
UNIT 3: DISASTER MEDICAL OPERATIONS — PART 1

In this unit you will learn about:

- **Life-Threatening Conditions:** How to recognize and treat an airway obstruction, bleeding, and shock.
- **Triage:** Principles of triage and how to conduct triage evaluations.

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| OBJECTIVES | <p>At the conclusion of this unit, the participants should be able to:</p> <ul style="list-style-type: none">▪ Identify the “killers.”▪ Apply techniques for opening airways, controlling bleeding, and treating for shock.▪ Conduct triage under simulated disaster conditions. |
| SCOPE | <p>The scope of this unit will include:</p> <ul style="list-style-type: none">▪ Introduction and Unit Overview▪ Treating Life-Threatening Conditions▪ Triage▪ Unit Summary |
| ESTIMATED COMPLETION TIME | <p>2 hours 30 minutes</p> |
| TRAINING METHODS | <p>The lead instructor will begin this session by welcoming the participants to Unit 3: Disaster Medical Operations — Part 1, and will introduce the instructors for the session. The instructor will then provide an overview of the topics included in the unit: Treatment of life-threatening conditions that may be encountered (airway obstruction, bleeding, and shock) and conducting triage.</p> <p>Next, the instructor will discuss and demonstrate the immediate procedures required for opening the airway, controlling bleeding, and treating for shock. The participants will have the opportunity to practice techniques for treating each of these conditions. During this period, some discussion will take place about the differences between disaster medical operations and the participants’ image of everyday first aid. (For example, mouth-to-mouth resuscitation and cardiopulmonary resuscitation [CPR] lose some of their importance in disaster situations when there are multiple casualties needing immediate attention and limited resources.)</p> <p>The next topic of this session will deal with triage. The instructor will open with a discussion of what triage is, when it is used, and the four categories into which survivors are sorted. The instructor then explains the 6 steps of using triage in a disaster environment.</p> |

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**TRAINING
METHODS
(CONTINUED)**

Finally, the participants will practice triage evaluation and immediate treatment in a multi-casualty exercise. This exercise will illustrate the need to conduct triage effectively and expeditiously under pressure and to focus on rescuer safety.

**RESOURCES
REQUIRED**

- *Community Emergency Response Team Instructor Guide*
- *Community Emergency Response Team Participant Manual*
- PowerPoint slides 3-0 through 3-27

**OTHER
RESOURCES**

If time permits, the 23-minute video, *CERT Triage: Handling Mass Casualty Situations*, is recommended for this unit. The video portrays triage procedures and treatment of obstructed airway, uncontrolled bleeding, and shock, as well as sizeup and rescuer safety. The video is available for download at the national CERT Web site: www.fema.gov/cert

EQUIPMENT

In addition to the equipment listed at the front of this instructor Guide, you will need the following equipment for this unit:

- A computer with PowerPoint software
- A computer projector and screen
- One mannequin
- Non-latex examination gloves (1 pair for each participant)
- One can of shaving cream
- 4- by 4-inch dressings (1 dressing for every 2 students)
- Note cards, markers, and masking tape

PREPARATION

Triage Exercise

The triage exercise near the end of this session requires materials prepared in advance of the activity.

Before the session, prepare survivor status cards, each documenting the status of one disaster survivor. Create at least 1 survivor description for every 3 participants in the group (e.g., 7 different descriptions for a group of 21 participants). Make three sets of the survivor status cards.

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**PREPARATION
(CONTINUED)**

Sample survivor status descriptions

- **Survivor #1:** Ambulatory — responds to voice triage
Minor bleeding
Normal blanch
- **Survivor #2:** Bleeding extremity
Unconscious
After two attempts to open airway, still not breathing
- **Survivor #3:** Standing, but does not respond to voice commands
- **Survivor #4:** No signs of bleeding
Unconscious
Blanch takes 5 seconds
- **Survivor #5:** No bleeding
Conscious
Doesn't squeeze hand when asked
- **Survivor #6:** Minor bleeding
Conscious but disoriented
Breathing rate is 40 per minute

Culturally Sensitive Topics

Working with a representative of the community in which you will be teaching, identify any potentially culturally sensitive topics in this module. This module features a variety of topics that may require care in how they are presented, including the prioritization of injury required to conduct triage. Some content in this unit discusses touching survivors (also featured in the end-of-unit role-playing activity), an activity that may be uncomfortable to some cultures or individuals.

Develop strategies for presenting any such topics in ways that will engage, rather than offend, participants.

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NOTES

A suggested time plan for this unit is as follows:

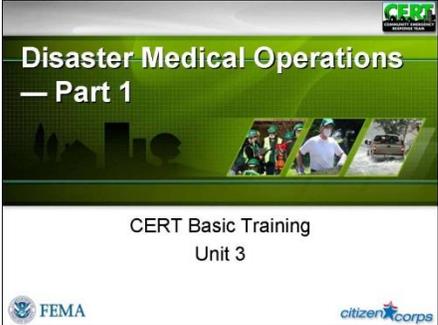
Introduction and Unit Overview 10 minutes
Treating Life-Threatening Conditions 90 minutes
Triage 45 minutes
Unit Summary 5 minutes

Total Time: 2 hours 30 minutes

REMARKS

Be sure to emphasize throughout the session the importance of rescuer safety (e.g., using safety equipment, working with a buddy, and doing a thorough sizeup). These points cannot be made too often or too strongly. CERT members cannot help anyone if they become victims.

Unit 3: Disaster Medical Operations – Part I

| INSTRUCTOR GUIDANCE | CONTENT |
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|  <p>Display Slide 3-0</p>  <p>Correct responses:</p> <p><u>Class A Fires:</u> Ordinary combustibles such as paper, cloth, wood, rubber, and many plastics</p> <p><u>Class B Fires:</u> Flammable liquids (e.g., oils, gasoline) and combustible liquids (e.g., charcoal lighter fluid, kerosene)</p> <p><u>Class C Fires:</u> Energized electrical equipment (e.g., wiring, motors).</p> | <p><i>Introduction and Overview</i></p> <p>Welcome</p> <p>Introduce this unit by welcoming the participants to Unit 3 of the <i>CERT Basic Training</i>.</p> <p>Introduce the new instructors for this unit and ask each to describe briefly his or her experience in medical operations.</p> <p>Briefly review the fire safety lesson.</p> <p>What are the five classes of fire?</p> |

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| <p><u>Class D Fires:</u> Combustible metals (e.g., aluminum, magnesium, titanium)</p> <p><u>Class K Fires:</u> Cooking oils in restaurants and cafeterias (e.g., vegetable oils, animal oils, fats). This does not apply to residential kitchens.</p> <p></p> <p>Correct response:</p> <p>Gather Facts Assess and Communicate Consider Probabilities Assess Your Own Situation Establish Priorities Make Decisions Develop Plan of Action Take Action Evaluate Progress</p> <p></p> <p>Correct response:</p> <p>Never.</p> | <p>Remind participants that the method used to extinguish each must be appropriate for the type of fire.</p> <p>Before making the decision to extinguish a fire, CERTs should complete a thorough sizeup. What are the 9 sizeup steps in the right order?</p> <p>Should CERTs enter a smoke-filled building?</p> |

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| <p data-bbox="250 422 678 478">Assumptions</p> <ul data-bbox="266 489 654 705" style="list-style-type: none">● Need for CERT members to learn disaster medical operations is based on two assumptions:<ul data-bbox="289 569 626 705" style="list-style-type: none">■ Number of survivors could exceed local capacity for treatment■ Survivors will assist others<ul data-bbox="311 642 610 705" style="list-style-type: none">– They will do whatever they know how to do– They need to know lifesaving first aid or post-disaster survival techniques <p data-bbox="250 737 678 768"> CERT Basic Training Unit 3: Disaster Medical Operations — Part 1 3-1 </p> <p data-bbox="240 814 488 846">Display Slide 3-1</p> <p data-bbox="250 888 678 945">Importance of Quick Action</p> <ul data-bbox="266 955 638 1100" style="list-style-type: none">● Phase 1: Death within minutes, result of severe trauma● Phase 2: Death within several hours, result of excessive bleeding● Phase 3: Death in several days or weeks, result of infection <p data-bbox="250 1182 678 1213"> CERT Basic Training Unit 3: Disaster Medical Operations — Part 1 3-2 </p> <p data-bbox="240 1255 488 1287">Display Slide 3-2</p> | <p data-bbox="706 422 1406 527">Explain that the need for CERT members to learn disaster medical operations is based on two assumptions:</p> <ul data-bbox="706 548 1430 737" style="list-style-type: none">■ The number of survivors could exceed the local capacity for treatment.■ Survivors will attempt to assist others. CERT members will need to know lifesaving first aid or post-disaster survival techniques. <p data-bbox="706 888 1458 957">Emphasize the need for CERT medical operations by describing the phases of death from trauma:</p> <ol data-bbox="756 978 1471 1297" style="list-style-type: none">1. Phase 1: Death within minutes as a result of overwhelming and irreversible damage to vital organs2. Phase 2: Death within several hours as a result of excessive bleeding3. Phase 3: Death in several days or weeks as a result of infection or multiple-organ failure (i.e., complications from an injury) <p data-bbox="706 1356 1474 1535">Explain that these phases underlie <u>why</u> disaster medical operations are conducted as they are (by identifying those with the most serious injuries as soon as possible and treating those with life-threatening injuries first).</p> <p data-bbox="706 1577 1471 1682">Point out that some disaster survivors in the second and third phases of death could be saved by providing simple medical care.</p> |

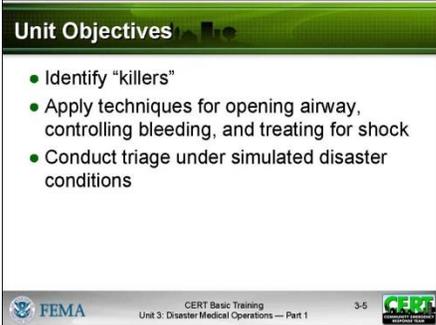
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|  <p>CERT Training</p> <ul style="list-style-type: none"> ● Treatment for life-threatening conditions <ul style="list-style-type: none"> ■ Airway obstruction, bleeding, shock ● Treatment for other, less urgent conditions <p><i>Provide greatest good for greatest number by conducting simple triage and rapid treatment</i></p> <p>FEMA CERT Basic Training Unit 3: Disaster Medical Operations — Part 1 3-3</p> | <p>Add that in a disaster, there may be more survivors than rescuers, and assistance from medical professionals may not be immediately available. CERT personnel are trained to be part of disaster medical operations and to provide:</p> <ul style="list-style-type: none"> ■ Treatment for life-threatening conditions — airway obstruction, bleeding, and shock — and for other, less urgent conditions ■ The greatest good for the greatest number of people by conducting simple triage and rapid treatment <p>START</p> <p>Explain that Simple Triage And Rapid Treatment (START) is a critical concept for initially dealing with casualties in a disaster.</p> <p>History has proven that 40% of disaster survivors can be saved with simple (rapid!) medical care. START is based on the premise that a simple medical assessment and rapid treatment based on that assessment will yield positive — often lifesaving — results.</p> <p><u>ST</u>art = Simple Triage: The first phase of START is the process by which survivors are sorted based on injury and priority of treatment.</p> <p><u>st</u>ART = And Rapid Treatment: The second phase of START consists of rapid treatment of the injuries assessed and prioritized in the first phase.</p> <p>Poll the group to see how many have taken first aid courses.</p> |
|  <p>START</p> <ul style="list-style-type: none"> ● STart = Simple Triage <ul style="list-style-type: none"> ■ Survivors sorted based on priority of treatment ● stART = And Rapid Treatment <ul style="list-style-type: none"> ■ Rapid treatment of injuries assessed and prioritized in first phase <p>FEMA CERT Basic Training Unit 3: Disaster Medical Operations — Part 1 3-4</p> | |

Display Slide 3-3

Display Slide 3-4

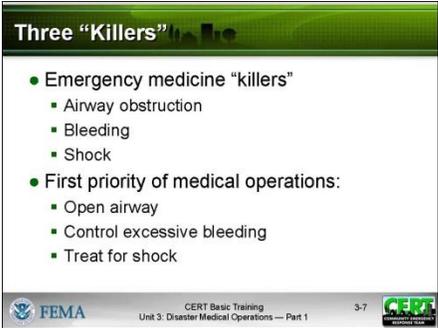
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| INSTRUCTOR GUIDANCE | CONTENT |
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|  <p>Unit Objectives</p> <ul style="list-style-type: none"> ● Identify “killers” ● Apply techniques for opening airway, controlling bleeding, and treating for shock ● Conduct triage under simulated disaster conditions <p>FEMA CERT Basic Training Unit 3: Disaster Medical Operations — Part 1 3-5</p> <p>Display Slide 3-5</p> | <p>Explain that all CERT participants are encouraged to take basic first aid and CPR training; however, those who have taken first aid courses will need to understand that CERT covers disaster medical operations where time is critical to conduct triage and treat many survivors. CPR is not taught in this course because it is labor intensive and not appropriate when there are many survivors and professional help will be delayed.</p> <p>Unit Objectives</p> <p>Tell the group that at the end of this unit, they should be able to:</p> <ul style="list-style-type: none"> ▪ Identify the “killers.” ▪ Apply techniques for opening the airway, controlling bleeding, and treating for shock. ▪ Conduct triage under simulated disaster conditions. <p>Stress once more that the goal of disaster medical operations is to do the greatest good for the greatest number. In a disaster with many survivors, time will be critical. CERT members will need to work quickly and efficiently to help as many survivors as possible.</p> |

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| INSTRUCTOR GUIDANCE | CONTENT |
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| <div data-bbox="235 415 673 745"><p>Unit Topics</p><ul style="list-style-type: none">• Treating life threatening injuries• Triage<p>FEMA CERT Basic Training Unit 3: Disaster Medical Operations — Part 1 3-6</p></div> <p>Display Slide 3-6</p> | <p>Unit Topics</p> <p>Reiterate that this session will introduce the participants to the principles of triage, including treating the “three killers”: airway obstruction, excessive bleeding, and shock.</p> <p>Tell the group that, throughout the unit, they will have opportunities to practice the treatment techniques and, at the end of the unit, they will have the opportunity to conduct triage evaluations in a simulated disaster.</p> |

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|  <p>Display Slide 3-7</p> | <p style="text-align: center;"><i>Treating Life-Threatening Conditions</i></p> <p>Introduce this section by telling the group that, in emergency medicine, airway obstruction, bleeding, and shock are “killers” because without treatment they will lead to death. The first priority of medical operations is to attend to those potential killers by:</p> <ul style="list-style-type: none">▪ Opening the airway▪ Controlling excessive bleeding▪ Treating for shock <p>Explain that this section will train the group to recognize the “killers” by recognizing their symptoms and their effects on the body.</p> <p>Approaching the Survivor</p> <p>Discuss some general guidelines on how to approach a survivor.</p> <p>Emphasize that rescuers must first ensure that they are wearing safety equipment:</p> <ul style="list-style-type: none">▪ Helmet▪ Goggles▪ Gloves▪ N95 mask▪ Sturdy shoes or boots▪ Non-latex exam gloves |

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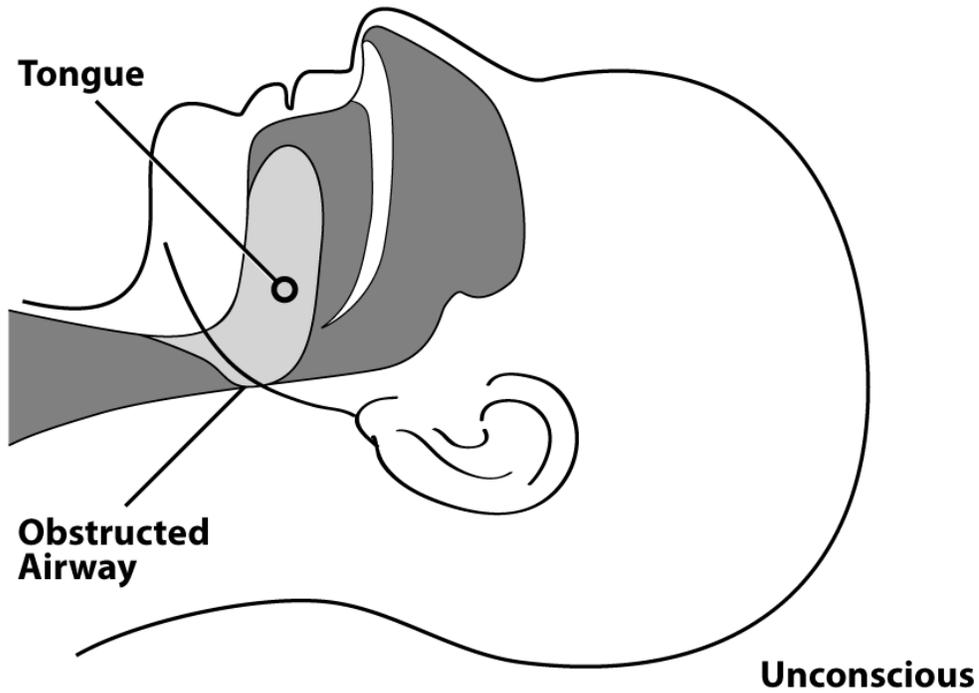
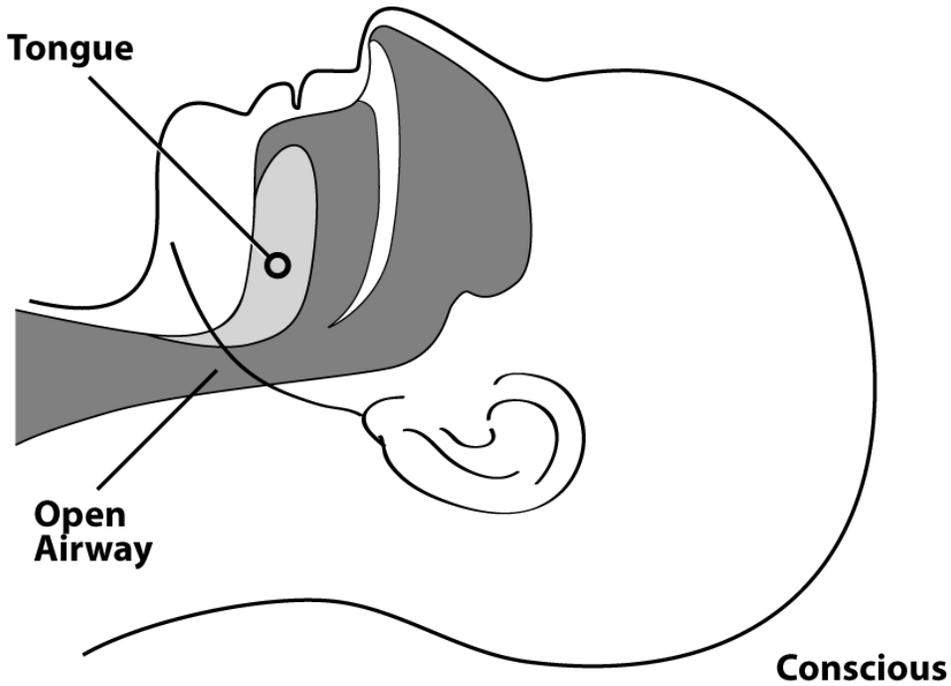
| INSTRUCTOR GUIDANCE | CONTENT |
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| <div data-bbox="240 747 678 1077" data-label="Image"> </div> <p data-bbox="240 1083 493 1115">Display Slide 3-8</p> | <p data-bbox="704 417 1463 562">Tell them that a time-saving technique is to wear non-latex exam gloves under their work gloves. Then, when they find a survivor, they can remove their work gloves and are ready to work with the survivor.</p> <p data-bbox="704 600 1446 705">Remind participants to use non-latex exam gloves to prevent potential reaction by individuals who are allergic to latex.</p> <p data-bbox="704 747 1419 852">Explain to the group that there are several steps to take when approaching a survivor. When ready to approach a survivor:</p> <ol data-bbox="704 873 1471 1556" style="list-style-type: none"> 1. If the survivor is conscious, be sure he or she can see you. 2. Identify yourself by giving your name and indicating the organization with which you are affiliated. 3. ALWAYS request permission to treat an individual. If the individual is unconscious, he or she is assumed to have given “implied consent,” and you may treat him or her. Ask a parent or guardian for permission to treat a child, if possible. 4. Whenever possible, respect cultural differences. For example, in some Muslim traditions it is customary to address the male when requesting permission to treat a female member of his family. 5. Remember, all medical patients are legally entitled to confidentiality (HIPAA). When dealing with survivors, always be mindful and respectful of the privacy of their medical condition. |

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| <div data-bbox="235 485 673 819" data-label="Image"> </div> <p>Display Slide 3-9</p> <div data-bbox="235 934 316 1008" data-label="Image"> </div> <div data-bbox="235 1039 673 1375" data-label="Image"> </div> <p>Display Slide 3-10</p> <p>PM, P. 3-6</p> | <p>Opening the Airway</p> <p>Explain that the respiratory system includes the following components:</p> <ul style="list-style-type: none"> ▪ Lung ▪ Bronchus ▪ Larynx ▪ Pharynx ▪ Nasal Cavity ▪ Trachea <p>Does anyone know what the most common airway obstruction is?</p> <p>If not mentioned, tell the group that the most common airway obstruction is the tongue.</p> <p>Explain that, in an unconscious or semiconscious survivor, especially one positioned on his or her back, the most common airway obstruction is the tongue. The tongue — which is a muscle — may relax and block the airway. A survivor with a suspected airway obstruction must be checked immediately for breathing and, if necessary, the airway must be opened.</p> <p>Refer the participants to the illustration titled <i>Airway Obstructed by the Tongue</i> in the Participant Manual.</p> |

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| PM, P. 3-6 | Airway Obstructed by the Tongue |
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| <p data-bbox="240 430 527 462">Head-Tilt/Chin-Lift Method</p>  <p data-bbox="240 714 673 745">FEMA CERT Basic Training Unit 3: Disaster Medical Operations — Part 1 3-11</p> <p data-bbox="240 745 511 787">Display Slide 3-11</p> <p data-bbox="240 819 389 850">PM, P. 3-7</p> <p data-bbox="240 1113 665 1333">Demonstrate each step slowly using an instructor or participant as the survivor. Be sure to wear gloves to reinforce the need for protective equipment.</p> | <p data-bbox="706 420 1177 451">The Head-Tilt/Chin-Lift Method</p> <p data-bbox="706 493 1469 640">Explain that, when an airway obstruction is suspected, because a survivor is unconscious or semiconscious, CERT members should clear the airway using the Head-Tilt/Chin-Lift method.</p> <p data-bbox="706 672 1477 787">Refer the participants to the table titled <i>Head-Tilt/Chin-Lift Method for Opening an Airway</i> in the Participant Manual.</p> <p data-bbox="706 819 1469 934">Explain that in addition to opening the airway, this method causes little or no cervical-spine manipulation because only the head is manipulated.</p> <p data-bbox="706 966 1477 1081">Mention that the proper technique is important in opening an airway, but so is speed if there are multiple survivors.</p> <p data-bbox="706 1113 1315 1144">This method involves the following 7 steps:</p> <ul data-bbox="706 1186 1461 1816" style="list-style-type: none"><li data-bbox="706 1186 1461 1291">▪ <u>Step 1</u>: Positioning oneself at an arm's distance, make contact with the survivor and ask, "Can you hear me?" Speak loudly but do not yell.<li data-bbox="706 1333 1461 1438">▪ <u>Step 2</u>: If the survivor does not or cannot respond, place the palm of one hand on the survivor's forehead.<li data-bbox="706 1480 1461 1585">▪ <u>Step 3</u>: Place two fingers of the other hand under the chin and tilt the jaw upward while tilting the head backward slightly.<li data-bbox="706 1627 1461 1732">▪ <u>Step 4</u>: Place your ear close to the survivor's mouth, looking toward the survivor's feet, and place a hand on the survivor's abdomen.<li data-bbox="706 1774 1136 1816">▪ <u>Step 5</u>: Look for chest rise. |

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| <p>If possible, demonstrate “abnormal” lung sounds.</p> | <ul style="list-style-type: none">▪ <u>Step 6</u>: Listen for air exchange.<ul style="list-style-type: none">• Indicate that when listening for air exchange, a CERT member should document abnormal lung sounds (wheezing, gasping, gurgling, etc).• Appearance of any sound that is not normal raises the survivor’s status to “I.” Remind the participants that it is NOT their duty to diagnose based on those signs.▪ <u>Step 7</u>: Feel for abdominal movement.▪ <u>Step 8</u>: If breathing has been restored, the clear airway must be maintained by keeping the head tilted back. If breathing has not been restored, repeat steps 2-7. |

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| PM, P. 3-7 | Head-Tilt/Chin-Lift Method for Opening an Airway |
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| Step | Action |
| 1 | At an arm's distance, make contact with the survivor by touching the shoulder and asking, "Can you hear me?" Speak loudly, but do not yell. |
| 2 | If the survivor does not or cannot respond, place the palm of one hand on the forehead. |
| 3 | Place two fingers of the other hand under the chin and tilt the jaw upward while tilting the head back slightly. |
| 4 | Place your ear close to the survivor's mouth, looking toward the survivor's feet, and place a hand on the survivor's abdomen. |
| 5 | <i>Look</i> for chest rise. |
| 6 | <i>Listen</i> for air exchange. <ul style="list-style-type: none">▪ Document abnormal lung sounds (wheezing, gasping, gurgling, etc.). |
| 7 | <i>Feel</i> for abdominal movement. |

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| <p>TEACH THIS SKILL IN ACCORDANCE WITH YOUR LOCAL PROTOCOLS.</p> <p>It is important to have other instructors who can help observe. Make sure that you all agree on the proper procedure.</p> | <p>Exercise: Opening the Airway</p> <p>Procedure: Explain that this exercise allows the participants in pairs to practice using the Head-Tilt/Chin-Lift method on each other.</p> <p>After all of the participants have had the opportunity to be the rescuer, discuss any problems or incorrect techniques that were observed. Explain how to avoid these problems in the future.</p> <p>Instructions: Follow the steps below to conduct this exercise:</p> <ol style="list-style-type: none">1. Assign the group to work in pairs.2. Ask the person on the right to be the survivor and the person on the left to be the rescuer.3. Ask the survivors to lie on the floor on their backs and close their eyes.4. Ask the rescuer to use the Head-Tilt/Chin-Lift method on the survivor to open the airway.5. After the rescuer has made two or three attempts at using the Head-Tilt/Chin-Lift method, ask the survivor and the rescuer to change roles.6. Allow each rescuer two or three observed attempts to use the Head-Tilt/Chin-Lift method. <p>Observe each pair and correct improper technique.</p> <p>After all of the participants have had the opportunity to be the rescuer, discuss any problems or incorrect techniques that were observed. Explain how to avoid these problems in the future.</p> |

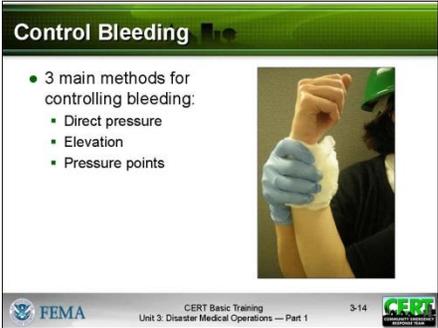
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| <p>DEMONSTRATE BOTH TECHNIQUES.</p> <p>Explain that “head injury” refers to concussion, not head or facial cuts, although these may be indicators of head injury.</p>  | <p>Maintaining the Airway</p> <p>Tell the group that, if breathing has been restored, the clear airway still must be maintained. One option is to ask another person to hold the head in place; even another survivor with minor injuries could do this. The airway also can be maintained by placing soft objects under the survivor’s shoulders to elevate the shoulders slightly and keep the airway open.</p> <p>Remind the participants that part of their mission is to do the greatest good for the greatest number of people. For that reason, if breathing is not restored on the first try using the Head-Tilt/Chin-Lift method, CERT members should try again using the same method. If breathing cannot be restored on the second try, CERT members must move on to the next survivor.</p> <p>Tell the group that they should always be concerned with head, neck, or spinal injuries (all of which are common in structural collapses). Used properly, the Head-Tilt/Chin-Lift method for opening an airway causes little spinal manipulation because the head pivots on the spine.</p> <p>Remind the group of the importance of opening the airway as quickly as possible. Emphasize that, in treating the three killers, checking for airway obstruction is <u>always</u> first.</p> <p>Does anyone have any questions about recognizing and clearing airway obstructions?</p> <p>Tell the participants that in the next section, they will learn to recognize and treat uncontrolled bleeding.</p> |

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| <p>SHOW THE CLASS A 1-LITER BOTTLE TO ILLUSTRATE THIS LEARNING POINT.</p> <div data-bbox="237 783 673 1108"> <p>Types of Bleeding - 1</p> <ul style="list-style-type: none"> ● Arterial bleeding <ul style="list-style-type: none"> ▪ Bleeding from artery spurts ● Venous bleeding <ul style="list-style-type: none"> ▪ Bleeding from vein flows ● Capillary bleeding <ul style="list-style-type: none"> ▪ Bleeding from capillaries oozes <p><small>FEMA CERT Basic Training Unit 3: Disaster Medical Operations — Part 1 3-12</small></p> </div> <div data-bbox="237 1146 673 1472"> <p>Types of Bleeding - 2</p>  <p><small>FEMA CERT Basic Training Unit 3: Disaster Medical Operations — Part 1 3-13</small></p> </div> <p>Display Slides 3-12 and 3-13</p> | <p>Controlling Bleeding</p> <p>Introduce this section by telling the group that uncontrolled bleeding initially causes weakness. If bleeding is not controlled, the survivor will go into shock within a short period of time and finally will die. An adult has about 5 liters of blood. Losing 1 liter can result in death.</p> <p>Explain to the group that there are three types of bleeding and the type can usually be identified by how fast the blood flows:</p> <ul style="list-style-type: none"> ▪ <u>Arterial bleeding</u>. Arteries transport blood under high pressure. Blood coming from an artery will <u>spurt</u>. ▪ <u>Venous bleeding</u>. Veins transport blood under low pressure. Blood coming from a vein will <u>flow</u>. ▪ <u>Capillary bleeding</u>. Capillaries also carry blood under low pressure. Blood coming from capillaries will <u>ooze</u>. |

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| INSTRUCTOR GUIDANCE | CONTENT |
|--|--|
|  <p>Control Bleeding</p> <ul style="list-style-type: none">• 3 main methods for controlling bleeding:<ul style="list-style-type: none">▪ Direct pressure▪ Elevation▪ Pressure points <p><small>FEMA CERT Basic Training Unit 3: Disaster Medical Operations — Part 1 3-14</small></p> <p>Display Slide 3-14</p> <p>PM, P. 3-10</p> | <p>Tell the group that there are three main methods for controlling bleeding:</p> <ul style="list-style-type: none">▪ Direct pressure▪ Elevation▪ Pressure points <p>Explain that direct pressure and elevation will control bleeding in 95% of cases.</p> <p>Refer the participants to the table titled <i>Procedures for Controlling Bleeding</i> in the Participant Manual.</p> |

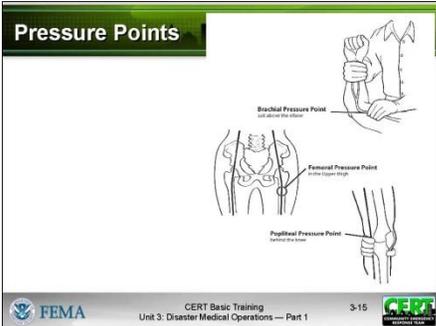
COMMUNITY EMERGENCY RESPONSE TEAM
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| PM, P. 3-10 | Procedures for Controlling Bleeding |
|--------------------|---|
| Method | Procedures |
| Direct Pressure | <ul style="list-style-type: none">▪ Place direct pressure over the wound by putting a clean dressing over the wound and pressing firmly.▪ Maintain pressure on the dressing over the wound by wrapping the wound <u>firmly</u> with a pressure bandage and tying with a bow. |
| Elevation | <ul style="list-style-type: none">▪ Elevate the wound above the level of the heart. |
| Pressure Points | <ul style="list-style-type: none">▪ Put pressure on the nearest pressure point to slow the flow of blood to the wound. Use the:<ul style="list-style-type: none">• Brachial point for bleeding in the arm• Femoral point for bleeding in the leg• Popliteal point for bleeding in the lower leg |

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| <p>Demonstrate each procedure on the mannequin or on another instructor.</p> | <p><i>Direct Pressure</i></p> <p>Demonstrate the procedure for controlling bleeding through direct pressure:</p> <ul style="list-style-type: none">▪ <u>Step 1</u>: Place direct pressure over the wound by putting a clean dressing over it and pressing firmly.▪ <u>Step 2</u>: Maintain pressure on the dressing over the wound by wrapping it <u>firmly</u> with a bandage. <p>Stress that direct pressure and elevation can take 5 to 7 minutes to stop the bleeding completely. The use of a dressing and pressure bandage allows the rescuer to move on to the next survivor.</p> <p>Explain that a pressure bandage should be tied with a bow, so that it can be loosened — rather than cut — to examine the wound, and then retied. This procedure helps to conserve supplies and saves time.</p> <p>Explain that the bandage maintains the direct pressure needed to stop the bleeding. CERT members continue to assess the survivor's status. If the survivor's limb is turning blue or becoming numb below the bandage, then it should be loosened.</p> |
| <p>Demonstrate the procedure for controlling bleeding through elevation.</p> | <p><i>Elevation</i></p> <p>Explain that elevation can be used in combination with direct pressure.</p> <p>Elevate the wound above the level of the heart.</p> |

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| INSTRUCTOR GUIDANCE | CONTENT |
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| <p>Demonstrate why elevation works by asking the participants to put their arms straight up in the air over their heads. Have them hold this position for 20-30 seconds.</p> <p>Ask them how their fingers, hands and arms feel. They should feel cold, tingly, numb, etc.</p>  <p>Display Slide 3-15</p> <p>Demonstrate use of the brachial pressure point by applying pressure to your own arm. Explain that this technique requires the application of strong pressure. Then, have the participants apply pressure to their own arms so that they can feel the effect of this method.</p> | <p>Emphasize that the body has great difficulty pumping blood against gravity; therefore, elevating a wound above the heart will decrease blood flow and loss of blood through the wound.</p> <p><i>Pressure Points</i></p> <p>Tell the participants that there are also pressure points that can be used to stem the flow of bleeding.</p> <p>Demonstrate where to find the pressure points. The pressure points most often used are the:</p> <ul style="list-style-type: none">▪ Brachial point in the arm▪ Femoral point in the leg▪ Pressure point behind the knee <p>Explain that the pressure point to be used depends on the location of the wound. The correct pressure point will be between the wound and the heart.</p> |

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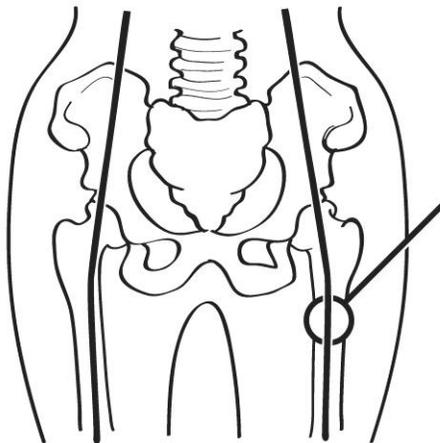
| INSTRUCTOR GUIDANCE | CONTENT |
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| <p data-bbox="237 453 407 485">PM, P. 3-12</p>  | <p data-bbox="704 422 1451 636">Refer the participants to the illustrations of these pressure points and the figure titled <i>Methods for Controlling Bleeding</i> in the Participant Manual. Encourage the participants to get survivors to help themselves whenever possible by using any of these methods to control bleeding.</p> <p data-bbox="704 680 1305 747">Does anyone have any questions about controlling bleeding?</p> |

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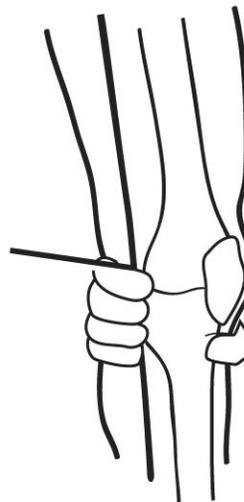
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| PM, P. 3-12 | Methods for Controlling Bleeding |
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Brachial Pressure Point
just above the elbow



Femoral Pressure Point
in the Upper thigh



Popliteal Pressure Point
behind the knee

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|---------------------|--|
| | <p>Exercise: Controlling Bleeding</p> <p>Procedure: Explain that this exercise allows the participants to practice the techniques for controlling bleeding on each other.</p> <p>The participants will be divided into pairs. Each member of the pair will practice applying a pressure bandage and elevation.</p> <p>Instructions: Follow the steps below to conduct this exercise:</p> <ol style="list-style-type: none">1. Assign the group to pairs.2. Identify one person to be the survivor and one person to be the rescuer.3. Ask the survivors to lie on the floor on their backs and close their eyes.4. Ask the rescuer to use direct pressure to control bleeding from a simulated wound on the right forearm just below the elbow. Have the rescuer:<ul style="list-style-type: none">▪ Apply a pressure bandage▪ Elevate the arm▪ Repeat these two steps▪ Repeat the two steps for speed5. After the rescuer has made at least three attempts at using each technique, ask the survivor and the rescuer to change roles. (Note: The three attempts should emphasize a progression of slow to fast in applying the skill.)6. Observe each group and correct any improper techniques. Common errors include bandages that are too loose, tying a knot instead of a bow, or elevation that cannot be maintained with comfort. <p>Allow each rescuer at least one observed attempt to use each technique.</p> |

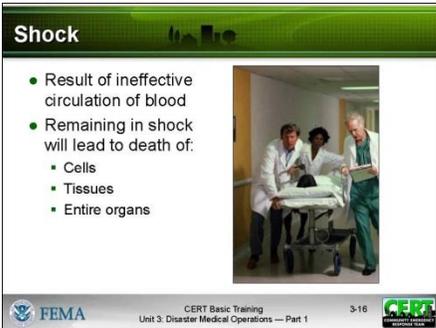
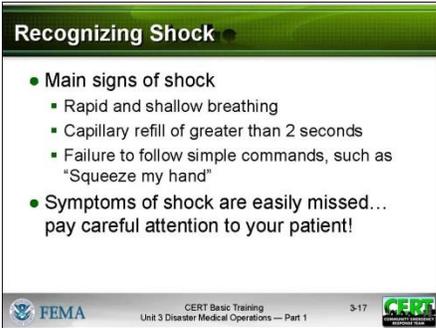
COMMUNITY EMERGENCY RESPONSE TEAM
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| <p>Note: This section on tourniquets is optional and can be added at the instructor's discretion.</p> | <p>Tourniquets (Optional)</p> <p>Explain that CERTs will use direct pressure on pressure points and elevation to manage most bleeding. However, if bleeding cannot be stopped using these methods and professionals are delayed in responding, a tourniquet may be a viable option to save a person from bleeding to death. However, a tourniquet is absolutely a last resort (life or limb) when other preferred means have failed to control bleeding in an arm or a leg.</p> <p>While the use of a tourniquet is extremely rare, it may have a use when part of an extremity is amputated or crushed and bleeding cannot be stopped by any other preferred means.</p> <p>Explain the proper use of a tourniquet and demonstrate its application, making the following points.</p> <ul style="list-style-type: none">▪ A tourniquet is a bandage which, when placed around a limb and tightened, cuts off the blood supply to the part of the limb beyond it.▪ A tourniquet can do harm to the limb, but it can halt severe blood loss when all other means have failed and professional help will not arrive in time to help stop the bleeding before the person dies.▪ Use any long, flat, soft material (bandage, neck tie, belt, or stocking). Do not use materials like rope, wire, or string that can cut into the patient's flesh. |

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| INSTRUCTOR GUIDANCE | CONTENT |
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| | <ul style="list-style-type: none">▪ To tie a tourniquet:<ol style="list-style-type: none">1. Place the tourniquet between the wound and the heart (for example, if the wound is on the wrist, you would tie the tourniquet around the forearm).2. Tie the piece of material around the limb.3. Place a stick, pen, ruler, or other sturdy item against the material and tie a knot around the item, so that the item is knotted against the limb.4. Use the stick or other item as a lever to twist the knot more tightly against the limb, tightening the bandage until the bleeding stops.5. Tie one or both ends of the lever against the limb to secure it and maintain pressure.6. Mark the patient in an obvious way that indicates that a tourniquet was used and include the time it was applied.7. Do not loosen a tourniquet once it has been applied.8. Only proper medical authorities should remove a tourniquet. <p>Review</p> <p>Reiterate the three main ways to control excessive bleeding:</p> <ul style="list-style-type: none">▪ Direct pressure▪ Elevation▪ Pressure points <p>Stress that bleeding must be controlled as quickly as possible so as not to endanger the survivor's life from blood loss. Remind the group that they should always wear their non-latex exam gloves, goggles, and an N95 mask as a protection against blood-borne pathogens, such as hepatitis and HIV.</p> |

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|   <p>Display Slide 3-16</p>  <p>Display Slide 3-17</p> | <p>Does anyone have any questions about controlling excessive bleeding?</p> <p>Tell the group that the next section will deal with recognizing and treating shock.</p> <p>Recognizing and Treating Shock</p> <p>Introduce this section by explaining that shock is a condition that occurs when the body is not getting enough blood flow. When blood doesn't circulate, oxygen and other nutrients are not carried to tissues and organs. Blood vessels begin to close and organs are damaged and, if left untreated, will shut down completely. Shock can worsen very rapidly.</p> <p>Remaining in shock will lead to the death of:</p> <ul style="list-style-type: none"> ▪ Cells ▪ Tissues ▪ Entire organs <p>Tell the group that the main signs of shock that CERT members should look for are:</p> <ul style="list-style-type: none"> ▪ Rapid and shallow breathing ▪ Capillary refill of greater than 2 seconds ▪ Failure to follow simple commands, such as "Squeeze my hand" |

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| <p>To demonstrate rapid, shallow breathing, ask two participants to come to the front of the room. Tell one to breathe normally. Tell the other to “pant” (i.e., 30 or more breaths per minute). Point out the audible difference to the class. Make sure that the participant who is “panting” is sitting during the demonstration.</p> <p>Ask the participants to check their own capillary refill by pushing down on the palm of their hand and then releasing. Tell them to watch what happens. Ask one of the participants to explain.</p> <p>Emphasize that capillary refill should occur within 2 seconds.</p> <p>Ask participants to perform a radial pulse test by placing middle and ring finger over the interior of their wrist where the thumb meets the arm</p> <p>Note that a normal pulse rate is 60-100 beats per minute.</p> | <p><i>Evaluate Breathing</i></p> <p>Demonstrate rapid, shallow breathing.</p> <p><i>Evaluate Circulation</i></p> <p>Demonstrate capillary refill. Tell the group that this is referred to as the “blanch test.” A good place to do this is on the palm of the hand. The nail beds are sometimes used.</p> <p>Explain that the blanch test is not valid in children, and that mental status should be used instead as the main indicator.</p> <p>Explain that another way to check for circulation is the radial pulse test. Explain that this is an alternative to the blanch test and can be used in the dark or where it is cold.</p> <p>Demonstrate how to find a radial pulse.</p> |

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| INSTRUCTOR GUIDANCE | CONTENT |
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| <p>PM P. 3-17</p> | <p><i>Evaluate Mental Status</i></p> <p>Explain that there are several ways to evaluate mental status.</p> <ul style="list-style-type: none">▪ Ask, “Are you okay?”▪ Give a simple command such as “Squeeze my hand.”▪ If you are concerned that there might be a language barrier or hearing impairment, reach out with both hands and squeeze one of the survivor’s hands. The person will squeeze back if they can. <p><i>Treating for Shock</i></p> <p>Remind the group that the body will initially compensate for blood loss and mask the symptoms of shock; therefore, shock is often difficult to diagnose. It is possible — and, in fact, common — for an individual suffering from shock to be fully coherent and not complaining of pain. Pay attention to subtle clues, as failure to recognize shock will have serious consequences.</p> <p>Discuss the procedure for treating survivors of shock. Refer the participants to the chart titled <i>Procedures for Controlling Shock</i> in the Participant Manual.</p> <ul style="list-style-type: none">▪ <u>Step 1</u>: Maintain an open airway.▪ <u>Step 2</u>: Control excessive bleeding.▪ <u>Step 3</u>: Maintain body temperature. |

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|  | <p>Remind participants to avoid rough or excessive handling. Stress the importance of maintaining the survivor's body temperature. If necessary, place a blanket or other material under and/or over the survivor to provide protection from extreme ground temperatures (hot or cold). Position the survivor on his or her back and elevate the feet 6 to 10 inches above the level of the heart to assist in bringing blood to the vital organs.</p> <p>Emphasize that, although survivors who are suffering from shock may be thirsty, they should <u>not</u> eat or drink anything initially because they may also be nauseated.</p> <p>Does anyone have a question about the signs or treatment of shock?</p> |

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| PM, P. 3-17 | Procedures for Controlling Shock |
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| Step | Action |
|-------------|--|
| 1 | <ul style="list-style-type: none">▪ Maintain an open airway. |
| 2 | <ul style="list-style-type: none">▪ Control obvious bleeding. |
| 3 | <ul style="list-style-type: none">▪ Maintain body temperature (e.g., cover the ground and the survivor with a blanket if necessary). |
| Notes | <ul style="list-style-type: none">▪ Avoid rough or excessive handling.▪ Do not provide food or drink. |

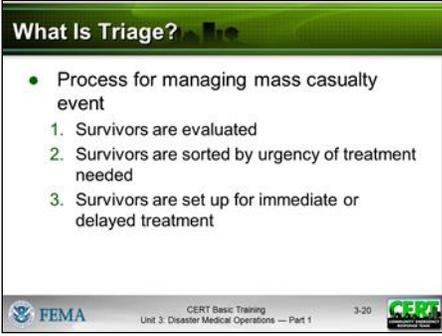
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| INSTRUCTOR GUIDANCE | CONTENT |
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| | <p>Exercise: Treating Shock</p> <p>Procedure: Explain that this exercise allows the participants in pairs to practice the steps for treating shock on each other.</p> <p>Reiterate the key points about recognizing and treating shock:</p> <ul style="list-style-type: none">▪ A survivor may display one or more signs of shock.▪ If there is any reason to suspect shock, apply immediate treatment. <p>Instructions: Follow the steps below to conduct this exercise:</p> <ol style="list-style-type: none">1. Assign the group to the same pairs as in the previous exercises.2. Ask those who were the rescuers first in the last exercise to be the survivors first.3. Ask the survivors to lie on the floor on their backs and close their eyes.4. Explain the following scenario to the rescuers:<ul style="list-style-type: none">▪ You have come upon an unconscious survivor who has been bleeding profusely from a wound of the upper arm for an undetermined period of time. You have controlled the bleeding.▪ What do you need to do next?5. Ask the rescuer to treat the survivor.6. Observe each rescuer as he or she treats for shock. Do not let the students put a blanket under the survivor's feet. Blankets are scarce during a disaster response and should not be used for nonessential purposes. |

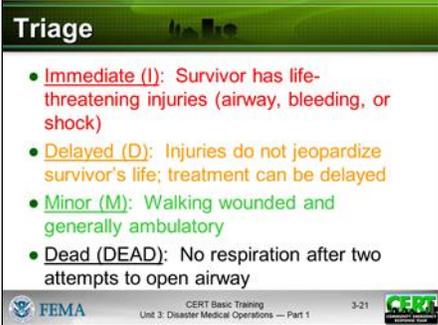
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|  | <p>When each rescuer has been observed treating for shock, ask the survivor and the rescuer to switch roles.</p> <p>When all of the rescuers have had the opportunity to treat their survivors, lead a discussion about any incorrect techniques observed and how to correct them in the future.</p> <p>Does anyone have a question about the signs of shock or its treatment?</p> <p>Tell the group that, in a disaster scenario, they may have many survivors requiring attention and few resources to use. The next section will use the skills just learned for prioritizing survivor treatment. This is called triage.</p> |

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| <p>The point of this discussion is to get the participants thinking about multiple casualties.</p>  <p>Display Slide 3-20</p> | <p>In mass casualty events, medical personnel:</p> <ul style="list-style-type: none">▪ Identify the dead and those who are too severely injured to be saved▪ Send those with relatively minor injuries and wounds to a holding area to await treatment▪ Identify those who would die from life-threatening injuries and treat them immediately <p>Tell the participants that these scenes showed medical personnel conducting <u>triage</u> — a French term meaning “to sort.”</p> <p>What Is Triage?</p> <p>Explain that during medical triage, survivors are evaluated, sorted by the urgency of the treatment needed, and set up for immediate or delayed treatment.</p> <p>Explain further that triage was, in fact, initiated by the military and that experience has shown that triage is an effective strategy in situations where:</p> <ul style="list-style-type: none">▪ There are many more survivors than rescuers▪ There are limited resources▪ Time is critical <p>Point out that triage occurs as quickly as possible after survivors are located or rescued.</p> |

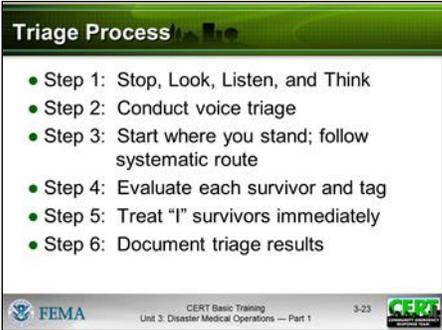
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|  <p>Display Slide 3-21</p> <p>When discussing triage, be sure to highlight how triage is organized and conducted in your area. Specify what materials the CERTs use to mark triaged survivors, e.g., tags, tape, etc.</p> <p>Some participants may respond negatively to not performing CPR. CPR is a maintenance therapy that requires time and rescuers that may not be available when dealing with multiple casualties. In a situation without multiple casualties, CPR may be administered by available trained personnel.</p> | <p>During medical triage, survivors’ conditions are evaluated and the survivors are prioritized into four categories:</p> <ul style="list-style-type: none"> ▪ <u>Immediate (I)</u>: The survivor has life-threatening injuries (airway, bleeding, or shock) that demand immediate attention to save his or her life; rapid, lifesaving treatment is urgent. These survivors are marked with a red tag or labeled “I.” ▪ <u>Delayed (D)</u>: Injuries do not jeopardize the survivor’s life. The survivor may require professional care, but treatment can be delayed. These survivors are marked with a yellow tag or labeled “D.” ▪ <u>Minor (M)</u>: Walking wounded and generally ambulatory. These survivors are marked with a green tag or labeled “M.” ▪ <u>Dead (DEAD)</u>: No respiration after two attempts to open the airway. Because CPR is one-on-one care and is labor intensive, CPR is not performed when there are many more victims than rescuers. These victims are marked with a black tag or labeled “DEAD.” <p>Remind the group that the CERT goal is to do the greatest good for the greatest number.</p> |

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| <p>Demonstrate the methods for changing non-latex exam gloves without contaminating oneself by pinching the glove at the top and rolling it off while turning it inside out as it comes off. To remove the second glove, tuck two fingers inside the glove and roll the glove off, being careful not to touch the outside.</p> | <p>Emphasize the need for rescuer safety during triage. Rescuers must wear all safety equipment, including non-latex exam gloves, goggles, a helmet, and an N95 mask when examining survivors and should try to change gloves between survivors. Because of limited supplies, it may not be possible to use a new pair of gloves for every survivor. If this is the case, gloves may be sterilized between treating survivors using 1 part bleach to 10 parts water. Tell the group that their disaster kits should have a box of non-latex exam gloves. Bleach and potable water should also be available at the CERT's medical treatment area.</p> <p>Exercise: Removing Exam Gloves</p> <p>Procedure: Explain that this exercise allows the participants to practice the proper technique for removing soiled exam gloves without spreading contaminants.</p> <p>Instructions: Follow the steps below to conduct this exercise:</p> <ol style="list-style-type: none">1. Ask the participants to put on a pair of non-latex exam gloves.2. Walk around the room and give each participant a small dollop of shaving cream and ask them to rub their hands together as if washing.3. Demonstrate the procedure for removing gloves again with shaving cream on your gloves.4. Ask the participants to remove their gloves without touching or splattering any shaving cream. <p>Repeat until all participants are able to complete the technique quickly and comfortably.</p> |

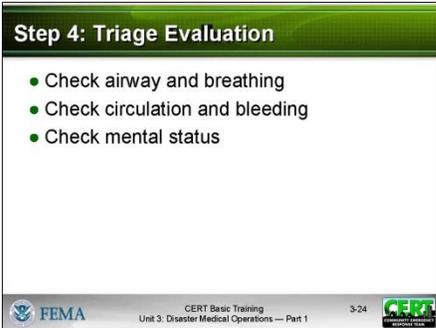
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| <div data-bbox="240 493 682 823"></div> <p data-bbox="240 829 511 861">Display Slide 3-23</p> <p data-bbox="240 865 592 896">Emphasize this first step.</p> <p data-bbox="240 1024 657 1129">Discuss questions you should ask to gather facts about the situation.</p> | <p data-bbox="706 420 1209 451">Triage in a Disaster Environment</p> <p data-bbox="706 493 1372 562">Introduce this section by explaining the general procedure for CERTs to conduct triage:</p> <ul data-bbox="706 651 1477 1617" style="list-style-type: none"><li data-bbox="706 651 1477 913">▪ <u>Step 1: Stop, Look, Listen, and Think.</u> Before your team starts, stop and size up the situation by looking around and listening. Think about your safety, capability, and limitations, and decide if you will approach the situation. If you decide to proceed, quickly make a plan about your approach that all members understand.<li data-bbox="706 1018 1477 1459">▪ <u>Step 2: Conduct voice triage.</u> Begin by calling out, “Community Emergency Response Team. If you can walk, come to the sound of my voice.” Speak loudly and firmly. If there are survivors who are ambulatory, tag them M and direct them to a designated location. If rescuers need assistance and there are ambulatory survivors, then these survivors should be asked to provide assistance. These persons may also provide useful information about the location of the survivors. Note that, during triage, these individuals must be tagged “M.”<li data-bbox="706 1512 1477 1617">▪ <u>Step 3: Start where you stand, and follow a systematic route.</u> Start with the closest survivors and work outward in a systematic fashion. |

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| | <ul style="list-style-type: none">▪ <u>Step 4: Evaluate each victim and tag them “I”</u> (immediate), “D” (delayed), “M” (minor), or DEAD. Remember to evaluate the walking wounded. Remember to ASK for permission to treat if the individual is conscious. <u>Say that you will explain more about how to do a triage evaluation in a minute.</u> ▪ <u>Step 5: Treat I survivors immediately.</u> Initiate airway management, bleeding control, and/or treatment for shock for Category I survivors. ▪ <u>Step 6: Document triage results</u> for:<ul style="list-style-type: none">• Effective deployment of resources• Information on the survivors’ locations• A quick record of the number of casualties by degree of severity <p>Emphasize that the rescuer’s safety is paramount during triage. Stress the importance of wearing proper protective equipment to avoid endangering personal health.</p> |

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| <p>This section puts together the pieces that have been covered so far in the unit.</p> <div data-bbox="237 562 673 890"></div> <p>Display Slide 3-24 PM, P. 3-22</p> <p>Demonstrate as you explain the steps.</p> | <p>Evaluating a Survivor During Triage</p> <p>Remind participants that the goal of triage is to identify and treat survivors who need immediate care as rapidly as possible. As an expansion of Step 4 on the previous page, explain that there is a certain order for doing a triage evaluation. Every evaluation should be done in this order.</p> <p>Refer the participants to the table titled <i>Evaluating a Survivor During Triage</i> in the Participant Manual.</p> <p>Explain that when conducting a triage evaluation they should:</p> <ul style="list-style-type: none">▪ <u>Start with the airway.</u> At an arm’s distance, make contact with the survivor and speak loudly. If the survivor does not respond, then:<ul style="list-style-type: none">• Position the airway.• Look, listen, and feel.• Check breathing rate. Abnormally rapid respiration (above 30 per minute) indicates shock. Maintain the airway and treat for shock and tag “I.”• If the victim is not breathing after two attempts to open the airway, then tag the “DEAD.” |

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| | <ul style="list-style-type: none">▪ <u>Second, check for bleeding.</u><ul style="list-style-type: none">• Stop uncontrolled bleeding.• Perform blanch test for capillary refill (greater than 2 seconds should be marked “I”).• Or perform a radial pulse test.<ul style="list-style-type: none">• If pulse present, continue to assessment of mental status. Note abnormal pulse.• If pulse absent or abnormal, elevate status to “I” and treat for bleeding and shock. ▪ Third, <u>check mental status.</u> If no response, the survivor’s status is “I.” <p>If the survivor passes all tests, his or her status is “D.” If the survivor fails one test, status is “I.” Remember that <u>everyone gets a tag.</u></p> |

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| PM, P. 3-22 | Evaluating a Survivor During Triage |
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| Step | Procedures |
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| 1 | <p>Check airway/breathing. At an arm's distance, make contact with the survivor and speak loudly. If the survivor does not respond:</p> <ul style="list-style-type: none"> ▪ Position the airway. ▪ Look, listen, and feel. ▪ Check breathing rate. Abnormally rapid respiration (above 30 per minute) indicates shock. Maintain the airway and treat for shock and tag "I." ▪ If below 30 per minute, then move to Step 2. ▪ If the survivor is not breathing after two attempts to open airway, then tag "DEAD." |
| 2 | <p>Check circulation/bleeding.</p> <ul style="list-style-type: none"> ▪ Take immediate action to control severe bleeding. ▪ Check circulation using the blanch test (for capillary refill) or a radial pulse test. <ul style="list-style-type: none"> • Press on an area of skin until normal skin color is gone. Time how long it takes for normal color to return. Treat for shock if normal color takes longer than 2 seconds to return, and tag "I." • Or check the radial pulse. <ul style="list-style-type: none"> • If present, continue to step 3. • Note if the pulse is abnormal (rapid, thready, weak, etc.) • If absent, tag "I" and treat for bleeding and shock. |
| 3 | <p>Check mental status. Inability to respond indicates that immediate treatment for shock is necessary. Treat for shock and tag "I."</p> |

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| <p>Ask participants to work individually to learn the steps:</p> <p>Read through the first step. Perform the motions of the step. Repeat the process for steps 2 and 3. Finally, perform the motions of the entire triage evaluation without looking at the chart.</p> <p>Suggest that participants do mental and physical walk-throughs of the triage evaluations at least three times a day until the next session.</p> <p>PM, P. 3-23</p> | <p>Tell participants that they need to get very good at doing a triage evaluation rapidly. The goal should be to do it within 15-30 seconds.</p> <p>Documenting Triage</p> <p>Refer the participants to the <i>Sample Triage Documentation</i> figure in the Participant Manual.</p> <p>Explain how to document survivors during triage (the number of people tagged “Immediate,” “Delayed,” “Minor,” and “Dead”) and their location. Also explain to the group how useful such information can be to professional responders.</p> |

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| PM, P. 3-23 | Sample Triage Documentation |
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| Status | Location | | | |
|---------------|-----------------|----------|----------|----------|
| | A | B | C | D |
| I | 1 | 2 | 0 | 1 |
| D | 0 | 2 | 5 | 3 |
| M | 10 | 11 | 7 | 15 |
| Dead | 3 | 7 | 1 | 0 |

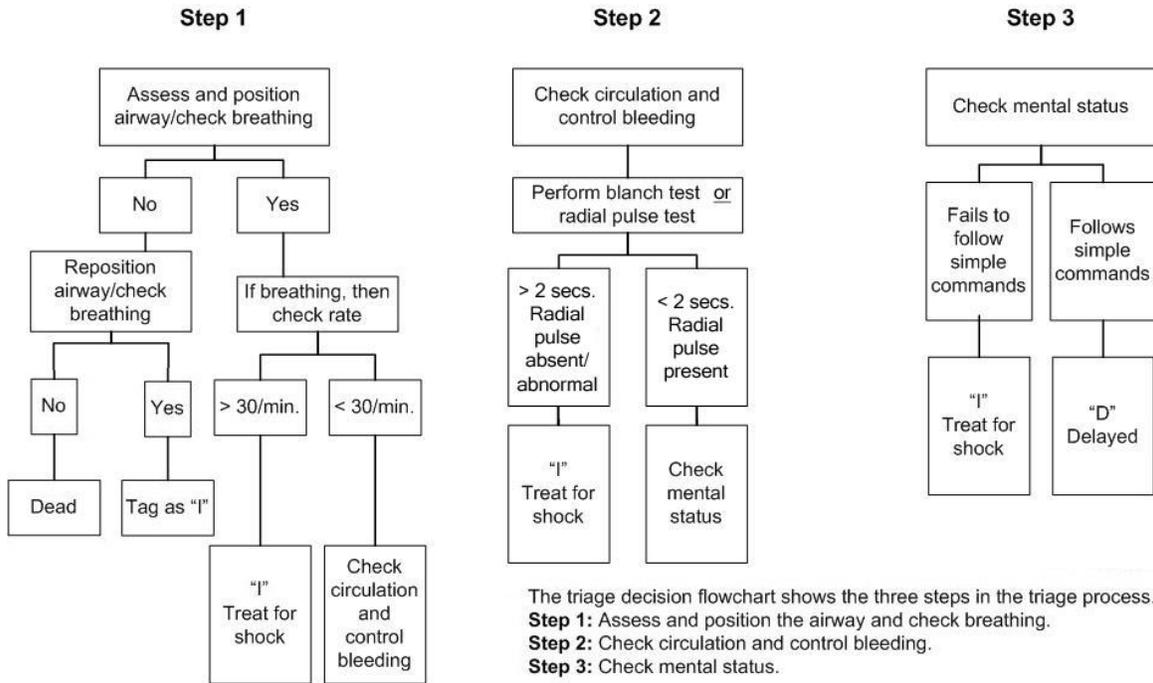
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| <p>PM, P. 3-25</p> <div data-bbox="237 1173 673 1501"><p>Triage Pitfalls</p><ul style="list-style-type: none">• No team plan, organization, or goal• Indecisive leadership• Too much focus on one injury• Treatment (rather than triage) performed<p><small>FEMA CERT Basic Training Unit 3: Disaster Medical Operations — Part 1 3-25</small></p></div> <p>Display Slide 3-25</p> <div data-bbox="237 1646 315 1717"></div> | <p>Triage Pitfalls</p> <p>Refer the participants to the flowchart titled <i>Triage Decision Flowchart</i> in the Participant Manual and recommend that they study the flowchart outside of this session until they are very familiar with triage procedures. (Point out that “2 seconds” refers to the results of the capillary refill test.)</p> <p>Stress that time will be critical in a disaster. The participants will not be able to spend very much time with any single survivor. Remind them that they want to do the greatest good for the greatest number of survivors.</p> <p>Tell participants that in order to respond effectively in a mass casualty event, CERT members must:</p> <ul style="list-style-type: none">▪ Have a plan based on a thorough sizeup▪ Follow that plan▪ Document actions throughout <p>Stress also that the participants should take advantage of local exercises as a means of maintaining their triage skills and to help them avoid the triage pitfalls.</p> <p>Triage pitfalls include:</p> <ul style="list-style-type: none">▪ No team plan, organization, or goal▪ Indecisive leadership▪ Too much focus on one injury▪ Treatment (rather than triage) performed <p>Does anyone have questions on how to perform triage?</p> |

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| PM, P. 3-25 | Triage Decision Flowchart |
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Triage Decision Flowchart



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| <p>Before the session, prepare survivor status cards, each documenting the status of one disaster survivor. See Preparation at the beginning of this unit for instructions on how to complete the survivor status cards.</p> | <p>Exercise: Conducting Triage</p> <p>Purpose: Explain that this exercise will allow the participants to practice conducting triage in a high-pressure situation.</p> <p>Participants will divide into three groups. Each participant will be given a card describing their medical status to tape to their shirt. The members of the group will take turns triaging.</p> <p>Explain to the participants that there will be three rounds of the exercise to give each person a chance to practice triage. In each round, one group will be the rescuers and the other groups will be survivors. Each participant has a chance to be a rescuer once. The rescuers will have a limited amount of time to:</p> <ul style="list-style-type: none">▪ Size up the situation and develop a plan of action▪ Conduct triage and tag each survivor for treatment▪ Document the number of survivors in each category of triage (Immediate, Delayed, Minor, Dead) <p>Remind the participants to bring their blankets to the disaster area.</p> <p>Instructions: Follow the steps below to conduct this exercise:</p> <ol style="list-style-type: none">1. In the classroom, divide the participants into three groups. Provide one set of the survivor status cards to each group. Each participant will get one card.2. In Round 1, Groups 2 and 3 are survivors and remain in the classroom. Each person should tape his or her survivor status card to their shirt. One instructor remains in the classroom to work with the survivors to arrange themselves. |

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|  <p>Be sensitive to the participants and the difficulty of these decisions during a catastrophic event.</p> | <ol style="list-style-type: none"> 3. In Round 1, Group 1 will be the rescuers. While Groups 2 and 3 set up the scene in the classroom, Group 1 goes outside the room to quickly develop a plan of action. A second instructor should observe the rescuers' brief planning session. 4. After no more than 2 minutes, Group 1 enters the classroom to triage the survivors. (They will tag each by writing "I," "D," "M," or "Dead" on the survivor status card.) 5. Allow the rescuers 5 minutes to complete their triage. Observe the rescuers as they conduct triage. 6. In Round 2, Group 2 will be the rescuers. 7. In Round 3, Group 3 will be the rescuers. <p>Debrief: After all three groups have had a chance to practice triage, call the groups together and conduct a discussion on the results of the triage exercise:</p> <ul style="list-style-type: none"> ▪ Problems that the rescuers encountered during triage ▪ How it felt to be under pressure to conduct triage within such a short period of time <p>Relate the rescuers' feelings about their time constraints to the pressure they will feel under actual conditions. Explain that they will learn ways to control some of their stresses in a later session.</p> <p>Does anyone have questions about triage?</p> <p>Emphasize that planning and organization are necessary to do the greatest good for the greatest number of survivors.</p> |

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| <div data-bbox="237 520 675 846"><p>Unit Summary</p><ul style="list-style-type: none">You should now be able to:<ul style="list-style-type: none">Identify 3 “killers”Apply techniques for opening the airway, controlling bleeding, and treating for shockConduct triage under simulated disaster conditions</div> <p>Display Slide 3-26</p> | <p>Unit Summary</p> <p>Summarize the key points from this unit:</p> <ul style="list-style-type: none">CERT members’ ability to open airways, control bleeding, and treat shock is critical to saving lives.<ul style="list-style-type: none">Use the Head-Tilt/Chin-Lift method for opening airways.Control bleeding using direct pressure, elevation, and/or pressure points.If there is a question about whether a survivor is in shock, treat for shock as a precaution.Triage is a system for rapidly evaluating survivors’ injuries and prioritizing them for treatment.<ul style="list-style-type: none">There are four triage categories:<ol style="list-style-type: none">ImmediateDelayedMinorDeadTriage in a disaster environment consists of 6 important steps:<ol style="list-style-type: none">Stop, Look, Listen and Think, and make a quick plan.Conduct voice triage.Begin where you stand, and work systematically.Evaluate and tag all survivors.Treat those tagged “I” immediately.Document your findings. |

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| <div data-bbox="237 919 673 1249" data-label="Complex-Block"> <p>Homework Assignment</p> <ol style="list-style-type: none"> 1. Read unit to be covered in next session 2. Bring necessary supplies for the next session 3. Wear appropriate clothes for the next session <p>FEMA CERT 3-27</p> </div> <p>Display Slide 3-27</p> | <ul style="list-style-type: none"> ▪ The procedure for conducting triage evaluations involves checking: <ul style="list-style-type: none"> • The airway and breathing rate • Circulation and bleeding • Mental status <p>Remind the participants that disaster medical operations require careful planning, teamwork, and practice. Urge them to take advantage of community-wide disaster exercises whenever they are scheduled.</p> <p>Homework Assignment</p> <p>Ask the participants to read and become familiar with Unit 4: Disaster Medical Operations — Part 2 before the next session.</p> <p>Remind the participants to bring a blanket, roller gauze, adhesive tape, duct tape, and cardboard to the next session.</p> <p>Thank everyone for attending this session.</p> |

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