

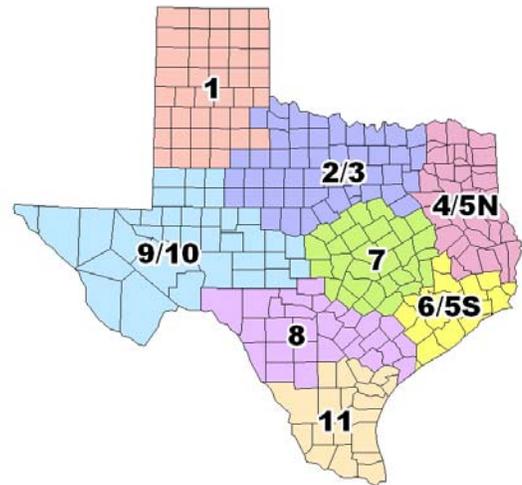
Pocket Field Guide



Texas CASPER Strike Team

November 2011

Texas DSHS Health Service Regions



Region	Phone	24/7 Emergency Hotline
Region 1	(806) 744-3577	(806) 744-3577
Region 2/3	(817) 264-4541	(817) 822-6786
Region 4/5 N	(903) 553-5283	(866) 310-9698
Region 6/5 S	(713) 767-3000	800-270-3128 (713) 767-3000
Region 7	(254) 778-6744	(254) 778-6744
Region 8	(210) 949-2000	(210) 949-2121
Region 9/10	(915) 834-7675	(888) 847-6892 (915) 543-3186
Region 11	(956) 423-0130	(956) 421-5559

Prepared By the
**Texas Department of
State Health Services**

Community Preparedness Section
and
Regional Epidemiology
Response Teams



For more information contact:

Statewide CASPER Coordinator at
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or

Regional Epidemiology
Response Teams

<http://www.dshs.state.tx.us/preparedness/ert.shtm>

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- Texas Forest Service, Texas A&M University
- The University of Texas School of Public Health, Health Science Center at Houston
- North Carolina Division of Public Health, Office of Public Health Preparedness and Response
- University of North Carolina (UNC) Center for Public Health Preparedness, UNC Gillings School of Global Public Health
- Kentucky Department of Health
- Iowa Department of Public Health
- South Carolina Department of Health and Environmental Control
- Tennessee Department of Health
- National Wildfire Coordinating Group's Fireline Handbook
- NIMS Incident Command System Field Guide
- *The Checklist Manifesto: How to Get Things Right* by Atul Gawande
- Zoonosis Control Branch, DSHS
- Galveston County Health District
- Brazoria County Health Department
- Houston Department of Health and Human Services

WHY IS THIS GUIDE IMPORTANT?

The purpose of this pocket field guide is to help make CASPER priorities clearer and prompt people to function better as a team in a DSHS CASPER strike team deployment.

This guide is intended to help with memory recall and set out the minimum necessary steps in the CASPER process.

Though it helps ensure that critical activities are not overlooked, it allows the user the power to manage the nuances and unexpected surprises the best they know how.

The guide is intended to buttress the skills of expert public health professionals and to enable individuals to be as smart as possible.

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TEAM ORGANIZATION

Following any type of natural disaster, emergency event, or public health crisis, officials must be prepared to respond and meet the needs of the affected areas.

The Texas Department of State Health Services' (DSHS) recognizes the need for a Community Assessment for Public Health Emergency Response (CASPER) Team that would be able to assess community-level public health needs following a public health emergency/disaster.

CASPER involves interviewing people in sampled households about their public health needs; these are door-to-door household surveys. These assessments provide valid population-based public health information about communities and helps define the scope and magnitude of specific public health needs. Local health officials use the results to identify health and service needs and hazards and target relief efforts to the people who need them most.

A CASPER team is flexible and scalable, and its organization depends on the incident or event. CASPER teams will integrate into the Incident Command System (ICS) structure of the requesting jurisdiction, and may do so in a number of ways:

- As a Strike Team under a Group or Division in the Operations Section (OS). The Strike Team Leader reports to his or her Group or Division Supervisor.
- As a Group in the OS. The CASPER Group Supervisor reports to the OS Chief (OSC) or Branch Director.
- As a Branch in the OS. The CASPER Branch Director reports to the OSC.
- In the unlikely event that a CASPER team must operate in an area without a functioning local ICS structure, it will be integrated into the incident Area Command or Multi-Agency Coordination Center (MACC). The Strike team leader will report to the Area Commander or MACC.

All logistical support for CASPER personnel will be provided through the DSHS State Medical Operation Center's (SMOC) Logistics Section, regional assets, local assets, or through the Incident Response Coordination Team at the U.S. Health and Human Services, Region 6.

TEAM CAPABILITIES

- Assist/partner with local health departments to conduct assessments to measure the public health status and basic needs of an affected community.
- Provide objective information to public health and emergency management officials to assist with the disaster response.
- Assist local health departments in the development of the community survey, sampling approach, interviewing, data entry, analysis, and report writing and presentation.
- The team may be comprised of up to 30 individuals, though the team is scalable and flexible depending on available local assets.
- Deployments may last up to 5 days and teams are not deployed until conditions are safe.

ACCOUNTABILITY

Effective accountability during team operations is essential. Individuals must abide by agency policies and guidelines and any applicable local, tribal, state, or federal rules and regulations.

The following principles must be adhered to:

- **Check-In**
Everyone must check in to receive instructions
- **Action Plan**
Team operations must be coordinated
- **Unity of Command**
Everyone will be assigned to a team supervisor
- **Span of Control**
Team supervisor must be able to adequately supervise and control their members
- **Resource Tracking**
Team supervisor must record and report resource status changes as they occur

METHODOLOGY

There are six general steps in conducting a CASPER.

1. Determine the Assessment Objectives
2. Determine the Sampling Approach
3. Prepare for the Field Work
 - Develop the questionnaire, tracking, referral forms and health education materials
 - Create EPI INFO questionnaire and database
 - Organize and train field teams
 - Ensure adequate supplies
4. Conduct the Assessment
5. Analyze the Data
6. Write the Report



To ensure a coordinated response and effective team operation, the team's plan will clearly include these four elements:

- What do we want to do?
- Who is responsible for doing it?
- What resources are needed?
- How do we communicate with each other?

Continued on next page...

METHODOLOGY

Sampling is based on World Health Organization, Expanded Program on Immunization method used in determining smallpox rates

- Multi-stage Cluster Sampling
 - 30 clusters
 - 7 households per cluster
 - The usual CASPER goal is 210 completed household interviews
- Data must be weighted to adjust for non-random sampling:

(Total # of housing units in sampling frame)

(# of housing units interviewed within cluster)

* (# of clusters surveyed)

PLANNING CHECKLIST

This is a checklist that can be used in planning a CASPER.

- Determine objective of assessment
- Determine location
 - Select 30 census blocks
 - Develop and print maps
- Staffing
 - Recruit staff
 - Develop organizational chart
 - Review job action guidelines for each position
 - Develop sign in sheets for training and deployment
 - Inform all participants of required attire
 - Inform participants of code of honor
- Survey
 - Develop
 - Translate (if necessary)
 - Print copies (bilingual if necessary)
 - Pilot survey
 - Finalize survey
- Script
 - Develop introductory and closing
 - Translate (if necessary)
 - Print enough for each field team
- Assign teams to clusters
- Develop field instructions
- Review tracking form

Continued on next page...

From DSHS Region 11 Assessment

PLANNING CHECKLIST

- Just in Time (JIT) Training
 - Review agenda
 - Identify speakers
 - Develop PowerPoint
- Information packets
 - Decide what will be included
 - Print all components
 - Put packets together
- Contact stakeholders in the community (if necessary)
 - Health Authority
 - County Judge
 - Emergency Manager
- Assemble resources for field teams
 - Information packets
 - Assessment documents
 - Equipment
 - Vehicles
 - Go-kits
- Determine how teams will communicate while in the field
 - satellite phones, cell phones, radios
- Determine food and water needs
- Determine PPE (eg., bug spray, sunscreen)
- Deployment day meeting
 - Final survey instructions
 - Allocate equipment
 - Group picture
- Conduct debrief/ hot wash and AAR
- Send out a thank you note to all participants
- Send out web based survey to participants

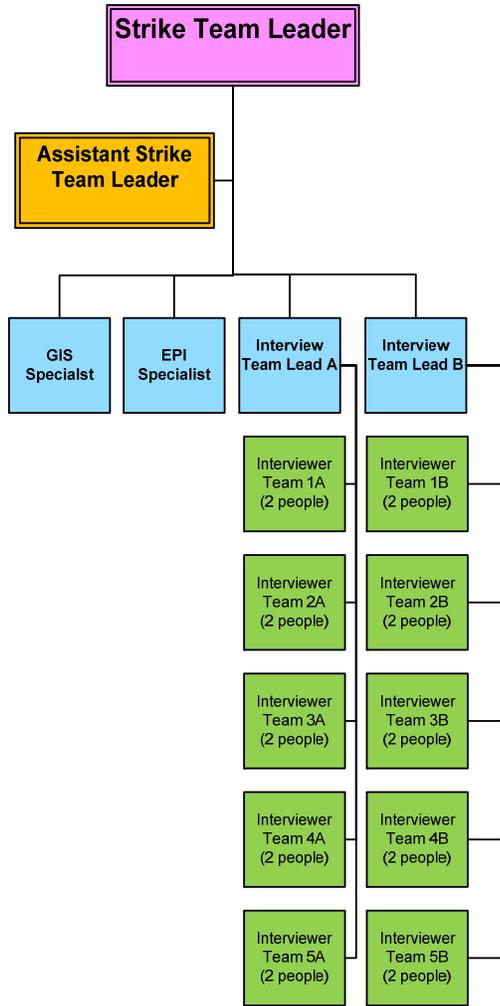
From DSHS Region 11 Assessment

INITIAL LOCAL BRIEFING

The following checklist provides actions or discussion points that should be addressed during the initial briefing with local health authorities:

- Team assessment priorities, objectives and expectations
- General overview of information identified on the specific incident/affected area
 - Approximate size and incident magnitude of the affected area
 - General weather conditions at the incident site
 - Other activities impacting strategy, resources or tactics
- Political, fiscal, and logistical considerations and/or constraints that may impact team assessment activities
- Current availability of resources
- Status of affected population
- Current and predicted information on on-site conditions
- Damage and needs assessment processes
- Briefing and debriefing/hot wash procedures, including time schedule
- After Action Report development process
- Handling media inquiries
- Use of local support personnel and equipment
- Potential locations for support facilities
- Documentation and reporting process
- Provide maps, key list of contacts, phone numbers and other information before concluding the meeting

ORGANIZATIONAL CHART



Job Action Sheets

A CASPER team is flexible and scalable, and its organization depends on the incident or event.

STRIKE TEAM LEADER

The Strike Team Leader is responsible for overall CASPER direction, organizes and directs field command post, and oversees tactical assignments given to Strike Team.

Critical Safety Responsibilities

- Obtain briefing from the Group, Division Supervisor or Operations Section Chief
- Supervise operations
- Determine needs and request additional resources
- Ensure safety of staff

Other Duties

- Deploy to designated staging area
- Activate CASPER Team and determine staffing needs
- Issue and direct tasking of strike team staff
- Maintain situational awareness
- Liaison with regional and local
- Work with team and requesting agency, establish assessment objectives
- Ensure knowledge of mission and communicate concerns or problems prohibiting mission completion
- Prepare and transmit Situation Reports
- Review CASPER survey forms, information, and reports for appropriateness and accuracy
- Review CASPER toolkit with staff
- Conduct daily briefings for strike team
- Assess morale, physical and mental health of strike team and report any findings to DSHS SMOC for referrals, etc
- Determine composition of interview teams

ASSISTANT STRIKE TEAM LEADER

The Assistant Strike Team Leader assists the Strike Team Leader for overall CASPER direction, organizes and directs field command post, and oversees tactical assignments given to strike team.

Critical Safety Responsibilities

- Obtain briefing from the Strike Team Leader
- May assist in supervising operations
- May assist in determining needs and request additional resources
- Ensures safety of staff

Other Duties

- Deploy to designated staging area
- May assist in the activation of team and determine staffing needs
- May assist in issuing and directing tasks
- Maintains situational awareness
- May assist in interacting with regional and local agencies regarding assessment
- May assist in establishing assessment objectives
- Communicate concerns or problems that may prohibit mission success
- May assist in preparing and transmitting Situation Reports
- Assist in the review of survey forms, information, and reports for appropriateness and accuracy
- May assist in conducting daily briefings
- May assist in assessing morale, physical and mental health of strike team and report any findings
- Coordinate the review of referral sheets from interview teams and provide to local officials for response

GIS SPECIALIST

The GIS Specialist is responsible for the random sampling process, creating and printing maps, assigning teams to clusters and assigning equipment.

Critical Safety Responsibilities

- Obtain briefing from the Strike Team Leader
- May assist in determining needs and request additional resources
- Ensures safety of staff

Other Duties

- Deploy to designated staging area
- Participate with Strike Team Leader and EPI specialist in assessment area selection
- Locate data and create database for sampling
- Select a random sample of 30 clusters
- Create cluster maps
- Print cluster maps for teams and command post
- Print wall maps for base and local officials
- May assist EPI specialist with setting up databases
- May provide data collection tools to teams
- Orient interview teams on maps
- May assist EPI specialist with training interview teams on sampling
- Assign GIS equipment to interview teams
- May assist EPI specialist with analyses
- Provide electronic map for field report and AAR
- Assist EPI specialist on conducting briefing
- Assist EPI specialist with liaison functions
- Contribute to situation reports
- Ensure equipment is in working order and address issues
- May assist with training with equipment

EPI SPECIALIST

The Epidemiology Specialist is responsible for data collection, data analysis and report writing.

Critical Safety Responsibilities

- Obtain briefing from the Strike Team Leader
- May assist in determining needs and request additional resources
- Ensures safety of staff

Other Duties

- Deploy to designated staging area
- May assist GIS specialist and Strike team leader with sampling selection
- Develop questionnaire with local input
- Create EPI INFO database
- Develop survey instructions (including household selection) and tracking form
- Develop critical needs/referral form
- Train interview field teams on questionnaire and survey tracking forms
- Train interview teams on data collection procedures and urgent critical needs and referral form
- Train interview field teams on interviewing techniques
- Retrieve and enter survey data from interview team
- Analyze data (e.g., proportions, tables, projections, confidence intervals, calculate contact/cooperation/completion rates)
- Develop field report (1 – 3 pages only) with public health recommendations
- Submit report to the Strike Team Leader within 18 hours of final interviews
- Conduct daily briefings to strike team
- Liaison with regional and local agencies regarding assessment
- Contribute to Situation Reports
- Develop PowerPoint presentation for local officials and/or leadership
- May assist with training with equipment

INTERVIEW TEAM “A” LEAD

The Interview Team Lead “A” is responsible for overseeing 5 interview teams (~ 10 people), and developing health education materials to be distributed during field deployment.

Critical Safety Responsibilities

- Obtain briefing from the Strike Team Leader
- May assist in determining needs and request additional resources
- Ensures safety of staff

Other Duties

- Deploy to designated staging area
- Provide briefing to team
- Meet with assigned team members
- Develop health education materials for distribution
- Maintain situational awareness of field team during deployment
- May assist with training teams on data collection procedures
- May assist with training teams on interviewing techniques
- May assist with retrieving data from interview teams
- May assist with data entry
- May assist in conducting daily briefings
- May interact with regional and local agencies
- May contribute to Situation Reports
- Assess morale, physical and mental health of team and report any findings
- May assist with training with equipment
- Collects completed surveys, referral forms and tracking sheets from teams
- Distribute completed surveys, referral forms and tracking sheets to appropriate person

INTERVIEW TEAM “B” LEAD

The Interview Team “B” Lead is responsible for overseeing 5 interview teams (~ 10 people), consolidating photographs taken by all interview teams, and videotaping debriefing/ hot wash session.

Critical Safety Responsibilities

- Obtain briefing from the Strike Team Leader
- May assist in determining needs and request additional resources
- Ensures safety of staff

Other Duties

- Deploy to designated staging area
- Meet with assigned team and provide briefing
- Maintain situational awareness of field team during deployment
- May assist with training teams on data collection procedures
- May assist with training teams on interviewing techniques and equipment use
- May assist with retrieving data from teams
- May assist with data entry
- Consolidate photographs taken by all teams onto one DVD
- May assist in conducting daily briefings
- Videotape debriefing/ hot wash session
- May interact with regional and local agencies
- May contribute to Situation Reports
- Assess morale, physical and mental health of team and report any findings
- Collects completed surveys, referral forms and tracking sheets from teams
- Distribute completed surveys, referral forms and tracking sheets to appropriate person

INTERVIEW TEAM

The Interview Team Members are responsible for conducting, **safely**, household interview surveys in a community impacted by a disaster.

Critical Safety Responsibilities

- Obtain briefing from the Strike Team Leader
- Obtain briefing from Team Leader
- May assist in determining needs and request additional resources
- Ensures safety of staff (remain in pairs at all times)

Other Duties

- Deploy to designated staging area
- Meet with assigned team members
- Become familiar with field packets (questionnaire, survey forms, health education materials, maps and tracking forms)
- Keep in contact with team lead during deployment
- Conduct household interviews and fill out forms appropriately
- Distribute health education materials
- Report urgent needs to team lead or 911
- May assist with data entry
- May contribute to Situation Reports
- Assess morale, physical and mental health of team and report any findings
- Provide completed surveys, referral forms, tracking sheets to team lead

CODE OF HONOR

1. No alcohol or drugs will be transported or consumed.
2. Radio ethics will be utilized. Radio traffic between members will be kept to a minimum.
3. Don't make it a vacation.
4. Know who you are working for.
5. Limit the procurement of equipment to what is needed.
6. Do not steal. All equipment must be returned before you are demobilized.
7. Crews will maintain a state of readiness even when not assigned.
8. Recreation will be limited to unassigned hours.
9. Maintain and wear all safety clothing.
10. Wear the proper clothing while at the command post.
11. Your actions are a reflection on your organization.

Source:

www.tamu.edu, adapted from FIRESCOPE

Deployment

DEPLOYMENT OVERVIEW

After being dispatched, your first task is to **check in** upon arrival.

After check-in, you will locate your incident supervisor and obtain your initial briefing.

The briefings should include:

- Current assessment of the situation and incident objectives
- Identification of your specific job Responsibilities
- Description of ICS organizational structure
- Identification of team members
- Location of assessment
- General layout of command post (restrooms, break area, and meeting room)
- Instructions for obtaining resources
- Operational periods/work shifts

WHAT TO BRING ON DEPLOYMENT

- Check with DSHS Logistics on any special items you might need that are necessitated by the event.
- You will also be issued an Agency Response Kit (ARK). This will have a variety of survival necessities: DEET, toilet paper, aspirin, gloves, multi-tool, etc.
- Your DSHS picture badge
- Adequate clothing, toiletries, personal medications and identification for the duration of your rotation. If you have DSHS issued apparel please wear as appropriate. If not, then please dress appropriately to the setting and your function therein.
- Your cell phone, if available
- A certain amount of cash. Recommend at least \$100-200 depending on how soon after the disaster you are deployed. It can take over a week for the credit card/ ATM infrastructure in an impact zone to recover depending on the severity of the strike.

SAFETY

- Keep identification on you
- Ensure you have lodging and feel safe
- Know when and where meals are served
- Know when showers are operational
- Know where to get the medical care
- Keep socks dry; wear comfortable shoes
- Drink plenty of water and EAT
- Notify team supervisor medical of any injury
- Beware of stray animals
- Wear sunscreen, insect repellent
- Wear appropriate clothing
- Take breaks when you can
- Sleep when it is time to sleep
- Wear work gloves if needed
- Take any medications you regularly use
- Talk to someone if stress is too much
- Ask for help if you need it
- Look for hazards
- Lock up your belongings
- Wash hands often, use hand sanitizer
- Take cash, small bills and change
- Keep your phone and/or radio charged up
- Bring snacks- power bars, nuts, crackers
- Stay cool in the heat; Stay warm in the cold
- Earplugs are good
- Keep track of your hours worked

AGENDA ITEMS TO ORIENT THE TEAMS

1. Background of the disaster and community
2. State and local emergency operations center guidelines
3. Purpose of the Community Assessment
 - To quickly gain knowledge of the public health needs of a population affected by the emergency; and
 - To have data for current and future planning to reduce the impact of emergencies.
4. Organization of Teams
 - Number of teams
 - At least two individuals each
 - Teams will be assigned specific assessment areas
 - Team leaders
5. Questionnaire and Methods
 - Review Questionnaire
 - How to Conduct Interviews
 - Survey Areas
 - Situations requiring immediate referral
6. Logistics
 - Staging area location
 - Meeting time and place
 - Transportation
 - Food and water
 - Name tags
 - Dress code
 - Safety
 - Contact information/communication
 - Media
7. Debriefing/ Hot wash Session Schedule

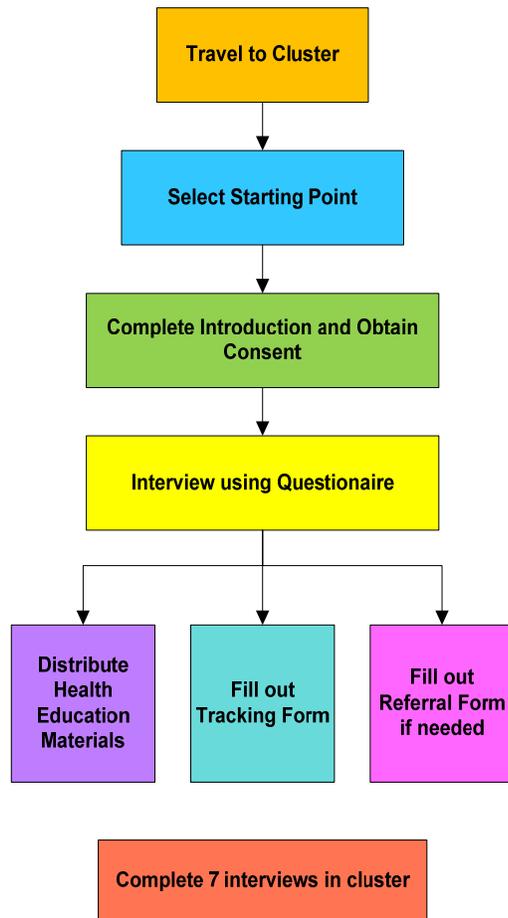
Thank Them For Their Service

INTERVIEW TEAM SUPPLIES CHECKLIST

Prior to departing to your cluster ensure that you have the following items:

- Hard copies of:
 - Questionnaires
 - Tracking forms
 - Health education materials
 - Referral forms
 - Cluster maps
 - Survey instructions
- Equipment (e.g., GPS, communication device, camera)
- Food, water, Agency Responder Kit
- Pocket Field Guide (with key phone numbers)
- Office supplies (e.g., pencils, pens, clipboard)

FIELD ASSESSMENT PROCESS



*Call Team Lead after first completed interview

COMMAND POST SUPPLIES CHECKLIST

These are the items that should be considered for use at the command post:

- Large Reference Maps for Wall
- Communication Devices
- Computers (with internet access or external air cards)
- Extension cords
- Access to printer and photocopier
- Office supplies
- Tables, chairs

AGENDA DEBRIEFING/ HOT WASH

- What was your overall impression on the assessment?
- What things went well? (*activities that need to be continued*)
- What are some things that can be done quickly to improve the process? (*quick fixes*)
- What are some things that can be done over time to improve the process (*long term system improvements*)
- Were there any safety issues?
- Were there specific situations that you encountered during the assignment that you want to tell us about?
- Did you learn anything from this experience?
- *For local officials:* How useful was this assessment for your community in responding to this event?

Take group picture!

DEMobilIZATION

Each team member has responsibilities in the demobilization process. The following checklist identifies some of the key responsibilities:

- Ensure command post and sleeping area is clean
- Conduct inventory review to ensure assets are returned to original state and document any damages incurred
- Ensure all records, reports, data, maps are submitted to the appropriate officials
- Participate in debrief/hot wash sessions and contribute to the After Action Report
- Focus on safety
- Follow approved demobilization procedures

GLOSSARY

Baseline information – a reference point used to indicate the initial condition against which future measurements are compared.

CASPER – **C**ommunity **A**ssessment for **P**ublic Health **E**mergency **R**esponse: an epidemiologic technique designed to quickly provide household-based information about an affected community's needs in a simple format to decision-makers.

Contact rate – a type of response rate; the number of completed interviews divided by the total number of housing units where contact was attempted. The denominator includes the number of completed interviews, incomplete interviews, refusals, and non-respondents (i.e. housing units where no one was at home or that are unsafe to approach). See *response rate*.

Cooperation rate – a type of response rate; the number of complete interviews divided by all eligible units ever contacted. The denominator includes the number of completed interviews, incomplete interviews, and refusals. See *response rate*.

Completion rate – a type of response rate; the number of complete interviews with reporting units divided by the goal for completed interviews (for CASPER, this goal is 210). See *response rate*.

Confidence intervals – the range around a numeric statistical value obtained from a sample, within which the actual, corresponding value for the population is likely to fall, at a given level of probability (i.e. 95%).

GLOSSARY

Convenience sampling – non-probability sampling in which the sample is drawn from that part of the population which is close at hand or "convenient". See *sampling*.

Disaster – a serious disruption of the functioning of society, causing widespread human, material or environmental losses, that exceeds the local capacity to respond, and calls for external assistance.

Disaster epidemiology – use of epidemiology to assess the short- and long-term adverse health effects of disasters and to predict consequences of future disasters. See *epidemiology*.

Disaster-related health effects - *Direct* – health effects caused by the actual physical forces or essential elements of the disaster. *Indirect* – health effects caused secondarily by anticipation of the disaster or unsafe/unhealthy conditions which develop due to the effects of the disaster.

Epidemiology – the quantitative study of the distribution and determinants of health-related events in human populations.

Interviewing bias – the tendency for some aspect of the interviewing to cause respondents to answer in a particular way or systematically "push" or "pull" the survey results in some given direction, thus reducing the survey validity.

Natural disaster – ecological disruption causing human, material, or environmental losses that exceed the ability of the affected community to cope using its own resources and often requires outside assistance.

GLOSSARY

Probability weight – a factor/value applied to each element in a sample in order to adjust for differences in the likelihood of selection. For CASPER, this is a value assigned to each household (i.e. each interview) which represents the inverse probability of its selection from the sampling frame given the sampling design. Results calculated using the probability weight are representative of the entire sampling frame.

Response rate - responses received as a percentage of total attempted. See *contact rate, completion rate, and cooperation rate.*

Sampling - the selection of a subset of individual observations within a population of individuals intended to yield some knowledge about the population of concern; can be random or nonrandom, and representative or non-representative. See also *convenience sampling, simple random sampling, stratified sampling, systematic sampling, and target sampling.*

Sampling design – the specification of the sample frame, sample size, and the system for selecting and contacting individual respondents from the population.

Sampling frame – the entire population within the selected assessment area from which a sample is drawn. The *sample* is a subset of the larger *sampling frame*.

Simple random sampling – probability sampling where a subset of individuals (a sample) is chosen from a larger set (a population or sampling frame) randomly and entirely by chance, such that each individual has the same probability of being chosen at any stage during the sampling process. See *sampling.*

GLOSSARY

Stratified sampling – sampling by grouping members of the population into relatively homogeneous subgroups and then applying random or systematic sampling within each stratum. See *sampling.*

Systematic sampling –sampling in which the target population is arranged according to an ordering scheme and then elements are selected at regular intervals through that ordered list. See *sampling.*

Target sampling –a type of non-probability sampling where sample elements are chosen based on some non-random characteristic (e.g., choosing the most severely damaged homes to interview). See *sampling.*

Validity – the degree to which a survey truly measures that which it is intended to measure.



Glossary prepared by CDC

