

Be Safe

- Shoes, gloves x2 (body substance isolation and work gloves), helmet, goggles, dust/N95 mask.
- In hazardous environment work in a team. Stay in constant contact with partner: touch, sight, sound.

Sizeup

Look: 360° inspection – look, listen, smell. If appropriate, turn off gas/water during sizeup.

Think: *Is it safe?* How bad? How bad can it get? Do we have the training and equipment?

Do: Plan, Take Action, Evaluate, Repeat.

Damage?	Looks Like?	Do What?
Light	<i>Superficial damage, broken windows, fallen plaster/drywall, major damage is to contents of building</i>	Locate, triage, and remove victims to treatment area. Patient assessment can be done on-site.
Moderate	<i>Visible minor structural damage; decorative building elements damaged or fallen; many visible cracks in plaster/drywall; building still attached to foundation</i>	Minimize # of rescuers in building; minimize time inside. Quickly and safely remove all living victims.
Heavy	<i>Partial or total collapse of walls and/or ceilings; obvious structural instability; tilting; off foundation; heavy smoke or fire; hazardous materials inside; rising or moving water</i>	Do Not Enter. Warn people to stay away.

Fire Suppression – consider only in lightly or moderately damaged structures

- Quick escape? Right extinguisher? No other hazards (e.g. falling debris)? All YES, then GO.
- Two in together, *in physical contact*. One looks only at the fire; one looks everywhere else.

P-pull Pin	T-test extinguisher	A-aim	S-squeeze	S-sweep
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Search and Triage

Keep track of who is inside and what is found:



Single slash means search operations in progress. Use at main entry and separate wing of large building. Info area (gear icon) includes team ID and time/date of entry.



Crossing slash is drawn when search is complete (all team members out). After exiting and drawing the 2nd slash, add:

TOP QUADRANT – time/date search team left the structure

RIGHT QUADRANT – hazards and any action taken to address them

BOTTOM QUADRANT – number of live and dead victims still inside. ["0" = no victims]



When search team has to leave *without completing the search* (e.g. aftershocks), a solid circle is drawn at the mid-point of the 1st slash. Add all info for all four quadrants. Indicate areas searched in a box below the 'X'

Search

In teams of two, use systematic search pattern. If extra resources, extra teams "leapfrog."

Triage

- Voice triage – count and tag on way out. Everyone gets handed over to medical team.
- For all the rest: (1) check for responsiveness at approach; (2) check airway; (3) do blood sweep; (4) look for signs of shock.

Red – *Airway, Bleeding, or Shock*: Compromised airway, severe uncontrolled bleeding, unconscious, or signs of shock (rapid, shallow breathing; pale, cool, clammy skin; disoriented/very confused). Maintain airway, control bleeding, treat shock, evacuate ASAP.

Airway: Head tilt, chin lift; look, listen, feel. Pad under upper-back to maintain.

Bleeding: Apply direct pressure & elevate.

Shock: Keep lying down, keep warm, maintain airway.

Yellow – *Not red & not walking*: Conscious, oriented, even with significant fracture or other significant injury, but without signs of shock. Prevent shock; let them know "Someone will be back for you."

Green – *Walking wounded*: Bad injury to no apparent injury & walking & alert and oriented.

Black – *Dead*: No breathing (open airway at least twice), or obvious mortal wounds.

Search and Rescue Action Plan (Partial)

Light Damage	Moderate Damage	Heavy Damage
1. Secure building utilities as needed. 2. Establish and coordinate search/triage, rescue, and medical teams. 3. Treatment areas can be in the lightly damaged building. 4. Primary Mission: Locate, triage, stabilize, and prioritize removal of victims to designated treatment area. 5. Continue evacuation process until all victims have been removed and accounted for. 6. Reassess structural stability and available resources for heavy rescue problems. 7. Document location of trapped and/or missing.	1. Secure building utilities (gas, electrical, water). 2. Gather information (victim locations) before entry. 3. Establish control person at exit and entry points. 4. Establish and coordinate two- to four-person rescue teams. 5. Primary Mission: Locate, stabilize, and immediately evacuate victims to a safe area while minimizing the number of rescuers inside building. 6. Perform triage and other medical care in a safe area. 7. Continue rescuing lightly trapped victims until complete or no longer safe. 8. Continue evaluating safety. 9. Document location of heavily trapped or deceased victims.	1. Secure building perimeter and warn untrained and well intentioned volunteers about danger and entry into building. 2. From the exterior of the building, attempt to shut off gas (if it is possible and safe to do so). 3. From the exterior, encourage survivors to self-rescue. 4. Gather available information from survivors or witnesses for professional rescue teams.

Treatment ☺ = Beyond CERT training. Consider when no professional medical care for >3 hours

Patient Assessment in addition to Head-to-Toe Examination

While patients are conscious, record **SAMPLE** history (as reported by patient): **S**-Symptoms; **A**-Allergies; **M**-Medications they are taking; **P**-Pertinent medical history; **L**-Last they ate and eliminated; **E**-Events.

Shock kills! Treat early

Signs: rapid, weak heart rate; rapid, shallow breathing; pale, cool, clammy skin.
 Treatment: Keep victim lying down; keep victim warm and hydrated; identify cause (e.g. bleeding).

Wounds

Bleeding: Direct pressure & elevate. ☺ Tourniquet is OK: 10 minutes max, loosen, re-tighten if needed.☺

Prevent infection: clean it!:

- Soap and water around wound.
- Remove foreign matter; scrub abrasions if needed.
- Clean wound with only clean water.
- Dress & bandage. ☺ pack gaping wounds bigger than ½" wide with damp gauze.☺

☺ Can remove impaled objects from cheek; from extremity for evacuation.☺

Broken Bones and other Musculoskeletal Injuries

- Splint: rigid, padded. Immobilize joints above & below fractures. (*Bones* above & below *joint* injury)
 - Monitor Circulation, Sensation, and Movement of fingers or toes beyond the splint
- ☺ Apply gentle traction-in-line (pulling) to return limb to normal position before splinting. STOP if pain.☺

Psychology

For victims: Get victims to safe place, away from disturbing sights (including dead), sounds, and smells.

Keys to communication: Be direct. Be honest. Respectful physical contact.

For the team: Take breaks; do not sacrifice self-care; support each other; deep calming breaths.

Message to help anyone cope: "Take your next step forward. The sun will come up tomorrow."

ICS – Incident Command System for CERT Led Activities

- Incident Commander (IC) is also Operations *Chief*. Generally no other ICS Sections are needed. (For larger operations a Logistics Chief finds and assembles supplies.) Functional Group *Supervisors* are assigned for search, medical, cribbing, etc, as needed.
- IC is responsible for Incident Action Plan: (1) What do we want to do? (2) Who is responsible for doing it? (3) How do we communicate with each other? (4) What do we do if someone is injured?
- One person can manage up to 7 others; managing 5 is best. Add Units with *Leaders* as needed.

CERT Natural Disaster Quick Reference

What is it: The CERT Natural Disaster Quick Reference is a two-sided Quick Reference Card to the CERT protocols that you can print and laminate. It can be photocopied onto two-sided paper and laminated at any local copy-center.

Printing: If you prefer a smaller copy than prints by default, you can make the Adobe® Reader® print it smaller by clicking **Printer Properties** in the **Print** dialog and selecting a *smaller paper size*. Then select **Scale: Fit to paper** before printing.

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