



Welcome back! Session 3 is a continuation of First Aid and then we will be discussing Disaster Psychology. After Session 2 we had some questions regarding excessive bleeding and the use of a tourniquet.

# Excessive Bleeding

**Stop The Bleed** - This course demonstrates how to potentially save a life by stopping someone from bleeding out. Course is approximately 6-minutes.

<https://www.youtube.com/watch?v=dkb-Ddb8QFA>



This 6-minute video discusses excessive bleeding and how to “Stop The Bleed”. Let’s take a look!

I hope that answers most of your questions regarding excessive bleeding. Now let’s move on to Unit 4.

## Session 3 - Unit 4 Objectives



- **Review the role of the SERT volunteer** during a mass casualty incident.
- **Review the functions** of disaster first aid operations.
- **Review** the set-up of a survivor treatment areas.
- Perform **head-to-toe patient assessments**.
- Take appropriate **sanitation and hygiene measures** to protect public health.



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PM 4-1

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These are the topics we will cover today.

## Role of SERT Volunteers



- **Put on PPE** and any SERT affiliated gear.
- Check-in at the SERT staging area.
- Once assigned a specific task ... implement:
  - Document findings;
  - Report back to command.



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PPE – **Personal Protection Equipment** – is a must. You may not think you need it now. Part of being prepared is to have it on BEFORE you need it. Hard Hat, Gloves and do not forget your Backpack!

When you report to the staging area, make sure you check in so Command Staff will know you are present. When you leave for day ... check out.

Information is key to managing the proper response. Remember to document ... your memory is NOT good enough. Unless you write it down, it did not happen! If something should happen to you, your memory will not help other ERT members. Report back your documentation to command staff as instructed. This may be by radio and/or in hard copy.

## Functions of Disaster First Aid Operations



- Triage/Assessment.
- Treatment.
- Arrange Transport.
- Morgue.
- Supply Replacement.



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PM 4-4

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First Aid Operations can take many forms. Triage is the process of determining the priority of patients' treatment by the severity of their condition or likelihood of recovery with and without treatment. Triage/Assessment is for all so treatment can be determined. From Walking Wounded, injured but can wait, injured and needing help NOW, and needing transportation to a medical facility. Lastly, those who have died need to be moved to a morgue area, tagged and covered.

First Aid responders also need to keep track of the supplies they are using so replacements can be ordered.

## Safety for Rescuers and Survivors



### Individual safety is the number one priority!

- In structures with **light damage**:
  - Assess survivors as they are found,
  - Further medical treatment is performed in a safe location inside the designated treatment area.
- In structures with **moderate damage**:
  - Assess survivors as they are found,
  - Survivors are sent to a medical treatment area a safe distance from the incident.



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PM 4-6

4-6

Again, “Individual Safety” is the #1 priority. The transportation of survivors depends on the condition of the structure and level of damage. For light damage, it may be best to move to a safe location within the home. Moderate damage may require transporting to a safe location elsewhere.

# Head-to-Toe Assessment

- **Objectives** of head-to-toe assessment:
  - Determine **extent of injuries**,
  - Determine **type of treatment needed**,
  - **Document** injuries.



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PM 4-7

4-7

When coming upon an injured individual, always do a head-to-toe assessment. Just because the person tells you what the problem is, there may be other issues they are not be aware of having. As an ERT member does the assessment, someone else needs to document the injuries. This could be another member of the household, neighbor or bystander.

# Order of Assessment

1. Head
2. Neck
3. Shoulders
4. Chest
5. Arms
6. Abdomen
7. Pelvis
8. Legs



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4-8

Start at the TOP and work your way down. If the patient is conscious, ask them if they feel pain of any kind and the level of that pain (0-10).

## Closed-Head, Neck, Spinal Injuries



- If injuries to the head or spine are suspected, **do no harm**.
  - Minimize movement of head and neck while treating life-threatening conditions.
- If survivors exhibit signs or are **found under heavy debris**, treat them as having a closed-head, neck, or spinal injury.



PM 4: 8-9

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4-9

Injuries to the Head, Neck and/or Back can lead to life-threatening conditions. When in doubt ... treat the patient as if there is an injury. You may need to use your radio to call for assistance depending on your level of first aid training.

## Maintaining Hygiene

- **Wash hands frequently**
  - Or use alcohol-based hand sanitizer.
- **Wear gloves** - non-latex.
- **Keep dressings sterile.**
- **Wash areas** that come in contact with body fluids.
- **Wear a face mask.**



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PM 4-11

4-10

Maintaining your personal hygiene and that of the patient is a must. We also have first-hand experience on the importance of wearing a face mask. The face mask is not only for COVID-19, but it is also to offer protection from smoke, dust and other contaminants. Assume the worst and be prepared for your personal protection.

## Session 3

### Unit 4 Summary:



- During a mass casualty incident, SERT volunteers should:
  - **Identify self** as SERT volunteer.
  - **Assess and provide** life-saving interventions.
  - Provide **detailed information**:  
***Communication is key.***
- **Head-to-toe assessments** should be:
  - Hands-on and verbal.
- To **safeguard public health**, maintain proper hygiene and sanitation.



PM 4-13

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4-11

This is what we have covered so far. Good job everyone!

# OHCC SERT Basic Training

## Session 3 Unit 5: Disaster Psychology



4-12

This next section is very important to everyone's well-being!

## Session 3 - Unit 5 Objectives



1. **Understand disaster trauma** for survivors and rescuers, including SERT volunteers.
2. List steps to take for **personal and team well-being**.
3. **Review key steps** to apply when providing aid to someone with survivor's trauma.



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PM 5-1

4-13

You think you know stress ... well, prepare for disaster trauma stress. Everyone will display a certain amount of disaster trauma which may fluctuate up and down for the period of the disaster and afterward. As a TEAM, we all need to be on the lookout and help one other when the signs occur. Symptoms may be for ERT Team members, others within OHCC or our remote family members.

## ***Causes of Disaster Reactions***



- **Dealing with your own personal losses.**
- Working within OHCC:
  - Assisting neighbors or friends who have also been injured.
  - Feeling unsafe and insecure.



PM 5-2

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You may have to deal with your own personal loss or have concerns about other family members. This is understandable, and we are all here to help one another. We live in OHCC and as 55+ residents, one's level of disaster trauma stress may be acute. This is why we have the Neighbor-Helping-Neighbor program so a friendly face can help.

## The Five Fs



- **Freeze:** “Stop, look, and listen,” or be on guard and watchful.
- **Flight:** Flee.
- **Fight:** Attempt to combat the threat.
- **Fright:** Tonic immobility (you freeze) when in contact with a predator or playing dead.
- **Faint:** Fear-induced fainting.



PM 5-2

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4-15

There are 5-primary response to stress. These are listed here. Our bodies react in both physical and psychological responses of which we all need to be aware.

# Psychological Symptoms of Trauma



- Emotional



- Cognitive



- Spiritual



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PM 5:2-3

4-16

Page 5-2 in your manual speaks to these 3-levels of psychological Trauma.

**Emotional** - are you putting all the pieces together?

**Cognitive** - how you are processing everything? How are your decision-making processes?

**Spiritual** – Loss of hope, reduced self-worth ...

## Team Well-Being



- Actions can be taken **before, during, and after** an incident to help manage emotional impact of disaster response work.
- Knowing possible **psychological and physiological symptoms** of disaster trauma helps manage impact.
- Learn to **manage stress**:
  - SERT volunteers for themselves,
  - SERT leaders during response.



PM 5-4

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4-17

We all have stress and “WE” together need to help manage the stress. It is truly about the “Team Well-Being”. First, we need to be aware we are under stress. All the time and this applies to everyone. How we manage this stress for ourselves, and others is what we will be discussing.

## Take Care of Yourself



- **Be aware of trauma** that can follow a disaster.
- **Explain** to family members and friends what you need:
  - **Listen** when you want to talk.
  - **Do not force yourself to talk** until you are ready.



SERT CLUB  
(SOUTH & EASTERN REGIONAL TEAM)  
NORTHERN HILLS/NEVERLAND

PM 5-4

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We will all react to stress in different ways. Just know we are all here for one another. We are here to LISTEN, when you are ready. The “when you are ready” is important. You will probably know when that is. Follow your gut feeling.

## How ERT Members Reduce Stress



- Brief SERT personnel beforehand.
- Remember SERT is a team.
- Rest and regroup.
- Take breaks away from the incident site.
- Establish a culture of acceptance.
- Eat properly, stay hydrated.
- Be aware of changes in teammates.
- Rotate teams and duties.
- Phase out workers gradually.
- Defuse after shift.



PM 5-7

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4-19

Our **#1 Priority** is your **Safety**, and this includes your mental health. We do not expect Supermen or Wonder Women. You should not try to be either. Follow these easy steps to take care of yourself and others.

## Traumatic Crisis



- A traumatic crisis is an event experienced or witnessed in which **people's ability to cope is overwhelmed** by:
  - Actual or potential **death or injury to self or others.**
  - **Serious injury.**
  - **Destruction of their homes**, neighborhood, or valued possessions.
  - **Loss of contact** with family or close friends.



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PM 5-9

4-20

Following a major earthquake, you may experience all of these. Even one will add stress. Now, combine that with what you may experience throughout OHCC. You will need to be able to adjust and stay focused. If you need help ... ASK!

## Stabilizing Survivors



- **Assess survivors** for injury or shock.
- Get uninjured **people to help**.
- **Provide support** by listening and empathizing.
- **Help survivors connect** with natural support systems.



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PM 5-10

4-21

Survivors want to be HEARD! People want to feel the person they are with is CONFIDENT in their ability to help. This is where your training comes in. Because you have already thought these emotions and stressors through, your ability to cope and show confidence is much greater than most.

## What Not to Say:



- “I understand.”
- “Don’t feel bad.”
- “You’re strong.”
- “You’ll get through this.”
- “Don’t cry.”
- “It’s God’s will.”
- “It could be worse.”
- “At least you still have...”
- “Everything will be okay.”



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PM 5-12

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Saying the wrong thing can do more damage than saying nothing at all. Remember only the survivor “knows how they feel” Until they tell us, we are just “assuming” we know.

## Say This Instead:



- “I’m sorry for your pain.”
- “I’m so sorry this has happened.”
- “Is it all right if I help you with...?”
- “I can’t imagine what this is like for you.”
- “What do you need?”



PM 5-12

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You need to keep these statements handy. They show care and compassion. “What do you need?” is especially good as it is an open-ended question that can not be answered with a simple Yes or NO. The response will always tell you something.

## Managing the Death Scene



- **Cover the body**; treat it with respect.
- Follow local laws and protocols.
- Talk with SERT leadership.



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PM 5-12

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Following a major disaster, you may be called upon to deal firsthand with death. This may also include pets!

In California for a human, all “unattended” deaths are to be considered a crime until declared otherwise by the “authority having jurisdiction”. As such, neither the body nor the area surrounding the body shall be disturbed (to preserve evidence).

If the body is in view of affected persons, it is advisable to move those persons from the viewing area rather than disturb the body by covering.

A person should be assigned to remain in the vicinity of the deceased to maintain the integrity of the scene.

Unattended means “absent the presence or knowledge by a medical professional or law enforcement officer”.

For OHCC an Authority Having Jurisdiction could be a law enforcement officer, fire fighter, or coroner.

## Session 3

### Unit 5 Summary



- **Prepare yourself**, as rescues may be unpleasant and uncomfortable.
- Know the psychological and physiological **symptoms of trauma**.
- Understand the **six emotional phases of a disaster**.
- Take **steps to reduce stress**, which affects cognition, health, and interactions.
- **Stabilize individuals**.
- Listen, protect, and connect to **support survivors**.
- Be an **empathetic listener**.



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PM 5-13

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We have covered a lot of material; these are the key points.

# Homework Assignment



**Prepare for session 4.** Read these pages below before you come to class.

## SERT Session 4 Readings

- **Unit 6** - Pages 1-3
- **Unit 7** - Pages 1 and 3-18
- **Units 8 & 9** - No Reading Assignments, this material will not be covered in class.



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Thank you for your attention today. These are your reading assignments for Session 4. Have a great day!