reported having "other" responses than were printed on the survey. However, during data entry and analyses, it was noted that households that responded with "other" often would report a choice that was listed above, just less specific. For example, when asked what the primary source for receiving information was an "other" response was cell phone. It is unclear whether that household prefers cell phone calls, text messages, alerts, or other applications. This could affect the true numbers of the community who responded with a more specific option.

Recommendations

Based on the CASPER results, the following considerations are recommended for Douglas County:

Promote Emergency Preparedness

- Continuously promoting emergency preparedness in the community is essential for increasing the level of household emergency preparedness.
- Community outreach and educational campaigns should continue to teach the public about emergency preparedness while highlighting the importance of having a designated meeting spot both inside and outside of their neighborhood in case members of the household are separated due to an emergency.
- There is a large amount of second homes throughout the Lake Tahoe area of Douglas County. Part of the community outreach should include educating the owners on emergency preparedness and emergency plans for vacation properties and how they can provide emergency guidance for their renters.
- Based on responses, the community would like these community outreach campaigns to be made available online through a website or e-mail and via written materials sent out in the mail.

Emergency Communication

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- Officials should plan to utilize cable television channels as the primary method and cell phones or home phones as the secondary method to disseminate emergency alerts and information.
- Information regarding Reverse 9-1-1 should be distributed widely throughout the community to raise awareness of the system and events where the community can register should take place.
- Systems for text message alerts should be considered and relationships with radio channels should be established to ensure the alerts and information are being disseminated in a timely manner if an emergency were to occur.

Emergency Plans

- Evacuation plans and procedures should account for heavy traffic exiting the community due to the large number of respondents who reported they would go to a friend or family member's home out of the area, off the grid, or a different location out of the affected area.
- Emergency plans should take into consideration those who would not evacuate and how to assist them if deemed necessary.
- If an emergency were to occur at a school, parents would be traveling to the school from various locations in Douglas County, Lake Tahoe, Carson City, California, and Washoe County. Emergency plans should account for heavy traffic returning to Douglas County and how different road closures would affect those trying to return.
- Both the plan for evacuating and the plan for sheltering should utilize Spanish and American Sign Language translators to ensure everyone is able to understand the process and directions.
- Shelter plans should account for approximately 1,440 households or over 3,000 people. Of the pet owners in Douglas, approximately 3.3% (645 households) would take them with them during an evacuation and would be evacuating to a shelter. This information will allow sheltering plans to accommodate these households by potentially having a pet friendly evacuation shelter.
- The shelter should plan to accommodate those with access and functional needs. Approximately 5.8% of the community uses an oxygen supply source and approximately 12.0% uses a wheelchair, cane, or walker. These needs should be considered so that all members have access to the shelter.

Preparation

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- Keeping an updated list of CASPER trained volunteers would be useful in an emergency setting, along with ensuring all staff members are trained on the CASPER process in the event volunteers are unable to respond.
- Having a desk manual with each step of the CASPER process would reduce the amount of preparation time. This manual could include pre-selected clusters, maps, and different surveys based on different types of disasters.
- Keeping the CASPER supplies assembled and ready to deploy would also reduce the amount of preparation time and would allow teams to deploy quickly.

Lessons Learned:

Communications

Radio traffic was heavy at various times throughout CASPER. This made it difficult for the IC to acknowledge teams and required the team members to listen and ensure IC had acknowledged them before transmission. There were times when IC acknowledged a team but a different team started transmitting. This led to discrepancies in households that refused, were completed, or had an attempt made. During shift briefing, team members need to be reminded to listen to the team number IC acknowledged.

There was also some confusion as to whether the CASPER teams were able to use the frequency for the day or other Douglas County agencies were using the frequency. IC was quickly able to contact dispatch with assistance of the Emergency Manager to resolve the issue. However, the IC had asked all CASPER teams to cease radio traffic and to contact the ICP via cell phone until the issue had been resolved. Not all teams acknowledged the IC's request and continued using the radio to communicate. If an issue like this arises again, the IC should ask all teams to acknowledge the order and if a team does not acknowledge it, IC should contact them via cell phone to notify them.

Address List

After each day, IC filled in a digital copy of the address lists with the households who refused, completed a survey, the time attempts were made, and replacement households. The updated lists were then printed for each team to allow them to go to a cluster they had not previously been to and make second or third attempts. However, some of the cluster address lists were not updated or errors were made. This created confusion amongst teams and IC. IC then had to find the previous address list to clarify any confusion. To prevent this from happening, IC should have a second person look over the address list at the end of each day to verify the information.

Survey

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When reviewing the survey, ensure that questions are not being restated in a different survey section and that the order of the questions makes sense. During the initial training, explanations for questions that can have different meanings should be provided along with examples for applicable questions. This would eliminate any mistranslation from the survey teams. To test the success of the community outreach done prior to CASPER, a question regarding if the household heard of the CASPER before the team arrived should be added. This would provide data and allow county officials and partners to better plan their community outreach.

Limitations

Every process has limitations. For the Douglas County CASPER, the following limitations were identified.

- Multiple answers were selected for questions that stated “select one”. The primary answer was unknown and could cause a discrepancy in the true intentions of the community.
- People often answered “depends on emergency” for if they would evacuate or not so their true intentions could not be assessed.
- When asked about sources of information during an emergency, those who responded with an “other” option reported a cell phone to be the main source of information. It is unknown if that is a cell phone call, text, or an application. Other reported sources included TV. It is unknown if that is satellite, cable, or streaming services due to the respondents not specifying. Some households reported emergency alert systems to be their source of information during an emergency but it was specified as to whether it was Reverse 9-1-1 or the federal emergency alerts.
- Sample weights are based on 2010 census data. This was also used to determine household probability of being selected. Due to population changes, 2010 census data may not accurately represent the current population. This would only affect weighted data, not unweighted data.

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Appendix A: Survey

Douglas County CASPER Survey	
To be completed by team BEFORE interview	
Q1 Date (MM/DD/YY)	Q2 Cluster Number:
Q3 Survey Number: 1 2 3 4 5 6 7	Q4 Interviewer Initials
Now we would like to ask you questions about emergency preparedness:	
<p>Q5 Do you feel your household is prepared for an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know (DK) <input type="checkbox"/> Refused (R)</p>	<p>Q10 What would be the main reason you would not evacuate if asked to do so? <input type="checkbox"/> Concern about leaving property <input type="checkbox"/> Concern about safety <input type="checkbox"/> Concern about traffic <input type="checkbox"/> Health problems <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Lack of trust in public officials <input type="checkbox"/> Nowhere to go <input type="checkbox"/> Concern about leaving pets behind <input type="checkbox"/> Inconvenient <input type="checkbox"/> Expensive <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not Applicable (N/A) would evacuate <input type="checkbox"/> DK <input type="checkbox"/> R</p>
<p>Q6 Does your household currently have...</p> <p>A working carbon monoxide detector? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R</p> <p>A working smoke detector? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R</p> <p>A working fire extinguisher? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R</p> <p>A 3-day supply of drinking water (1 gallon/person/day)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R</p> <p>A 3-day supply of food that will not go bad? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R</p> <p>A 7-day supply of important medications? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> N/A</p> <p>A first aid kit that you could take with you if you had to leave? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R</p>	<p>Q11 If your household had to evacuate due to a disaster or emergency, where would be the first place you would go? Read all options (Check only one)</p> <input type="checkbox"/> Friends/family/2nd home (<i>outside your neighborhood</i>) <input type="checkbox"/> Hotel/motel <input type="checkbox"/> American Red Cross/church/community shelter <input type="checkbox"/> Other _____ <input type="checkbox"/> Would not evacuate <input type="checkbox"/> DK <input type="checkbox"/> R
<p>Q7 Does your household currently have the following items for emergency preparedness:</p> <p>Copies of important documents (passport, birth certificate, vaccination record, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R</p> <p>A designated meeting place in your neighborhood? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> N/A</p> <p>A designated meeting place outside of your neighborhood? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> N/A</p> <p>Multiple routes out of your neighborhood? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R</p> <p>A written list of phone numbers for people who can help in an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R</p>	<p>Q12 Do you have any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R</p> <p>Q12b IF YES, what kind of pets? <input type="checkbox"/> Large animal (horses, cows, sheep, pigs, etc.) <input type="checkbox"/> Small animal (dogs, cats, etc.) <input type="checkbox"/> Exotic (birds, ferret, rat, reptile, etc.) <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> N/A</p> <p>Q12c IF YES, If your household was asked to evacuate, what would you do with your pets? <input type="checkbox"/> Take them with you <input type="checkbox"/> Find a safe place for them to go <input type="checkbox"/> Leave them behind with food and water <input type="checkbox"/> Would not evacuate because of pets <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> N/A</p>
<p>Q8 If public authorities announced a voluntary evacuation for your community due to a disaster or emergency, would your household evacuate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R</p>	<p>Q13 What is your household's <i>primary</i> source of receiving information during an emergency? (Select one) <input type="checkbox"/> Cable TV <input type="checkbox"/> Satellite TV <input type="checkbox"/> Steaming Services <input type="checkbox"/> Text message <input type="checkbox"/> Radio <input type="checkbox"/> Automated call <input type="checkbox"/> Local newspaper <input type="checkbox"/> Poster/flyer <input type="checkbox"/> Nextdoor <input type="checkbox"/> Church or other groups <input type="checkbox"/> Internet site <input type="checkbox"/> Social media (Preferred type: _____) <input type="checkbox"/> Word of mouth (family, friend, neighbor) <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> R</p>
<p>Q9 What are the top 2 hazards most likely to affect your household? 1) _____ 2) _____ <input type="checkbox"/> DK <input type="checkbox"/> R</p>	
Turn Page Over	

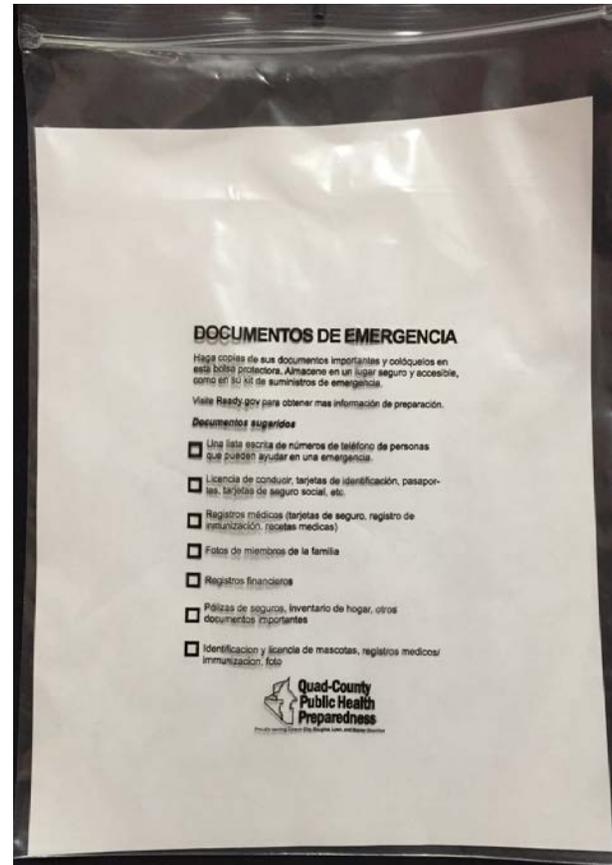
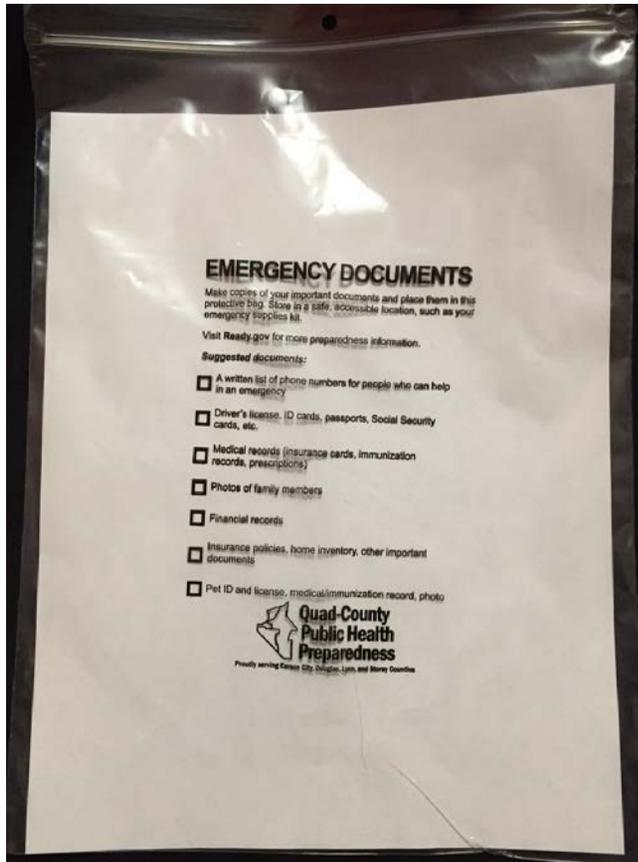
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<p>Q14 What is your household's <i>secondary</i> source of receiving information during an emergency? (Select one)</p> <p><input type="checkbox"/> Cable TV <input type="checkbox"/> Satellite TV <input type="checkbox"/> Steaming Services <input type="checkbox"/> Text message <input type="checkbox"/> Radio <input type="checkbox"/> Automated call <input type="checkbox"/> Local newspaper <input type="checkbox"/> Poster/flyer <input type="checkbox"/> Nextdoor <input type="checkbox"/> Church or other groups <input type="checkbox"/> Internet site <input type="checkbox"/> Social media (Preferred type: _____) <input type="checkbox"/> Word of mouth (family, friend, neighbor) <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> R</p>	<p>Q16 Have you or anyone in your household heard of the emergency notification system Reverse 911? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R</p> <p>Q16b IF YES, is anyone in your household registered for Reverse 911? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> N/A</p>
<p>Q15 In an emergency, which of the following would you use to communicate with family and friends? (Select one)</p> <p><input type="checkbox"/> Land line <input type="checkbox"/> Cellular phone call <input type="checkbox"/> Text message <input type="checkbox"/> E-mail <input type="checkbox"/> Internet site <input type="checkbox"/> Mail <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Nextdoor <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> R</p>	<p>Q17 Would you like more information on how to better prepare your household for an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R</p> <p>Q17b IF YES, how would you like to receive that information?</p> <p><input type="checkbox"/> TV <input type="checkbox"/> Poster/flyer <input type="checkbox"/> Newspaper <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Nextdoor <input type="checkbox"/> Community event _____ <input type="checkbox"/> Internet site _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> N/A</p>
<p>Lastly, we would like to ask you some basic household questions:</p>	
<p>Q18 Has anyone in your household been told by a healthcare provider that they have:</p> <p>Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R Asthma/COPD/Emphysema <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R High blood pressure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R Heart disease <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R Stroke <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R Weak immune system <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R Kidney disease <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R Physical disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R Mental health illness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R</p>	<p>Q20 Do any members in your household receive a flu vaccine each year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R</p> <p>Q21 How many people live in your home? _____</p> <p>Q22 Is this your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R</p> <p>Q23 What community(ies) do you and your household work in? _____ <input type="checkbox"/> DK <input type="checkbox"/> R</p>
<p>Q19 Does anyone in your household need any of the following:</p> <p>Daily medication (other than birth control or vitamins) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R Dialysis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R Caregiver <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R Oxygen supply <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R Wheelchair/cane/walker <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R Special formula, bandages, diapers <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R Service animal <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R Other: _____</p>	<p>Q24 How many people living in your household are:</p> <p>____ Less than 2 years old? ____ 18-65 years old? ____ 2-17 Years old? ____ More than 65 years old? <input type="checkbox"/> DK <input type="checkbox"/> R</p> <p>Q25 Is English the preferred language spoken in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R</p> <p>Q25b IF NO, what is the preferred language spoken in your home? _____</p>
<p>Thank them for their time and give them the informational hand out.</p>	

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Appendix B: Leave Behind Materials

English and Spanish Bags



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English Flyers

Are You Ready For An Emergency?

5 Things To Start Your Emergency Kit:



- A 7-day supply of important medications



- A small first aid kit



- A flashlight with extra batteries



- A written list of phone numbers for people who can help you in an emergency



- A 3-day supply food that will not go bad and 3 gallons of water for each person in your home



For Pets:

- Identification tag
- Leash
- Food, water, medication
- Phone number for vet & shot records
- Pictures of pet



For Kids:

- Favorite toy or blanket
- Diapers, bottles, and extra clothes
- Children's medications
- Shot records
- Pictures of your kids

Visit Ready.gov/kits for more information

Quad-County Public Health Preparedness

This publication was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 6 NU907P21907-01-04 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the Centers for Disease Control and Prevention (CDC).



Stay Informed During an Emergency in Douglas County!



Our website www.douglascountynv.gov is where you can find information about current emergencies in Douglas County. A red alert bar will appear during an emergency at the top of the homepage. Click on the bar for more information. You can also report a non-emergency concern at a specific location using out "report a concern" icon on the homepage.



Reverse 911! Sign up to receive emergency notifications from us right to your cell phone. **YOU MUST REGISTER YOUR PHONE** at: <https://douglascounty.onthealert.com>



Follow us-Follow us on Facebook, Twitter, and Nextdoor @CountyofDouglas. Look for hashtags specific to the emergency. We also stream on You Tube.



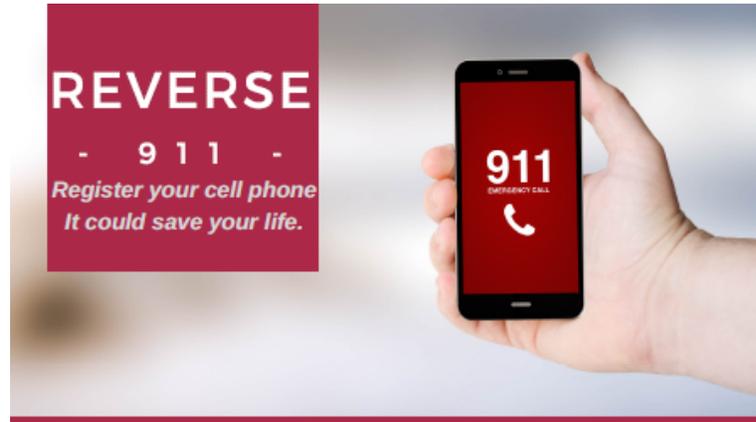
Watch us-During an emergency we stay in close contact with our local and regional media partners. Watch your local news, listen to your radio, view your local paper in print or online.



Listen-During an emergency listen to law enforcement and fire personnel. Conditions can change quickly and our local first responders are here to guide you and your loved ones to safety.

CALL 911 IN AN EMERGENCY FOR NON-EMERGENCY CALL
(775)782-5126

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HOW DOES REVERSE 911 WORK?

When natural disasters, community emergencies, or industrial accidents such as wildfire, floods, severe weather, chemical spills, or police action occur, local emergency responders send alerts through our emergency notification systems. Reverse 911 is the most effective and can target all residents in a community down to a single address.

WHY REGISTER?

Reverse 911 can send more precise warnings and instructions no matter where you are if your mobile number and physical address are registered with local Emergency Responders.

DON'T MISS ALERTS

Do you rely on TV, radio, social media or word-of-mouth for emergency information? By the time you receive instructions that apply to your area it could be too late. Register your mobile number and physical address with a local Reverse 911 system so you won't miss critical notifications that only affect you.

TO REGISTER YOUR PHONE VISIT:

<https://douglascounty.onthealert.com>

For more information call 775-782-5126



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Resiliency Begins with You

Join the Community Emergency Response Team



The Community Emergency Response Team (CERT) is a volunteer group of community members who are trained in basic emergency response. The Douglas County CERT operates within the Douglas County Division of Emergency Management, which is administered by East Fork Fire Protection District. CERT members are integrated into emergency response capability for their area.

Learn How To

- Identify and anticipate hazards
- Reduce fire hazards in the home and workplace
- Extinguish small fires
- Assist emergency responders
- Conduct light search and rescue
- Set up medical treatment areas
- Apply basic medical techniques
- Help reduce survivor stress

What CERT Does

- Assist their community when the County's professional response is delayed or overwhelmed
- Apply basic response and organizational skills to help save lives until help arrives
- Participate in projects to improve community emergency preparedness.
- Supports the community's response capability
- Participate in drills and exercises
- Attend trainings



 For more information on joining Douglas County CERT contact East Fork Fire Protection District at 775-782-9040

Join the Western Nevada Medical Reserve Corps

Volunteers Building Strong, Healthy, and Prepared Communities



The Medical Reserve Corps is a community-based volunteer group that works locally to prepare for and respond to emergencies. MRC volunteers support existing emergency and public health resources.

Who can be a MRC volunteer?
Practicing, retired, inactive medical professionals AND any non-medical personnel who are over the age of 18.

What do MRC volunteers do?

- Assist local public health departments and hospitals.
- Help people and animals during emergencies.
- Provide First Aid for community events.
- Participate in community disaster drills and exercises.
- Train with emergency responders.
- Educate the community on emergency preparedness.
- Assist with community vaccination events.
- And So Much More...

Sign Up Today!

Visit servnv.org to apply
Questions? Contact Jessica at jrapp@carson.org or 775-283-7536



 Quad-County Public Health Preparedness

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Spanish Flyers

¿Estás Listo Para Una Emergencia?

5 Cosas Para Comenzar Su Kit De Emergencia :



- Un suministro de 7 días de medicamentos importantes



- Un botiquín pequeño de primeros auxilios



- Una linterna con baterías adicionales



- Una lista escrita de números de teléfono de personas que puedan ayudarle en una emergencia

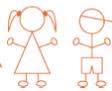


- Un suministro de alimentos de 3 días que no se eche a perder y 3 galones de agua para cada persona en su casa



Para Mascotas:

- Etiqueta de identificación
- Correa
- Comida, agua, medicamentos
- Numero del veterinario y registro de vacunas
- Fotos de mascotas



Para los Niños:

- Juguete o cobija favorita
- Pañales, botellas, y ropa
- Medicamentos infantil
- Registro de vacunas
- Fotos de sus hijos

Visita Ready.gov/kits para obtener más información



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¡Manténgase Informado Durante una Emergencia en el Condado de Douglas!



Nuestra pagina www.douglascountynv.gov es donde puede encontrar información sobre emergencias actuales en el Condado de Douglas. Aparecerá una barra de alerta roja durante una emergencia en la parte superior de la página de inicio. Haga click en la barra para más información. También puede reportar una preocupación que no sea de emergencia en una ubicación específica usando el ícono "reportar una preocupación" en la página de inicio.



¡Reverse 911! Regístrese para recibir notificaciones de emergencia de nosotros directamente a su celular. USTED DEBE REGISTRAR SU TELÉFONO en:
<https://douglascounty.onthealert.com>



Todos los mensajes de Reverse 911 se envían en inglés.
Síguenos - en Facebook, Twitter y Nextdoor @CountyofDouglas. Busque los hashtags específicos para la emergencia. También transmitimos en You Tube.



Mírenos - Durante una emergencia nos mantenemos en contacto cercano con nuestros socios de medios locales y regionales. Mire su noticias locales, escuche su radio, vea su periódico local en papel o internet.



Escuche - Durante una emergencia escuche a las autoridades y personal de bomberos. Las condiciones pueden cambiar rápidamente y nuestros primeros respondedores locales están aquí para guiarlo a usted y a sus seres queridos a seguridad.

LLAME AL 911 EN UNA EMERGENCIA PARA LLAMADAS QUE NO SEAN DE EMERGENCIA
(775)782-5126

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La Resiliencia Comienza con Usted

Únase al Equipo de Respuesta de Emergencia de la Comunidad



El equipo de respuesta de emergencia de la comunidad (CERT) es un grupo voluntario de miembros de la comunidad que están capacitados en respuesta básica de emergencia. El certificado de Douglas County CERT opera dentro de la división de la División de Manejo de Emergencias del Condado de Douglas, es administrado por East Fork el Distrito de protección contra incendios. Los miembros CERT están integrados en la capacidad de respuesta de emergencias para su área.

Aprenda A

- Identificar y anticipar los peligros
- Reduzca los peligros de incendio en el hogar y trabajo
- Extinguir pequeños incendios
- Ayudar a los respondedores de emergencia
- Realizar búsqueda y rescate de luz
- Establecer áreas de tratamiento médico
- Aplicar técnicas médicas básicas
- Ayudar a reducir el estrés de los sobrevivientes

Que Hace CERT

- Ayuda a su comunidad cuando la respuesta profesional del condado se retrasa o se abruma
- Aplica auxilios básicos y habilidades organizativas para ayudar a salvar vidas hasta que llegue la ayuda
- Participa en proyectos para mejorar la preparación comunitaria ante emergencias
- Apoya la capacidad de respuesta de la comunidad
- Participa en simulacros y ejercicios
- Asiste en entrenamientos





Para obtener más información sobre cómo unirse al Douglas County CERT contacte a East Fork Fire Protección al 775-782-9040

Únete al Cuerpo de Reserva Médica del Oeste de Nevada

Voluntarios Construyendo Comunidades Fuertes, Saludables y Preparadas



Medical Reserve Corps es un grupo de voluntarios basado en la comunidad que trabaja localmente para prepararse y responder a emergencias. Los voluntarios de MRC apoyan los recursos existentes de emergencia y salud pública.

¿Quién puede ser un voluntario de MRC?
Médicos profesionales que están activos, inactivos o jubilados y cualquier personal no médico que sea mayor de 18 años.

¿Qué hacen los voluntarios de MRC?

- Asistir a los departamentos locales de salud pública y hospitales.
- Ayuda a personas y animales en situaciones de emergencia.
- Ofrece primeros auxilios para eventos comunitarios.
- Participa en simulacros y ejercicios de desastres comunitarios.
- Entrena con personal de emergencia.
- Educa a la comunidad sobre la preparación para emergencias.
- Asiste con eventos de vacunación comunitaria.
- Y mucho mas...







¡Regístrate Hoy!

Visita servnv.org para aplicar

Preguntas? Contacte a Jessica al jrapp@carson.org o 775-283-7536

FOR OFFICIAL USE ONLY

Appendix C: Daily Health Assessment

Daily Health Assessment

Name: _____ **Date:** _____

Phase (Circle One): Pre Deployment Post Deployment

1. Are you feeling dehydrated?
 - a. Yes
 - b. No
2. Are you sore?
 - a. Yes
 - b. No
3. Do you have a sunburn?
 - a. Yes
 - b. No
4. Do you have any bug bites?
 - a. Yes
 - b. No