

# federal civil defense guide

PART D, CHAPTER 2, APPENDIX 8

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## FALLOUT SHELTER MEDICAL KIT



DEPARTMENT OF DEFENSE  
OFFICE OF CIVIL DEFENSE

## FALLOUT SHELTER MEDICAL KIT

This appendix presents information for shelter administration purposes on the medical kits furnished under the public fallout shelter provisioning program, and provides guidance for partial stocking of those shelters where equivalent medical supplies are available.

For descriptions of public fallout shelter supplies, and their storage and handling, see Federal CD Guide, Part D, Chapter 2, Appendix 1; and for information on how they are acquired and distributed (except RADEF supplies), see Appendix 2.

### GENERAL

The objective in furnishing the kits is to provide a capability for serving the emergency needs of generally normal, healthy people. Medications are provided for preventing disease or limiting its transmission, for treating disease symptom to alleviate suffering and avoid complications, and for controlling emotional stress. Medications and devices requiring a high degree of professional competence and those intended for the treatment of mass

casualties caused by heat and blast effects are not provided. In overall civilian defense measures, treatment of casualties would come under a separate program from the shelter provisioning discussed in this appendix.

### BACKGROUND

The medical kits were developed early in Fiscal Year 1962. The items selected for the kits were based upon consultations and recommendations of personnel of the U. S. Public Health Service, Department of Health, Education, and Welfare; the Department of Defense; and the medical branches of the Armed Services.

The kits were designed in two sizes: one to provide for 50 to 65 persons, and the other for 300 to 325 persons. Both kits contain the same items, but in differing quantities.

The table below shows the contents as now specified, and indicates changes made since the initial procurement. It also shows estimated storage life of component packages.

CONTENTS OF MEDICAL KITS FOR PUBLIC FALLOUT SHELTERS

Nomenclature	Unit Issue	Type of Kit		Package Storage Life <sup>1</sup>			
		Kit A	Kit C	Normal Storage	Adverse <sup>2</sup> Storage	Poor <sup>3</sup> Storage	
						Kit A	Kit C
		No.	No.	Yr.	Yr.	Yr.	Yr.
<i>Medication</i>							
Aspirin tablets <sup>4</sup> , USP, 5 gr., 1000s	Btl	1	6	10+	5-8	2-3	3-5
Eugenol, USP, 1 oz. (toothache remedy)	Btl	1	1	10+	5-8	2-3	3-5
Eye and nose drops <sup>5</sup> , ½ oz.	Btl	3	18	10+	5-8	2-3	3-5
Isopropyl alcohol, N.F., 1 qt. (dilute for rubbing alcohol)	Can	1	6	5-10	5+	2-3	3-5
Kaolin and pectin mixture <sup>6</sup> dehydrated	Btl	3	16	"	"	"	"
Penicillin G, tablets <sup>4</sup> , USP, 250,000 units, 100s	Btl	4	24	10+	5-8	2-3	3-5
Petrolatum white, USP, 1 lb. (petroleum jelly)	Can	1	3	5-10	5+	2-3	3-5

CONTENTS OF MEDICAL KITS FOR PUBLIC FALLOUT SHELTERS—Continued

Nomenclature	Unit Issue	Type of Kit		Package Storage Life <sup>1</sup>			
		Kit A	Kit C	Normal Storage	Adverse <sup>2</sup> Storage	Poor <sup>3</sup> Storage	
						Kit A	Kit C
		No.	No.	Yr.	Yr.	Yr.	Yr.
Phenobarbital tablets <sup>4</sup> , USP, ½ gr., 1000s	Btl	1	6	10+	5-8	2-3	3-5
Soap, surgical, 1¼ oz., with 2% hexachlorophene (substitute for antiseptic solution)	Cake	6	36	10+	5-8	2-3	3-5
Sodium bicarbonate, 1 lb. (baking soda)	Can	1	2	10+	5+	2-3	3-5
Sodium chloride, USP, 1 lb. (table salt)	Can	1	2	10+	5+	2-3	3-5
Sulfadiazine tablets, 7½ gr., 500s	Btl	1	—	10+	5-8	2-3	3-5
Sulfadiazine tablets, 7½ gr., 1000s	Btl	—	3	10+	5-8	2-3	3-5
<i>Dressings</i>							
Bandage, gauze, roller, 2" × 6 yd., 12s	Pkg	1	6	Indef.	Indef.	3-5	3-5
Bandage, muslin, triangular <sup>7</sup> 37" × 37" × 52"	Ea	3	12	Indef.	Indef.	3-5	3-5
Cotton, purified, 1 lb.	Pkg	1	3	Indef.	Indef.	3-5	3-5
Pads, gauze, surgical, 4" × 4", 200s	Pkg	1	6	Indef.	Indef.	3-5	3-5
<i>Other</i>							
Applicator, wood, cotton tipped end, ½" × 6", 100s	Pkg	1	6	Indef.	Indef.	3-5	3-5
Depressor, tongue, wood, 100s	Box	1	3	Indef.	Indef.	5+	5+
Forceps	Ea	1	1	10+	5+	3-5	3-5
Pin, safety, 1½", 12s	Pkg	3	12	Indef.	5+	3-5	3-5
Scissors, pocket	Ea	1	3	10+	5+	3-5	3-5
Thermometer, human, clinical, oral, stubby bulb with case	Ea	1	4	Indef.	Indef.	5+	5+
Instructions: Medical Care in Shelters <sup>8</sup>	Ea	1	1	Indef.	Indef.	5+	5+
<i>Containers</i>							
Shipping container kit "A"				Indef.	5-10	2-3	
Shipping container kit "C"				Indef.	10+		3-5
<i>Items now in kits to be omitted in procurement After FY 66:</i>							
Cascara sagrada ext., tablets, N.F., 4 gr., 100s	Btl	1	6	10+	5-8	2-3	3-5
Water purification tablets, iodine <sup>9</sup> , 50s	Btl	2	12	5+	5+	2-3	3-5
Syringe, fountain, plastic and attachment	Ea	1	1	10+	5+	3-5	3-5

<sup>1</sup> An estimate of the minimum time the product may remain usable, as determined by the protection afforded by the packaging materials and containers.

<sup>2</sup> Indicates storage in basements, underpasses, igloos, or other locations, generally below ground, where temperature, humidity, or house-keeping is less than normally desirable.

<sup>3</sup> Indicates storage in locations such as mines, caves, and railroad tunnels, exposed to saturated air, condensate, dripping water, or dust.

<sup>4</sup> Quantities shown are double those found in kits procured before FY 1966, and reflect recommendations made in August 1964 by the National Academy of Sciences—National Research Council (NAS-NRC).

<sup>5</sup> Earlier procurement of eye and nose drops subject to breakage of bottle by freezing. See appendix 1 for storage guidance.

<sup>6</sup> Earlier procurement of Kaolin Pectin was in liquid rather than powder form subject to freezing. See appendix 1 for storage guidance.

<sup>7</sup> Quantities shown reflect the August 1964 recommendations of NAS-NRC. Quantities procured before FY 66 were 1 and 6 for Kits "A" and "C", respectively.

<sup>8</sup> "Medical Care in Shelter" manual, prepared by the U. S. Department of Health, Education, and Welfare, Public Health Service, Division of Health Mobilization, was first distributed in the FY 64 procurement, replacing the "Family Guide, Emergency Health Care" manual used in earlier procurement.

<sup>9</sup> This item is expected to be included in the Sanitation Kit in procurement after FY 66.

## STORAGE LIFE OF MEDICAL SUPPLIES

Medical kit components have been procured under specifications requiring a minimum of 5 years storage-life expectancy. These materials were selected with due consideration for the need of long storage life. Experience accumulated by the Defense Personnel Support Center on 11 of the medications in the kit indicates the following: 4 have a minimum life of 5 years; 2 have a minimum life of 8 years; and 5 have a minimum life of 10 years or longer. After storage for these minimum periods, the items are tested for potency and suitability for use.

The storage life of most medicines cannot be exactly predicted, except for a relatively few items subject to rapid deterioration because of the nature of the items. Medicines do not suddenly lose potency after a given length of time. Items examined after having exceeded their estimated shelf life are frequently found to be suitable for use and longer storage. For instance, penicillin tablets examined and tested 60 months after the time of manufacture were found suitable for another 2 years of storage. With proper storage facilities, temperature, and humidity, total overall storage life of this item could be as much as 10 years or longer.

A Quality Check Program has been initiated to permit periodic testing of selected medications for suitability.

## INSTRUCTION MANUAL

The instruction manual provided in each medical kit is designed to be a quick reference guide for use of the kit. Information furnished consists of general guidance on medical care in the shelter, treatment by symptoms and conditions, care and treatment of special groups such as the aged or very young, and instructions for use of medicines furnished in the kit. The manual was prepared by the U. S. Public Health Service, Division of Health Mobilization, and is directed toward use by allied health workers, or selected laymen charged with the responsibility of administering shelter medical care in the absence of a physician.

## IDENTIFICATION AND CONTROL

Present practice is to serialize all medical kits, and to attach a packing list to the outside of the container—with a copy inside. The packing list contains information on contractors, lot or control numbers, dates of manufacture, and manufacturer's names; and serves as a permanent record of the source of the medical supplies. The serial number is intended to identify the kit to facilitate administration of a quality check program.

The local civil defense director may remove the packing list from the outside of the container if he desires to maintain a central record of medical supplies in shelter facilities. A record of the serial numbers issued is annotated by the issuing warehouse on the shipping document. A record of the serial numbers issued is maintained by DGSC, Richmond, by shipping document number.

The contents of the kits are printed on the outside of the containers in the initial procurement only, and separate packing lists and serial numbers are not provided. The expiration dates on the outside of these kits may be misleading since these items, as outlined above, do not suddenly lose potency.

## SAFE STORAGE OF MEDICAL KITS

On June 30, 1966, a Civil Defense memorandum, Subject: "Drug Control Requirements," advised of the record-keeping requirements concerning phenobarbital tablets in compliance with the Federal Food, Drug, and Cosmetic Act passed by Congress in 1965. Although there have been relatively few reports of theft of phenobarbital tablets in the past, there is some concern with the possibility of an increase of such thefts in light of more stringent controls on items of this nature in the future. The responsibility for record-keeping and safe storage of phenobarbital tablets is with local government. In keeping with this responsibility, it is deemed advisable that measures be taken to assure safe storage of phenobarbital in accordance with the aforementioned Act and applicable local rules and regulations. In this

regard, the local director should coordinate his plan of action with the local health and medical officer or department. The following options for storage of medical kits are offered for consideration in the order of preference:

1. Storage with other shelter supplies all under lock and key within the building for which they were issued.
2. Storage under lock and key within the building for which they were issued but separate from the other shelter supplies.
3. Storage under lock and key in nearby building with a plan for transfer to the shelter during periods of increased tension.
4. Central storage under control of a local pharmacist, doctor, or hospital in the community—with a plan for distribution to shelters during periods of increased tension.

Medical kits should not be opened and the phenobarbital removed and stored separately,

since this exposes other items of the medical kits to needless contamination and invites pilferage.

#### **PARTIAL STOCKING OF PUBLIC FALLOUT SHELTERS WHERE EQUIVALENT MEDICAL SUPPLIES ARE AVAILABLE**

The quantity of medical kits in public fallout shelters may be reduced, as outlined in appendix 2, when it is determined that equivalent items are available within the shelter area. An additional requirement is that assurance must be provided that the items are available for use by the shelter occupants if shelter occupancy should be necessary.

When the responsible local government official, upon advice of appropriate medical authority, considers that a reduction in the number of medical kits is possible and is in the best interest of the public fallout shelter program, he may indicate the reduced requirement on the requisition, or he may modify the quantity on the shipping document.

#### **Distribution:**

OCD Regions and Staff College, State and local CD directors, 4A, 4B, 6C, 7D, 8, 8A, 8B, 8C, 9, 21; and to military activities and installations as determined by the Departments of the Army, Navy, and Air Force.