



Session 2 is all about First Aid and we will review situations we may encounter as SERT ERT members.

Session 2 - Unit 3 Objectives



1. **Identify life-threatening conditions** resulting from trauma including severe bleeding, low body temperature, and airway blockage.
2. **Review correct** life saving techniques.
3. **Review basic** first-aid care for non-life-threatening injuries.

PM 3-1



SERT Basic Training Unit 3: Disaster First Aid Operations – Part 1 3/28/2021

3-2

Following a major disaster, we may be faced with a variety of life-threatening conditions. While we have all completed the American Red Cross Adult First, CPR/AED Aid and Stop-The-Bleed courses, the information we will review may be helpful during an activation. We will review and discuss correct life saving techniques and how we can provide first aid care for non-life-threatening injuries. Note that four SERT members are certified first aid instructor's so all information shared today are informal and maybe outside of the American Red Cross!

Treating Life-Threatening Conditions



- Without treatment, **severe bleeding and airway obstruction** can quickly lead to death.
- The **first priority** of SERT volunteers assisting in disaster first aid operations is to attend to these conditions by controlling bleeding and positioning a patient so they can breathe.



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PM 3-2

3-3

Critical situations --SEVERE BLEEDING--you need to stop the bleed, or the person dies! If the person's airway is blocked then they cannot breathe, and the person dies! These are situations that require immediate attention and are your FIRST PRIORITY! If this help is requiring more than what you are trained to provide, call for HELP on your radio.

Safety Considerations



- Prior to treatment, **ensure that both the patient and rescuer** are in a safe environment to administer care.
- Some **questions** SERT volunteers should consider:
 - Do I feel safe at this spot?
 - Should I leave and move to a safer location, or am I able to stay and start providing care immediately?
 - If I leave, can I take anyone with me?

PM 3-2



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3-4

Before entering any situation ask yourself, “IS IT SAFE?”. If the answer is NO, then don’t go. If the answer is YES, then proceed and when you find a patient ask yourself again, “IS IT SAFE?” to leave the patient here. If YES, it maybe be best not to move the patient depending on their condition. If NO, you need to decide if you can assist the patient in moving or do you need to seek assistance from another.

Approaching the Patient

- Be sure **patient can see you.**
- **Identify yourself**
 - Your name and name of your organization.
- **Request permission** to treat, if possible. If unconscious permission is assumed.
- **Respect** cultural differences.
- **Protect** patient privacy.



PM 3-2



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3-5

Back to the RED CROSS training. You always start with identifying yourself and that you are with SERT. ALWAYS ask for permission to help the patient. If the patient is unconscious permission is “assumed”.

Some cultural differences may not want you to touch or to even speak to a female without permission. Therefore, you always ask permission to help the patient.

Excessive Bleeding



[Essentials of Stop the Bleed Course - YouTube](#)

OCEAN HILLS
COUNTY CLUB
SERT CLUB
(SAFETY & EMERGENCY RESPONSE TEAM)
NEIGHBOR-HELPING-NEIGHBOR

4-2

This 18-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.

Stages of Severe Bleeding



Stage	Blood Loss	Heart Rate	Blood Pressure	Breath Rate	Patient
I	Less than 15%	Normal (<100 bpm)	Normal	14-20	Patient appears normal
II	15%-40%	Fast (>100 bpm)	Slightly Low	20-30	Patient may feel anxious
III	30%-40%	Very Fast (>120 bpm)	Low	30-40	Patient feels confused
IV	Greater than 40%	Critical (>140 bpm)	Critical	>35	Patient feels lethargic

PM 3-3



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3-7

Bleeding can be challenging. A combination of blood loss, increased heart rate, and increased breath rate helps you identify the severity of blood loss. While we can check the heart rate via taking their pulse, we will NOT be taking someone's blood pressure.

Types of Bleeding



PM 3-3



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3-8

Of the 3-types of bleeding shown here which is the most concerning? Arterial as the blood is coming directly from the heart.

Controlling Bleeding: Direct Pressure



Step 1: Find the source(s),

Step 2: Cover the source,

Step 3: Apply pressure,

Step 4: Maintain pressure until bleeding
has stopped.

PM 3-4



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3-9

We follow these 4-steps to control bleeding.

Controlling Bleeding: Tourniquets



- **Place on injured limb** as high as possible,
- **Pull strap** through buckle,
- **Twist rod** until bleeding stops/slows,
- **Secure the rod,**
- If bleeding continues, place second tourniquet.
- **Leave in place until EMS takes over.**



PM 3-4/5



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3-10

For an arterial bleed on a LIMB, you may need to apply a tourniquet. These are relatively easy to apply and once in place should only be removed by a medical professional. A best practice is to write the date and time the tourniquet was applied on the device.

Shock



- Shock is often **difficult to diagnose**.
- **Main signs of shock:**
 - Rapid and shallow breathing,
 - Failure to follow simple commands, such as “squeeze my hand.
- Symptoms of shock are easily missed. **Pay careful attention** to your patient.



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PM 3-5

3-11

Shock maybe difficult to diagnose and the onset may develop over time as the patient undergoes changes. Look for rapid and shallow breathing. A patient’s condition can change so you will need to pay careful attention for changes.

Maintaining Body Temperature



Keep the patient warm:

- **Remove** wet clothing.
- **Place something between patient and ground** (e.g., cardboard, jacket, blanket).
- **Wrap patient with dry layers** (e.g., coat, blanket, Mylar emergency blanket).
- **Shield patient** from wind.

PM 3: 5-6

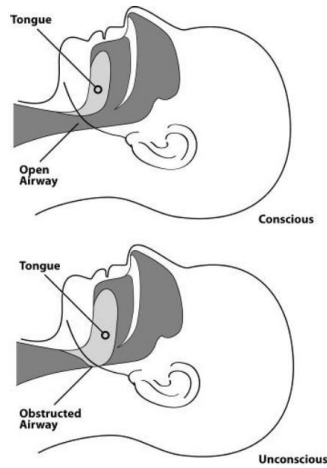


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3-12

Keeping a patient warm helps in dealing with Shock. If the body gets cold, it can lead to shock. People should be in dry clothing. If you have a patient on the ground, put something between the patient and the ground. Wrap the patient in dry layers and shield them from the wind if possible.

Open vs. Obstructed Airway



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3-13

If the patient can not breathe, they may die. If the patient is not conscious, it may be as simple as tilting the head back to open the airway.

Recovery Position

- **Body:** Laid on its side;
- **Bottom Arm:** Reached outward;
- **Top Arm:** Rest hand on bicep of bottom arm;
- **Head:** Rest on hand;
- **Legs:** Bent slightly;
- **Chin:** Raised forward;
- **Mouth:** Pointed downward.



PM 3-7



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3-14

Repositioning the patient can also aid in keeping the airway open.

Providing Comfort



What can you (or others) do?

- Keep them warm.
- Offer a hand to hold.
- Maintain eye contact.
- Be patient and understanding.
- If you must move on to provide aid to another person, let them know.

PM 3-8



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3-15

Sometimes a patient just needs someone to provide comfort. These are the steps in providing comfort. Remember in the initial stages of a natural disaster assessment, you will not have time to provide comfort.

Treating Burns:



- Prevent hypothermia;
- Manage pain;
- Reduce risk of infection.



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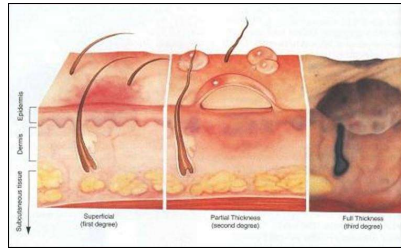
PM 3-9

3-16

You may come across a patient with burns due to a fire, electrical shock or chemical burns. The 3-key things to know about dealing with burns are shown here.

Burn Classifications:

- **Superficial:** epidermis.
- **Partial Thickness:** dermis and epidermis.
- **Full Thickness:** subcutaneous layer and all layers above.



PM 3-9

1st degree burns are to the outer layer and may be like a severe sunburn.

2nd degree has blistering.

3rd degree has damage to the underlying tissue and needs a medical professional help in treating.

Wound Care

- **Main treatment for wounds:**

- Control bleeding;
- Apply dressing and bandage.

- **Apply dressing and bandage:**

- Apply dressing directly to wound;
- Bandage holds dressing in place.



PM 3-11



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3-18

In your SERT backpack, you have a limited supply of bandages to assist patients. You will need to monitor your supplies and do not hesitate to radio in for additional supplies, as necessary.

Always remember to apply direct pressure to bleeding areas and keep it in place until the bleeding stops. Your patient or other neighbor maybe able to assist in keeping the pressure on.

Amputations



- If amputated body part is found:
 - **Save tissue parts**, wrapped in clean material and placed in plastic bag;
 - **Keep tissue parts cool**, but NOT directly on ice;
 - **Keep severed part with survivor.**



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PM 3-11

3-19

OK, not a pleasant thought and you are probably looking at a potential tourniquet situation. Follow these steps in dealing with a found body part.

Impaled Objects



When foreign object is **impaled in patient's body**:

- **Immobilize** affected body part;
- **Do not attempt to move or remove;**
- Try to **control bleeding** at entrance wound;
- **Clean and dress wound**, making sure to stabilize impaled object.



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PM 3-12

3-20

During a building collapse a person may be impaled by an object. **DO NOT** try to remove the object, leave that to the medical professional. Removing the object could lead to internal bleeding.

Fractures, Dislocations, Sprains, Strains



- **Immobilize injury** and joints immediately above and below injury site.
- If uncertain of injury type, **treat as fracture.**



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PM 3-12

3-21

Broken bones are painful, as are dislocations and sprains and strains. Unless there is severe bleeding, you will need to immobilize the injury and report the situation. Then continue to move on with your assessment.

Dislocations



- **Dislocation is injury** to ligaments around a joint:
 - It is so severe that it permits separation of bone from its normal position in a joint.
- **Treatment:**
 - Immobilize; do **NOT** relocate.
 - Check Pulse, Movement, and Sensation (PMS) before and after splinting/immobilization.

PM 3-13

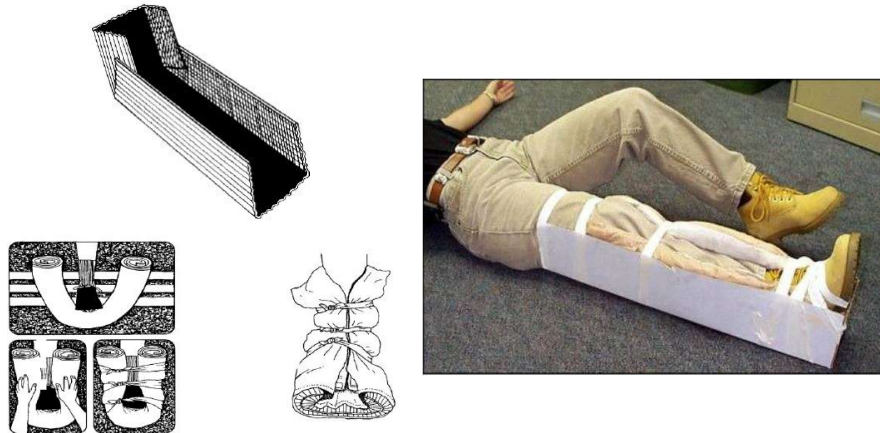


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3-22

While this will be painful to the patient, DO NOT attempt to relocate the joint! This is a job for a medical professional.

Splinting



PM 3: 14-15



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3-23

Splinting is not hard. You can use a variety of cardboard, rolled newspapers, magazines, towels to form a splint. Then get out your DUCT TAPE and secure the splint in place.

Heat-Related Injuries



- **Heat cramps**
 - Muscle spasms brought on by over-exertion in extreme heat.
- **Heat exhaustion**
 - Occurs when exercising or working in extreme heat results in loss of body fluids.
- **Heat stroke**
 - Survivor's temperature control system shuts down.
 - Body temperature rises so high that brain damage and death may result.

PM 3-17



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3-24

Heat-Related injuries may not be much of a concern here in OHCC. However, we can not rule out a disaster which strikes on a hot Summer's day. As a responder, you need to make sure you keep hydrated. These are the signs of heat related situations.

Session 2

Unit 3 Summary



- **Life-saving measures** SERT volunteers can take:
 - Control bleeding using direct pressure and/or a tourniquet;
 - Maintain normal body temperature;
 - Open airway and position patient correctly.
- **Other injuries that are common** after disasters:
 - Burns;
 - Wounds;
 - Amputations and impaled objects;
 - Fractures, dislocations, sprains, and strains;
 - Heat-related injuries.

PM 3-19



SERT Basic Training Unit 3: Disaster First Aid Operations – Part 1 3/28/2021

3-25

Today we have reviewed life-saving measures and other common injuries that may occur following a disaster.



Unit 4 is a continuation of First Aid and then we will be discussing Disaster Psychology.

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.



• SERT Basic Training Unit 4: Disaster First Aid Operations – Part 2 3/28/2021

PM 4-1

4-3

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.



• SERT Basic Training Unit 4: Disaster First Aid Operations – Part 2 3/28/2021

PM 4: 2-3

4-28

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 the 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.



• SERT Basic Training Unit 4: Disaster First Aid Operations – Part 2 3/28/2021

PM 4-4

4-29

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 tagged and covered. In California only the coroner, law enforcement or a Doctor can pronounce someone as died. Until that time, it is considered a CRIME Scene.

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.



• SERT Basic Training Unit 4: Disaster First Aid Operations – Part 2 3/28/2021

PM 4-6

4-30

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.



• SERT Basic Training Unit 4: Disaster First Aid Operations – Part 2 3/28/2021

PM 4-7

4-31

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



PM 4-8



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4-32

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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4-33

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

4-34

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.

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.



• SERT Basic Training Unit 4: Disaster First Aid Operations – Part 2 3/28/2021

PM 4-13

4-35

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

OHCC SERT Basic Training

Unit 5: Disaster Psychology



4-36

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

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.



• SERT Basic Training Unit 5: Disaster Psychology - 3/28/2021

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.



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PM 5-2

4-14

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



- SERT Basic Training Unit 5: Disaster Psychology - 3/28/2021

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)
NORTHWEST HILLSIDE/NEARBY

PM 5-4

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4-18

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

• SERT Basic Training Unit 5: Disaster Psychology - 3/28/2021

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.



SERT CLUB
(SUPPORT & EMPOWERMENT RESOURCES TEAM)
NORTHERN CALIFORNIA/NORTHEAST

PM 5-10

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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

4-22

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?”**



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PM 5-12

4-23

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.



• SERT Basic Training Unit 5: Disaster Psychology - 3/28/2021

PM 5-12

4-24

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.

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**.



• SERT Basic Training Unit 5: Disaster Psychology - 3/28/2021

PM 5-13

4-25

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

Homework Assignment



There is NO preparation work for Session 3

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.



- SERT Basic Training Unit 5: Disaster Psychology - 3/28/2021

PM 5-13

4-26

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