



UNTIL HELP ARRIVES

INSTRUCTOR GUIDE



FEMA



Version 1.0



UNIFORMED SERVICES UNIVERSITY
of the Health Sciences

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PURPOSE

This guide provides instructors with the information they need to deliver this course effectively, including all content along with instructional guidelines, notes, and logistics (e.g., recommended supplies, schedules, FAQs, and supplemental multimedia resources).







HOW TO USE THE INSTRUCTOR GUIDE

For consistency across course deliveries, instructors should use this guide to ensure they cover all materials and meet all learning objectives. This course uses a variety of instruction methods including presentations, group activities, demonstration, and practical application of skills. This course places a high priority on engagement, interactivity, and hands-on learning. Supplemental anecdotes, examples, and multimedia are included in this guide to help the instructor deliver the material using realistic scenarios. However, the instructor should use his/her own experiences or anecdotes where necessary and appropriate.

The guide presents content in a two-column format: a thumbnail of the slide on the left and instructor notes on the right. The guide uses two types of instructor notes, marked as SAY or DO. SAY indicates what an instructor should explain when presenting the slide. DO indicates an activity, discussion, or demonstration. The recommended length for this course is approximately three hours. To manage time effectively, instructors should consider practicing their delivery, including set-up and demonstrations, prior to teaching for the first time.

INSTRUCTOR GUIDE ORGANIZATION

Throughout the Instructor Guide, the following icons identify different requirements for the instructor.

	NOTES	Indicates specific notes to the instructor about course delivery in addition to the primary course content notes.
	MULTIMEDIA	Indicates the use of photos, videos, or other supplemental multimedia resources.
	GROUP ACTIVITY	Indicates a period of facilitated group discussion using suggested topic areas or open-ended questions.
	IMPORTANT INFORMATION	Indicates a key piece of information that instructors should share with participants. May contain safety information.
	CHECK FOR LEARNING	Indicates a pause in delivery to check for learning.
	KEY POINTS	Indicates a review of the key points of a topic by the instructor.

COURSE OVERVIEW

Trauma is the leading cause of death in Americans under age 46.¹ Life-threatening (traumatic) injuries require immediate action to stop someone from dying. While the Nation's emergency medical responders are quick to arrive, any delay between injury and the initiation of care can result in death. Those nearest to someone with life-threatening injuries are best positioned to provide the first care, which should focus on the most essential actions, including moving someone away from ongoing danger, stopping life-threatening bleeding, positioning the injured so they can breathe, keeping them warm, and providing comfort. This course is designed to educate the public about the important role it plays in providing these potentially life-saving interventions prior to the arrival of emergency services.

This course was developed by, and is based on research conducted by the U.S. Centers for Disease Control and Prevention (CDC), the Federal Emergency Management Agency (FEMA), the U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response (ASPR) and Medical Reserve Corps (MRC), and the Department of Defense Uniformed Services University of Health Sciences (USUHS). Additionally, published guidelines from the American College of Emergency Physicians (ACEP), the American Heart Association (AHA), the American Red Cross (ARC), the Committee for Tactical Emergency Casualty Care (C-TECC), and others form the basis of this course. Training in this course is meant to assist you to minimize injury or death in emergency situations. This training fulfills no medical certification requirements associated with formal medical courses.

COURSE GOAL

The overall goal of this course is to teach participants basic skills to keep people with life-threatening injuries alive until professional help arrives.

COURSE OBJECTIVES

At the end of this course, participants will be able to:

- Use simple and effective skills to save lives.
- Communicate with 9-1-1 operators effectively.
- Act to protect the injured from further harm.
- Position the injured.
- Stop life-threatening bleeding.
- Provide emotional support.

TARGET AUDIENCE AND SIZE

Adults with limited or no first aid training; it is recommended that there be at least one instructor for every 15 students.

COURSE LENGTH

Approximately 3 hours.

COURSE OUTLINE

The course includes six topics along with a Welcome and a Conclusion. Each topic uses a mix of lecture, group activity, multimedia presentations, demonstrations, and practical exercises.

Welcome to the Course - Provides an overview of the content and course administration.

Topic 1: You Make a Difference - Participants learn about the critical role they play in the emergency medical response system, discuss why people act, and learn about how their minds and bodies may respond under stress.

Topic 2: Call 9-1-1 - Participants learn how to effectively communicate with a 9-1-1 operator.

Topic 3: Stay Safe - Participants learn how to assess a life-threatening situation and how to move the injured away from further harm.

Topic 4: Stop the Bleeding - Participants learn how to apply pressure and use a tourniquet to stop bleeding.

Topic 5: Position the Injured - Participants learn proper positioning techniques for those who are conscious and unconscious.

Topic 6: Provide Comfort - Participants learn about providing physical and emotional comfort to the injured.

Before You Go: Prepare to Help - Participants learn about resources and additional training available to them.

WELCOME TO THE COURSE

The Welcome section provides an overview of the course and agenda as well as course logistics and administration.

Time Allocated: 15 minutes

TOPIC 1: YOU MAKE A DIFFERENCE

In the first topic of the training, participants learn about the critical role they play in the emergency medical response system when they act to be the help until help arrives. They examine why some people act and why others do not, and explore how the stress of a life-threatening situation may affect their minds and bodies. The purpose of this topic is to set the stage for the entire course by providing participants with a basic understanding of their role and a framework for discussing each of the subsequent topics where specific skills are presented.

Learning Objectives

After completing Topic 1, participants are able to:

- State the steps you can take when responding to a life-threatening situation.
- List different reactions you may have in a stressful situation.
- Understand the importance of practice and rehearsal to improve your response to a life-threatening situation.

Knowledge Points

Instructors should be familiar with the following to teach the topic effectively:

- The purpose of this training course; how and why it was created.
- Examples of real-world incidents where people took an active role in helping the injured.
- Functions of the components in the emergency medical response system.
- Basic physiology associated with stress response.

Time Allocated: 30 minutes

TOPIC 2: CALL 9-1-1

The second topic focuses on the interface with 9-1-1, including what information to convey and the overall role of 9-1-1 operators. Participants learn about why 9-1-1 operators ask certain questions and practice making a 9-1-1 call.

Learning Objectives

After completing Topic 2, participants are able to:

- Answer the questions asked by the 9-1-1 operator.
- Collaborate with the operator during the call.

Knowledge Points

Instructors should be familiar with the following to teach the topic effectively:

- Important information to share with 9-1-1 operators.
- Role of 9-1-1 operators.

Time Allocated: 25 minutes

TOPIC 3: STAY SAFE

The third topic presents information on how to assess a life-threatening situation and determine a course of action. Participants learn how to effectively evacuate the injured from ongoing danger.

Learning Objectives

After completing Topic 3, participants are able to:

- Decide whether to stay and help, grab the injured and get to safety, or get yourself to safety.
- Demonstrate how to move the injured safely away from further harm.

Knowledge Points

Instructors should be familiar with the following to teach the topic effectively:

- The decision-making process people should implement before taking action during an incident.
- General safety tips to remember during an incident.

Time Allocated: 25 minutes

TOPIC 4: STOP THE BLEEDING

In the fourth topic, participants learn how to recognize life-threatening bleeding and the physiological impact of severe loss of blood. They also learn effective methods of bleeding control including providing firm, steady pressure and the proper use of a tourniquet.

Learning Objectives

After completing Topic 4, participants are able to:

- Recognize life-threatening bleeding.
- Apply firm, steady pressure to stop life-threatening bleeding.
- Understand when to use a tourniquet.
- Optional: Apply a tourniquet.

Knowledge Points

Instructors should be familiar with the following to teach the topic effectively:

- The Stop the Bleed campaign.
- The physiology of severe blood loss including irreversible shock.
- The decision-making process behind choosing to use, and using, a tourniquet.

Time Allocated: 30 minutes (20 minutes without optional tourniquet material)

TOPIC 5: POSITION THE INJURED

The fifth topic provides information about positioning an injured person, who is conscious or unconscious, to promote or maintain an open airway.

Learning Objectives

After completing Topic 5, participants are able to:

- Describe life-preserving body positions for an injured person who is conscious.
- Describe life-preserving body positions for an injured person who is unconscious.

Knowledge Points

Instructors should be familiar with the following to teach the topic effectively:

- The concept of self-management of airways.
- The recovery position.

Time Allocated: 20 minutes

TOPIC 6: PROVIDE COMFORT

The sixth topic offers participants information about providing emotional and mental support to survivors. They learn ways to help, comfort, and talk with the injured, as well as considerations for working with children and those with access and functional needs.

Learning Objectives

After completing Topic 6, participants are able to:

- Use simple words to comfort and engage with the injured.
- Use simple actions to provide comfort and practical assistance to the injured.

Knowledge Points

Instructors should be familiar with the following to teach the topic effectively:

- The concept of Psychological First Aid.
- Diversity and cultural norms.

Time Allocated: 15 minutes

BEFORE YOU GO: PREPARE TO HELP

This section presents participants with information on how to better prepare for a life-threatening situation including what supplies to have on hand and additional trainings they can take.

Learning Objectives

After completing this section, participants are able to:

- List items for a personal emergency supply kit.
- Identify how to receive additional training.

Knowledge Points

Instructors should be familiar with the following to teach the topic effectively:

- Local resources where participants can receive additional training or information.
- Suggested items participants should include in their emergency supply kits and their use.

Time Allocated: 10 minutes

HOW TO PREPARE FOR THIS COURSE

Instructors should coordinate with the host to ensure the room is properly set-up and that the necessary supplies and equipment are available. Instructors should test audiovisual equipment prior to the arrival of participants.

Audiovisual Equipment

- Laptop
- Projection screen and projector
- Speakers/sound system (for videos)
- Microphone (if needed for larger rooms)
- Slide advancer

Supplies

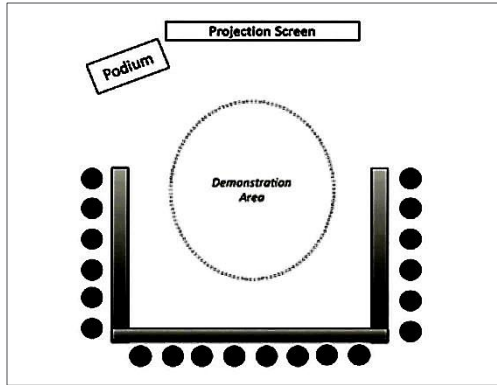
- PowerPoint Slide deck
- Instructor Guide
- Name tags or name tents
- Sign-in roster (if desired)
- Take-home materials (e.g., printed slides w/notes pages)
- Tourniquet(s)
- Sample first aid kit with trauma supplies (e.g., roll gauze, 6x6 dressing)

Optional

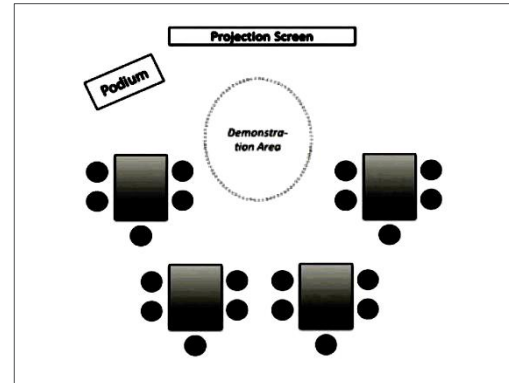
- Folder of information on local resources for each participant
- Pens
- Refreshments
- Take home emergency aid kits or other preparedness supplies

Room Set-Up

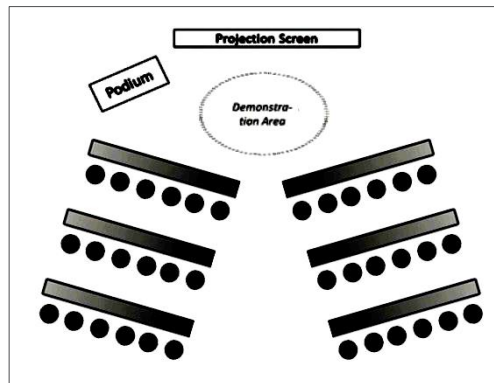
The room should be large enough to accommodate all participants comfortably and provide enough space to conduct demonstrations. Below, instructors will find three commonly used room set-ups; regardless of how the instructor sets up the room he/she should ensure all participants can see the screen, see and hear the instructor, and see and hear the demonstrations.



U-Shape Room Set-up



Pods Set-up



Classroom Style Set-up

BEHAVIORS OF AN EFFECTIVE TRAINER

There are specific behaviors that differentiate effective trainers from ineffective ones.

- Be prepared.
 - Review the course materials and Instructor Guide prior to course delivery to ensure you are fully prepared and comfortable with the course material.
 - Bring all course materials, supplies, and equipment to class.
 - Arrive in time to have the room set-up and equipment tested before participants arrive.
- Be yourself.
 - Instruct in the manner with which you are most comfortable.
 - Use posturing, language, and delivery that represents you as an instructor.
- Be energetic.
 - If you are excited about the topics presented, your participants will share in your excitement.
 - Use activities to maintain an energetic learning environment.
- Be direct.
 - Being honest and direct with your participants builds your credibility and their trust in you.
 - If you do not know the answer to a question, admit it but offer to find out.
- Be clear.
 - Make sure what you say is easily understood.
 - Check in with participants to ensure you are communicating well.
- Be sensitive to learners.
 - Pay close attention to your participants' responses, interaction, and body language.
 - Make adjustments in course delivery, pace, and schedule where necessary to accommodate the needs of your participants.
- Be positive.
 - Believe in the potential of your participants.
 - Encourage and participate in their growth as those who can help until help arrives.

FREQUENTLY ASKED QUESTIONS

Instructors should read these Frequently Asked Questions (FAQs) in preparation for teaching the course as participants may raise these questions or ones similar.

QUESTION: WHAT ARE GOOD SAMARITAN LAWS AND HOW DO THEY APPLY TO THOSE WHO PROVIDE AID?

ANSWER: State laws known as “Good Samaritan” laws generally protect people who provide uncompensated medical care or assistance during a life-threatening situation. These laws vary by state, but their shared aim is to protect people who provide care in a prudent and reasonable manner to ill or injured persons. Using the benchmark of ‘what would a reasonable person do in this circumstance,’ the protection intends to reduce hesitation to assist individuals who fear being sued or prosecuted for unintentional injury or wrongful death. If a Good Samaritan law provides coverage for medical professionals or medical first responders (e.g., Emergency Medical Technicians, Paramedics), they are held to higher standards of care due to their level of training.

*Note: Good Samaritan laws differ by state, so the instructor should encourage course participants to find how these laws apply in their particular state.

QUESTION: WHAT IS A “MASS CASUALTY” INCIDENT?

ANSWER: A life-threatening situation resulting in injuries that exceed the normal response capability of emergency response agencies and medical facilities. No specific number defines a mass casualty incident. Each community has different resources and manages different sizes and types of emergencies on a daily basis.

QUESTION: WHAT IS AN “ACCIDENT”?

ANSWER: Authorities consider an accident to be an unavoidable event. For example, although it is common to say ‘car accident,’ it is technically more accurate to say ‘car crash’ as they are often the result of driver error and to say accident implies it was unavoidable.

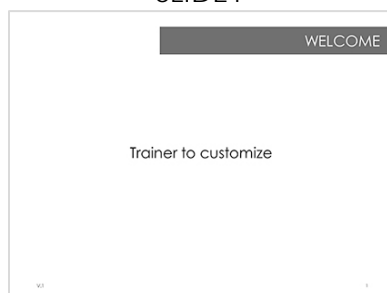
COURSE PRESENTATION

WELCOME

UNTIL HELP ARRIVES

WELCOME - Time Allocated: 15 minutes

SLIDE 1



SLIDE 1

SAY: Welcome to the course. Over the next few hours, we will discuss how you can help someone with life-threatening injuries survive. We will walk you through several basic skills and discuss tips you can use if you face a life-threatening situation. This training fulfills no medical certification requirements associated with formal medical courses.

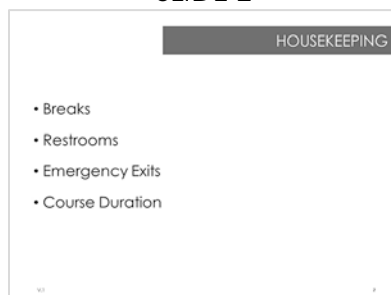
DO: Begin by welcoming the participants to the course, *Until Help Arrives*. Introduce yourself and any other instructors. Introduce guests, if present. Allow time for any comments from these individuals.



Instructor Note: Now may be a good time to introduce individuals who arrived as part of a larger group (e.g., Girl/Boy Scouts, faith-based groups, and other community groups).

SAY: This class is interactive, so we encourage all of you to share your experiences and take part in various discussions and activities. If you do not understand something, please ask questions.

SLIDE 2

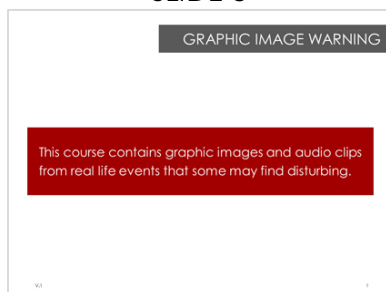


SLIDE 2

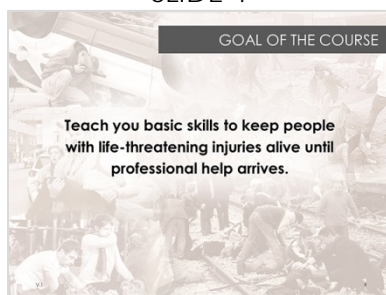
SAY: This course will take approximately three hours to complete. We have one scheduled break during that time.

DO: Ask participants to place all cellular and pager-type devices on vibrate. Emphasize that you understand they may need to take a call, but ask them to step out if necessary. Show the participants the location of the nearest emergency exits and restrooms.

SLIDE 3



SLIDE 4




SLIDE 3

SAY: Some of the images you will see and things you will hear as we move through the course might be a little disturbing. The images, videos, and audio clips included as part of the materials reflect what you might see during an actual event.

SLIDE 4

SAY: Trauma is the leading cause of death in Americans under age 46.ⁱⁱ Life-threatening (traumatic) injuries require immediate action to stop someone from dying. While the Nation's emergency medical responders are quick to arrive, any delay between injury and the initiation of care can result in death. Those nearest to someone with life-threatening injuries are best positioned to provide the first care, which should focus on the most essential actions, including moving someone away from ongoing danger, stopping life-threatening bleeding, positioning the injured so they can breathe, keeping them warm, and providing comfort.ⁱⁱⁱ This course looks to educate the public about the important role they play in providing these potentially life-saving interventions prior to the arrival of emergency services.

SLIDE 5

A slide titled "COURSE OVERVIEW" with a list of seven topics. The first topic, "Welcome", is highlighted with a grey square. The other topics are numbered 1 through 6 with colored squares: 1 (yellow), 2 (green), 3 (orange), 4 (red), 5 (blue), and 6 (purple). The topics are: Welcome, You Make a Difference, Call 9-1-1, Stay Safe, Stop the Bleeding, Position the Injured, Provide Comfort, and Before You Go – Prepare to Help.

COURSE OVERVIEW

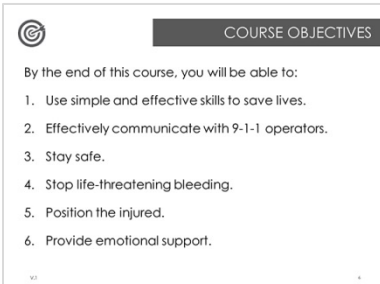
- Welcome
- 1 You Make a Difference
- 2 Call 9-1-1
- 3 Stay Safe
- 4 Stop the Bleeding
- 5 Position the Injured
- 6 Provide Comfort
- Before You Go – Prepare to Help

SLIDE 5

SAY: We have divided the course into six topics. Research and guidance from the Federal Emergency Management Agency, U.S. Department of Health and Human Services, U.S. Centers for Disease Control and Prevention, Committee for Tactical Emergency Casualty Care, American College of Emergency Physicians, American Red Cross, and the American Heart Association forms the basis of this course. You should use good judgment in applying information learned from this course, act within your comfort zone, and always be mindful of your safety as well as the safety of others. Taking action is always better than simply standing aside.

- Topic 1: Participants learn about the critical role they play in the emergency medical response system when they act to be the help until help arrives.
- Topic 2: Participants learn about why 9-1-1 operators ask certain questions and practice making a 9-1-1 call.
- Topic 3: Participants learn how to effectively evacuate the injured from ongoing danger.
- Topic 4: Participants learn effective methods of bleeding control including providing firm, steady pressure and the proper use of a tourniquet.
- Topic 5: Participants learn about positioning an injured person, who is conscious or unconscious, to promote or maintain an open airway.
- Topic 6: Participants learn ways to help, comfort, and talk with the injured, as well as considerations for working with children and those with access and functional needs.

SLIDE 6

A slide titled "COURSE OBJECTIVES" with a list of six objectives. The slide includes a small circular logo with a stylized 'E' in the top left corner. The objectives are numbered 1 through 6 and describe the skills participants will be able to use by the end of the course.

COURSE OBJECTIVES

By the end of this course, you will be able to:

1. Use simple and effective skills to save lives.
2. Effectively communicate with 9-1-1 operators.
3. Stay safe.
4. Stop life-threatening bleeding.
5. Position the injured.
6. Provide emotional support.

SLIDE 6

SAY: Each of the course objectives reflects the goal of the six topics featured in this course, focusing on different aspects of providing help to an injured person in a life-threatening situation.

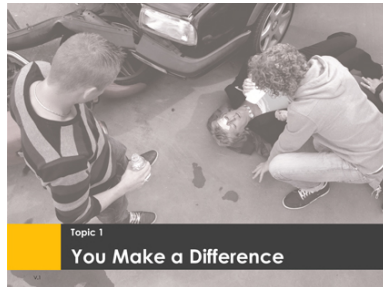
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TOPIC 1

YOU MAKE A DIFFERENCE

Time Allocated: 30 minutes

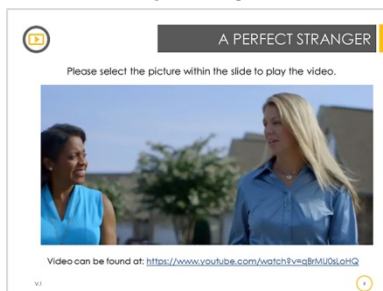
SLIDE 7



SLIDE 7

SAY: In the first topic of the training, you will learn about the critical role you play in the emergency medical response system when you act to be the help until help arrives. We examine why some people act and why others do not, and explore how the stress of a life-threatening situation may affect their minds and bodies. The purpose of this topic is to set the stage for the entire course by providing you with a basic understanding of your role and a framework for discussing each of the subsequent topics where specific skills are presented.

SLIDE 8



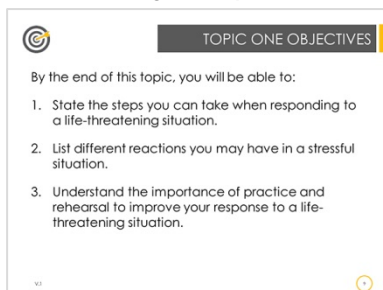
SLIDE 8

SAY: This short video shows the importance of how, even as a stranger to those impacted directly by the event, you can help in a life-threatening situation.



DO: Play the video by selecting the picture within the slide. Video can be found at:
<https://www.youtube.com/watch?v=qBrMU0sLoHQ>

SLIDE 9




SLIDE 9

SAY: By the end of this topic, you will be able to:

- State the steps you can take when responding to a life-threatening situation.
- List different reactions you may have in a stressful situation.
- Understand the importance of practice and rehearsal to improve your response to a life-threatening situation.

SLIDE 10


GROUP
ACTIVITY

Instructions:

1. Break up into small groups.
2. Observe the following slides, which contain pictures of real emergencies.
3. Identify **who** you see in each picture, and **what** they are doing.

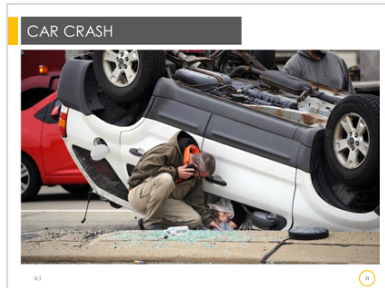


SLIDE 10

DO: For the following slides, either divide the class yourself, or have the class break up into small groups.

SAY: Let us review a couple of scenes. You will have 15 – 30 seconds to look at each of the scenes. In that time, I want your group to record everything and everyone they see. I would recommend having one person in the group record everyone's observations. Are you ready?

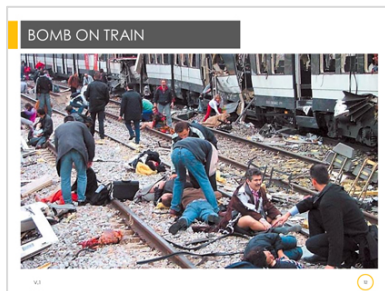
SLIDE 11



SLIDE 11

DO: Allow 15 seconds for this slide.

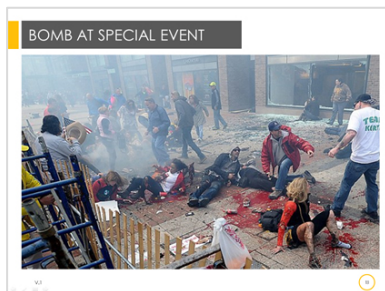
SLIDE 12



SLIDE 12

DO: Allow 30 seconds for this slide.

SLIDE 13



SLIDE 13

DO: Allow 30 seconds for this slide.

SLIDE 14

ACTIVITY DISCUSSION

What did you see?

- ✓ Professional medical responders
- ✓ People calling 9-1-1
- ✓ People moving the injured away from danger
- ✓ People providing care for life-threatening injuries
- ✓ People providing comfort to the injured

SLIDE 15

TYPES OF INCIDENTS

Life-threatening injuries can occur as the result of different types of incidents.

Common	Rare	Very Rare
<p>Type: Vehicle crashes and home-related injuries</p> <p>Examples: Car, motorcycle, bicycle, pedestrian, home repair injuries, etc.</p>	<p>Type: Man-made and local weather incidents</p> <p>Examples: Tornado, multi-vehicle crashes, active shooter, etc.</p>	<p>Type: Large-scale disasters</p> <p>Examples: Acts of terrorism, bombings, large-scale transportation incidents, etc.</p>

SLIDE 16

YOU MAKE A DIFFERENCE

If you act quickly and purposefully, **you can save lives:**

- Call 9-1-1 to activate the Chain of Survival.
- Move the injured away from danger to keep them safe.
- Keep them alive until medical responders arrive:
 - Apply pressure to bleeding.
- Help them to breathe by allowing them to sit up or lean forward, or by placing them on their side if they are unconscious.
- Talk to the injured and provide comfort.


SLIDE 17

RESPONSE IMPACT

EMS Response Time: 6-9 minutes*

Life-threatening injuries can kill within minutes – before medical responders arrive. Simple actions save lives: you can take relatively easy steps that may have a great impact on survival.

Please select the picture within the slide to play the video.



Video can be found at:
<https://www.youtube.com/watch?v=i8Wc5VwksPU>

*National average

SLIDE 14

DO: Ask participants in the class to provide answers on what they remember seeing for each slide.

SAY: The vast majority of aid providers in these scenes were everyday people finding ways to help. They called 9-1-1, moved injured away from further danger, worked to address bleeding wounds, covered people with coats and blankets, and stayed with them until uniformed responders were able to provide medical care.

SLIDE 15

SAY: You may come across someone with a life-threatening injury as a result of many different types of incidents. The type of incident will often affect how best you can help due to the nature of the incident and the number of people involved.

DO: Review the information on the slide with the class.

SLIDE 16

SAY: You can make a difference! Each one of the simple steps listed on this slide are things you can do to help. We'll spend more time on each one as we go through the training.

DO: Review the information on the slide with the class.

SAY: When you come across incidents involving multiple injured people, look around for other uninjured people who can help you divide the responsibility to help as many of the injured as you can.

SLIDE 17

SAY: According to the National EMS Information System, on average, it will take 6-9 minutes for EMS to arrive, but it may take up to 20 minutes in rural areas.^{iv} For someone with a life-threatening injury 6-9 minutes may be too long.

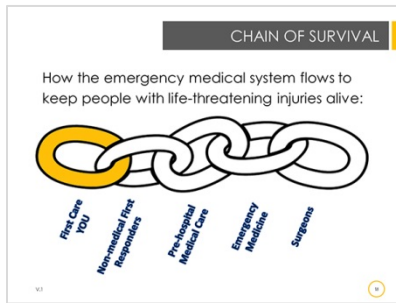
SAY: This brief video highlights your importance as the first link in the chain of survival.



DO: Play the video by selecting the image within the slide. Video can be found at:

<https://www.youtube.com/watch?v=i8Wc5VwksPU>

SLIDE 18



SLIDE 19

GROUP ACTIVITY

When a life-threatening incident occurs, what would:

1. Boost the chances that someone will help others?
2. Cause someone not to take action?

SLIDE 18

SAY: While some of you may be familiar with the concept of the chain of survival in the event of heart attack, in this training we are looking at the chain as the emergency medical system and how it keeps people with life-threatening injuries alive. First Care is highlighted to show this is "you," an everyday Jane/Joe because you are the start of the emergency medical response system.

SLIDE 19



DO: Ask the class the questions, and allow them to call out answers.

SLIDE 20

WHEN PEOPLE ACT	
TEND TO HELP <ul style="list-style-type: none">• Event is unexpected, sudden• More than one person is injured• Experience the event firsthand• Believe they can help• Recognize an immediate threat to life that appears to be getting worse• Empathize with the injured	TEND NOT TO HELP <ul style="list-style-type: none">• Assume professional medical responders will arrive quickly and take action• Feel they don't know what to do• Are afraid

SLIDE 20

SAY: In 2013, the CDC conducted research to better understand what motivates people to help others during an incident, when they are most likely to help, and what inhibits their action.^v

Based on a series of interviews with professional responders, survivors, and witnesses from various incidents in England, Israel, and Spain, the CDC found that people are more likely to help when:

- The emergency is unexpected, sudden, and clearly recognized as an emergency.
- They believe they can help by doing something the survivors cannot do alone.
- They perceive an immediate threat to life for themselves or someone near them.
- The threat of danger appears to be getting worse.
- They empathize with the injured person. For example, if they shared a smile boarding the train or made eye contact at some point.

SAY: The CDC also found there are reasons people hesitate to act in an emergency. This course was built to address some of these concerns:

- Their assumption and expectation is that uniformed emergency responders will arrive on the scene very quickly and take appropriate action.
- They do not know what to do or fear that they will cause greater injury to the person who needs help.
- They fear that they will cause harm to themselves by helping (by being at risk if another bomb goes off, stepping into a fire, etc.).

SAY: In every situation, the choice to act or not is personal and there is no right or wrong choice. The goal of this course is to provide you with some basic information and skills should you find yourself in a situation where you want to help someone who is seriously injured.

SLIDE 21



DIFFUSION OF RESPONSIBILITY

- When multiple people witness an emergency, everyone assumes that someone else will help.
- First person to step forward often triggers a supportive response from others nearby.
- Someone must be the first to act!

Please select the picture within the slide to play the video.



Video can be found at:
<https://youtu.be/BmzSEYNTkHA>



SLIDE 21

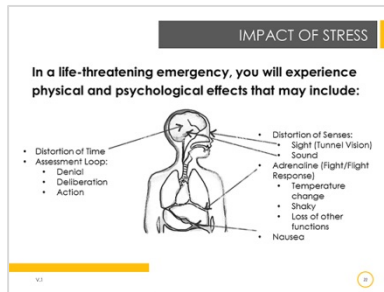
SAY: So now we know there are some things that make people more or less willing to act, but in general, people do act when they see someone in distress. You may be familiar with a concept in social science known as the “Bystander Effect.” The impetus for the “Bystander Effect” were initial reports that a young woman named Kitty Genovese was stabbed to death as dozens watched and did nothing.^{vi} This concept was that the greater the number of people present at the scene of an emergency, the less likely people were to help someone in distress. This concept held until recent research into the story found that, in fact, Kitty Genovese died in the arms of a neighbor rushing to her aid and several people in her apartment complex called 9-1-1.

SAY: Social scientists now refer to the hesitation to act in large groups as “Diffusion of Responsibility;” those who witness an emergency in a group may not step forward immediately assuming someone else is more qualified/prepared than they are, but once someone in the group acts, others quickly follow.^{vii}



DO: Play the video by selecting the image within the slide. Video can be found at:
<https://youtu.be/BmzSEYNTkHA>

SLIDE 22



SLIDE 22


SAY: Before you step forward to help, it is important to recognize how the stress of the situation may affect you. In any life-threatening situation, you will feel fear and this fear will impact your mind and body. It is important for you to be aware of what may happen so you can recognize these responses as a normal part of your body's response to stress. It is normal to experience certain physical and psychological changes such as those on the slide. Recognize that:

- Fear is typically at its peak once we comprehend the danger of the situation.
- Fear has profound effects on the mind and body.
- Fear can influence action.^{viii}

SAY: For most people, a life-threatening situation is not part of normal life. When your brain is presented with novel situations, it goes through a process of trying to evaluate how much danger you are in and then deciding what to do. In this process of assessment, the first step is rationalization or denial. (Did I just hear/see that?) For example, survivors of active shooter incidents often report thinking the initial gunshots were fireworks. The brain is programmed to find an anchor for a novel situation by searching your previous experiences, such as fireworks, which you may recognize, as compared to gunshots, which are new. This anchor allows the brain to determine how risky the new situation is and how to act appropriately. When the brain gets stuck in the process of searching for an anchor, people freeze while the brain flips through its memory archives. Once the brain has determined what is actually happening, it deliberates on how to act and then acts.^{ix}

SAY: It is important to recognize that while your brain is moving through this assessment process, you may physically experience things like tunnel vision, auditory exclusion, or other distortions of the senses. The body is programmed to focus its energy on what is determined to be the most important sense needed in the moment. Similarly, a surge of adrenaline will flood your body that may give you unusual strength or speed. The after-effects of this may include nausea/vomiting, being suddenly hot or cold, and feeling shaky. These are all normal physical responses that happen as a result of being exposed to a life-threatening situation.^x

SLIDE 23




IMPROVE YOUR RESPONSE

Train your brain.

Talk about and practice what you would do in various emergency situations to improve the speed with which you respond.

SLIDE 24



KEY POINTS

- You are the first link in the Chain of Survival.
- Stress can significantly affect how you respond.
- Practice how you will respond to improve your ability to act quickly and effectively.

SLIDE 23

SAY: In an emergency, your brain will search your previous experiences for an anchor that tells it how to respond. Training, including mentally rehearsing how you would react, provides a hook for the brain and speeds your assessment process and therefore your action.^{xi} Professional first responders train regularly to make their reactions to emergencies second nature; they often report doing their jobs 'without thinking about it.'

Your participation in this course is part of your training and will help you to act more decisively during an emergency. Beyond this course, there are many other trainings that can help you develop your skills. Even the process of talking through how you would respond will aid you in case you need to act; talk with family, friends, and co-workers about how you would respond in certain situations.^{xii} At the end of this course I will provide more information on where you can find additional training.

SLIDE 24



DO: Review the key points with the class.

DO: Before moving on to Topic 2, conduct a check for learning to ensure participants understand the information presented in Topic 1. Ask participants if they have any questions.

TOPIC 2

CALL 9-1-1

Time Allocated: 25 minutes

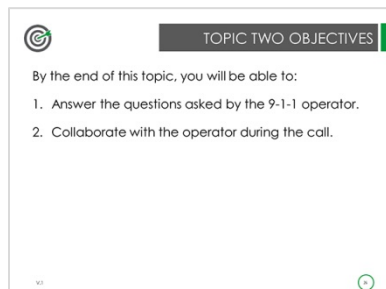
SLIDE 25



SLIDE 25

SAY: The second topic focuses on the interface with 9-1-1 including what information to convey and the overall role of 9-1-1 operators. You will learn about why 9-1-1 operators ask certain questions and will practice making a 9-1-1 call.

SLIDE 26

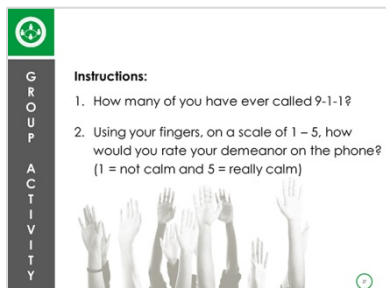


SLIDE 26

SAY: By the end of this topic, you will be able to:

- Answer the questions asked by the 9-1-1 operator.
- Collaborate with the operator during the call.

SLIDE 27



SLIDE 27



DO: Ask the question on the slide and ask the students to rate their experience on a scale of 1 to 5 by raising their hand with the number of fingers indicating their demeanor.

SAY: Would anyone like to share his or her experience?

SLIDE 28


CALL 9-1-1

Always call 9-1-1!

9-1-1 operators are highly trained and will help you:

- Assess what's going on.
- Take appropriate action.
- Be as safe as possible.

It always helps to call – don't assume someone else has already done so.

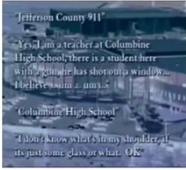


V3

SLIDE 29

9-1-1 CALL: ACTIVE SHOOTER

Please select the picture within the slide to play the video.




Video can be found at:
<https://youtu.be/4HsYMqn9aHs>

V3

SLIDE 30

9-1-1 CALL: HOME INJURY

Please select the picture within the slide to play the video.



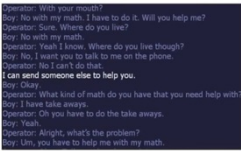
Video can be found at:
https://youtu.be/_RGt5xJp9rg

V3

SLIDE 31

9-1-1 CALL: I NEED HELP

Please select the picture within the slide to play the video.



Video can be found at:
https://youtu.be/YoTlaRyGzac?list=PLE8IPyHpIOnp_UBWU3NDo7I7U1uHx_KoF

V3

SLIDE 28

SAY: Call 9-1-1 as soon as you are able. If there is another person nearby, one of you can call 9-1-1 while the other begins helping people. Before emergency responders arrive on the scene, you are their “eyes and ears.” Because emergency responders have specialized equipment and training for different types of emergencies, the more specific information you give, the faster they can get the right equipment and people on the scene to help.

SAY: Always call! Do not assume someone else will!

SLIDE 29



SAY: Listen to the following calls. Pay special attention to the following three points:

- Tone of the operator
- Questions the operator is asking
- Answers the caller is providing

DO: Play each of the 9-1-1 calls by selecting the image within the slide. If time allows, solicit information from the participants based on the three points. Video can be found at:

<https://youtu.be/4HsYMqn9aHs>

SLIDE 30



Video can be found at:

https://youtu.be/_RGt5xJp9rg

SLIDE 31



Video can be found at:

https://youtu.be/YoTlaRyGzac?list=PLE8IPyHpIOnp_UBWU3NDo7I7U1uHx_KoF

SLIDE 32

ROLE OF THE 9-1-1 OPERATOR

Keep calm and follow directions:

- Take a deep breath.
- Let the 9-1-1 operator guide you.

The questions they ask help send the right resources to the right place. Depending on the situation, they will give you specific instructions – **follow their lead and let them coach you through the life-threatening situation.**

V3

SLIDE 33

COMMON QUESTIONS

Q Where: Specific locations such as floor, room number, landmarks
A so respondents can find you easily and quickly.

Q Type and severity of life-threatening situation
A so the right respondents and equipment are sent.

Q Safety concerns (obvious dangers or ongoing threats)
A to help protect and aid everyone on the scene.

V3

SLIDE 34

GROUP ACTIVITY

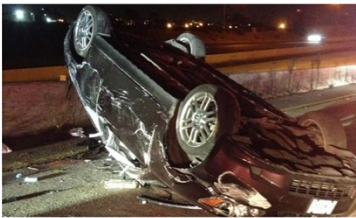
Instructions:

1. Use the scenario and role play as the witness.
2. Relay crucial information to the operator (the instructor) from what you just learned from the previous slides.

V3

SLIDE 35

SCENARIO



V3

SLIDE 32

SAY: Under stress, your heart rate may increase, you may talk quickly/shout/yell/cry, your hands may shake, and/or you may feel like you cannot think clearly. Answer any questions as best you can.

SLIDE 33

SAY: Be ready to share the most important information:

- Location of the life-threatening situation
- How responders should reach the site
- Nature of the life-threatening situation
- Brief description of what happened
- Number of people involved
- Any obvious hazards to responders
- Your name, phone number, and address

SLIDE 34



SAY: For this activity, let us role-play a 9-1-1 call. I will play the role of the 9-1-1 operator and call on you randomly to play the role of the caller as I ask questions about the scene depicted on the next slide. You may make up answers when the information is not available.

DO: Ask questions quickly selecting participants randomly. Make sure they are able to answer appropriately.

SLIDE 35

DO: Ask the following questions quickly, randomly select a participant to answer. Clarify responses by asking follow-up questions. ^{xiii}

Question: Can you give me any information about where the incident occurred?

Question: How many vehicles are involved?

Question: What type of vehicle is involved?

Question: Are there any obvious injuries?

Question: Is anyone pinned or trapped? Was anyone thrown from the vehicle?

Question: Is fuel or fluid leaking from the vehicle?

Question: Are there any other hazards involved?

Question: Are any vehicles blocking traffic?

Question: Are all the people out of danger?

SLIDE 36

ACTIVITY DISCUSSION

- ✓ **Specific Locations:** Mile markers, closest exit, more recent sign, direction of travel, etc.
- ✓ **Incident Details:** Car position, number of cars involved, etc.
- ✓ **Injuries:** Awake? Talking? In pain? Breathing?
- ✓ **Potential Hazards:** Flammable liquids, unstable ground, oncoming traffic, etc.

V3

SLIDE 37

KEY POINTS

- Always call 9-1-1 as soon as possible.
- Provide as much specific information as possible including where you are, what happened, how many are injured, and the severity of the injuries.
- Follow the operator's instructions and guidance.

V3

SLIDE 36

DO: Remember, a lot of information is not provided, so use generalities. Discuss participants' responses to your questions.

SLIDE 37

DO: Review the key points with the class.



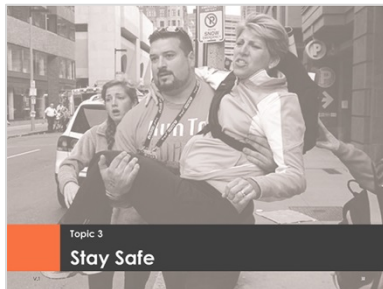
DO: Before moving on to Topic 3, conduct a check for learning to ensure participants understand the information presented in Topic 2. Ask participants if they have any questions.

TOPIC 3

STAY SAFE

Time Allocated: 20 minutes


SLIDE 38



SLIDE 38

SAY: In this topic, you will learn how to assess a life-threatening situation and determine a course of action. You will also learn how to effectively evacuate the injured from ongoing danger.

SLIDE 39

 **TOPIC THREE OBJECTIVES**

By the end of this topic, you will be able to:

1. Decide whether to stay and help, grab the injured and get to safety, or get yourself to safety.
2. Demonstrate how to safely move an injured person away from further harm.

SLIDE 39


SAY: By the end of this topic, you will be able to:

- Decide whether to stay and help, grab the injured and get to safety, or get yourself to safety.
- Demonstrate how to move an injured person safely away from further harm.

SLIDE 40


ASSESS THE SITUATION

Briefly pause. Use all your available senses:




What do you see?

- Downed power lines
- Smoke
- Debris
- Moving vehicles
- People running



What do you hear?

- Voices
- Creaking
- Hissing
- Booms
- Gunshots




What do you smell?

- Gasoline
- Smoke
- Chemicals

SLIDE 40

SAY: As we discussed in Topic 1, stress affects your body and mind. This is why it is especially important to pause and take a moment to assess the situation before acting. Use all of your senses to gather information and determine what to do next.

SLIDE 41

**GROUP
ACTIVITY**

Instructions:

1. For the following slides, write down what you may see, hear, or smell.
2. Look for hazards and resources.




SLIDE 41

SAY: Considering the information on the previous slide, write down what you may see, hear, or smell if you were in the following scenes. You will have 30 seconds per slide. Look for hazards (e.g., leaking fluid from cars, oncoming traffic) and resources (e.g., other people who can help you).

DO: Give the class 30 seconds to view each of the next 4 slides.

SLIDE 42

SCENE: CAR WRECK



SLIDE 42

DO: Allow 30 seconds for this slide.

SLIDE 43

SCENE: CONCERT COLLAPSE




SLIDE 43

DO: Allow 30 seconds for this slide.

SLIDE 44

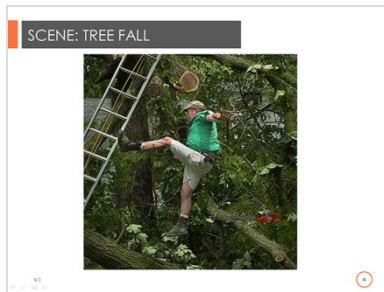
SCENE: PASSENGER DOWN



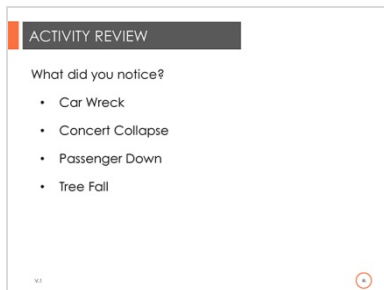
SLIDE 44

DO: Allow 30 seconds for this slide.

SLIDE 45



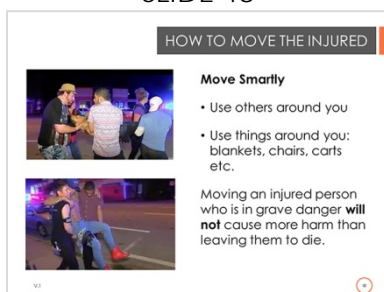
SLIDE 46



SLIDE 47



SLIDE 48



SLIDE 45

DO: Allow 30 seconds for this slide.

SLIDE 46

DO: Ask a volunteer for each of the scenes to read back all the things they saw. As they read the items back to you, revisit the slide to point out what they saw. Ask if anyone saw anything different. Fill in any answers not covered by the participants.

Point out some observations such as the number of people involved; the varying degrees of injuries and fatalities; and any obstacles to providing aid.

SLIDE 47

SAY: If you happened upon one of the previous scenes, what would you have done? Use your best judgement, specifically when it comes to your own personal safety. Ask yourself:

- Do I feel safe at this spot?
- Should I leave and move to a safer location, or am I able so to stay and start providing care immediately?
- If I leave, can I take anyone with me?


Whatever your decision is, the goal is to get help to the people who need it as soon as possible.

SLIDE 48

SAY: While there is no one right way, there are ways to do drag and carry someone more effectively, especially when alone. Look for people or objects to help you. If nothing is available, try dragging the person from under their arms approaching from behind/beneath the injured person, reaching under their arms, and grabbing one of their wrists in each hand (effectively crossing both their arms and yours over their chest) and then stand and walk backwards pulling them along.^{xiv}

SAY: Another option, if you have help, is to have the injured sit on an actual chair or to make a chair with your arms as shown in the photo.

SLIDE 49



KEY POINTS

- Use your senses to gain situational awareness.
- When you can, move the injured away from harm using others to assist when possible.
- Use your best judgment, you are the help until help arrives.

V3

SLIDE 50

BREAK

Trainer to customize

V3

SLIDE 49

DO: Review the key points with the class.



DO: Before moving on to Topic 4, conduct a check for learning to ensure participants understand the information presented in Topic 3. Ask participants if they have any questions.

SLIDE 50

SAY: Now it is time for a break. Please be back in 15 minutes.

TOPIC 4


STOP THE BLEEDING

Time Allocated: 30 minutes (if optional content is included)

SLIDE 51



SLIDE 52

 **TOPIC FOUR OBJECTIVES**

By the end of this topic, you will be able to:

1. Recognize life-threatening bleeding.
2. Apply firm, steady pressure to stop life-threatening bleeding.
3. Understand when to use a tourniquet.
4. Optional: Apply a tourniquet.


V2

SLIDE 53

TIME IS CRUCIAL

Stop the Clock!

Every minute with uncontrolled bleeding decreases chance of survival!



V3

SLIDE 51

SAY: In this fourth topic, you will learn how to recognize life-threatening bleeding and the physical impact from a severe loss of blood. You will also learn effective methods of bleeding control including firm, steady pressure and proper use of a tourniquet.

SLIDE 52

SAY: By the end of this topic, you will be able to:

- Recognize life-threatening bleeding.
- Apply firm, steady pressure to stop life-threatening bleeding.
- Understand when to use a tourniquet.
- Optional: Apply a tourniquet.



Instructor Note: Demonstrating to the class proper tourniquet use is optional though strongly recommended if the instructor has the equipment.


SLIDE 53

SAY: First, time is crucial. Every minute with uncontrolled bleeding decreases the chance of survival!


SAY: Trust your judgment - if you walk up and think, "Wow, that is a lot of blood!" do something. Here are six indications of life-threatening bleeding:^{xv}

- Spurting/steady bleeding
- Blood is pooling
- Blood is soaking through over lying clothes
- Blood is soaking through bandages
- Amputation
- Pale, shaky, confused

SLIDE 54

 **WHY STOP THE BLEEDING**

Please select the picture within the slide to play the video.



Video can be found at: <https://www.youtube.com/watch?v=z331Zcmropc>


V1

SLIDE 55


IRREVERSIBLE SHOCK

When your body loses approximately half its blood volume, it cannot survive—**regardless of the quality of medical care you eventually receive.**

You can lose that amount in just **minutes!**



5 liters of blood



2.5 liters of blood

V1

SLIDE 56

 **HOW TO STOP THE BLEEDING**

Please select the picture within the slide to play the video.



Video can be found at: <https://www.youtube.com/watch?v=e1nR5stSZn0>

V1

SLIDE 54

SAY: We are going to watch a short video about why you need to stop bleeding right away. This video features Dr. Reed Smith, the Operational Medical Director for Arlington County in Virginia.



DO: Play the video by selecting the image within the slide. Video can be found at:
<https://www.youtube.com/watch?v=z331Zcmropc>

SLIDE 55

SAY: The average person has approximately five liters of blood. Extreme blood loss can result in irreversible shock. This means that if you lose about half of your body's blood supply, no matter what anyone does to try to save you, death is unavoidable. You must get bleeding under control as soon as possible.^{xvi}

SLIDE 56

SAY: Now we are going to watch another video where Dr. Smith describes how you stop bleeding.



DO: Play the video by selecting the image within the slide. Video can be found at:
<https://www.youtube.com/watch?v=e1nR5stSZn0>

SLIDE 57

STEPS TO CONTROL BLEEDING

STEP 1: Find the source(s) of bleeding.

STEP 2: If you have something to put in between the blood and your hands, use it. (Examples: gloves, a cloth, a plastic bag, etc.)

STEP 3: Apply firm, steady pressure directly on the source of the bleeding. Push hard to stop or slow bleeding – even if it is painful to the injured!

STEP 4: Keep pressure until EMS arrives.

V2

SLIDE 57

SAY: You have now heard the importance of acting quickly to stop severe bleeding. Here are some things to keep in mind:^{xvii}

- You do want to provide a barrier against the blood, if possible. Gloves are best.
- Do not use the same gloves or barrier on more than one person.
- If your barrier becomes blood soaked, replace it, but do not layer more things on top of it.
- You do not want bulky layers in between your hands and the source of the wound because it decreases the effectiveness of the pressure.
- Correctly applied pressure may not be comfortable for the injured. Do not let up; hold pressure until EMS arrives.




Instructor Note: Some participants may be concerned with the risks associated with touching bodily fluids. Please note the risk is minimal if you have intact skin and do not touch your eyes, nose, or mouth. Wash or disinfect your hands as soon as possible.

SLIDE 58

WHEN TO USE A TOURNIQUET

Think of a tourniquet as another way to apply firm, steady pressure when:

- The injury is to an arm or leg.
- The bleeding is so severe it cannot be controlled otherwise.



V2

SLIDE 58

SAY: Tourniquets have been used effectively in combat to control bleeding in a wounded soldier's extremities (arms or legs), and are increasingly being used by uniformed responders in civilian emergencies.^{xviii} Tourniquets are safe and effective when applied appropriately; you are more likely to save a life than cause the loss of a limb if you use a tourniquet.^{xix}

SLIDE 59

HOW TO USE A TOURNIQUET (OPTIONAL)

1. Place as high as possible on the injured limb – closest to the torso. (Can be placed over clothing.)
2. Pull the strap through the buckle.
3. Twist the rod tightly until bleeding stops/slows significantly. (May be very painful.)
4. Secure the rod.
5. If bleeding doesn't stop place a second tourniquet.
6. Leave in place until EMS takes over care.



V2

SLIDE 59

DO: If tourniquets are available, allow the class to practice these steps. If not available, walk through the steps with the class.^{xx}

SLIDE 60

MAKESHIFT TOURNIQUETS


(OPTIONAL)

If you don't have a commercially available tourniquet, you can attempt to improvise one using material that is:

- ✓ Broad
- ✓ Flexible
- ✓ Strong
- ✓ Able to be twisted, tightened, and secured

V2

SLIDE 61



KEY POINTS

- Apply firm, steady pressure on the source of bleeding.
- If you cannot control the bleeding with manual pressure, then consider applying a tourniquet.
- Keep pressure until professional first responders arrive.

V2

SLIDE 60

SAY: In case a commercial tourniquet is not readily available, you can try to create one yourself using something meeting the criteria on the slide, such as a belt or luggage strap. Improvised tourniquets often fail, but you can attempt to use them as a last resort to at least slow bleeding.^{xxi}

SLIDE 61

DO: Review the key points with the class.



DO: Before moving on to Topic 5, conduct a check for learning to ensure participants understand the information presented in Topic 4. Ask participants if they have any questions.

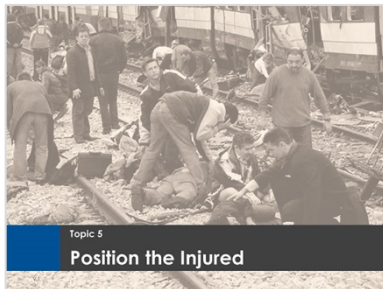


TOPIC 5

POSITION THE INJURED

Time Allocated: 20 minutes


SLIDE 62



SLIDE 62

SAY: In this topic, you will learn about positioning an injured person, who is conscious or unconscious, to promote or maintain an open airway.

SLIDE 63

 **TOPIC FIVE OBJECTIVES**

By the end of this topic, you will be able to:

1. Describe life-preserving body positions for an injured person who is conscious.
2. Describe life-preserving body positions for an injured person who is unconscious.

101

SLIDE 63

SAY: By the end of this topic, you should be able to:


- Describe life-preserving body positions for an injured person who is conscious.
- Describe life-preserving body positions for an injured person who is not conscious.

SLIDE 64

ALLOW SELF-MANAGEMENT

When a person is conscious and breathing, **allow them to position themselves**, if they are struggling to do so assist them.

Do not force them to lie down or sit up!



102


SLIDE 64

SAY: The best position for the body is one in which the chest can expand fully and the airway is not at risk of being obstructed. In other words, the best position is one in which the tongue cannot flop back into the individual's throat and one in which blood or fluid does not end up in the lungs (aspirated), particularly in the case with someone with facial trauma.^{xxii} Someone who is awake will naturally assume the position that is best for them given their injuries. Despite how it looks to you, let them self-manage their airway by positioning their own body.


SLIDE 65

TRIPOD POSITION

Allows the lungs and ribcage to expand as fully as possible.



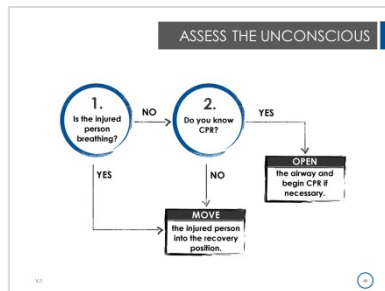
When sitting on a raised platform (e.g., chair, bench): Legs shoulder width apart, elbows or hands on knees, leaning slightly forward.



When standing: Legs shoulder width apart, hands on knees, arms straight, leaning forward with flat back.

V3

SLIDE 66



SLIDE 67

RECOVERY POSITION SET-UP



- **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

V3

SLIDE 68

MOVE WITH PURPOSE

Although the risk is very small, it is possible that moving someone into the recovery position could cause harm to their spine.

- Try to support the head and neck when rolling them onto their side.
- Don't move them more than necessary.

V3

SLIDE 65

SAY: When people are injured, they might have trouble breathing because blood, tissue, or vomit is choking them. As demonstrated in the slide, the tripod position is a natural way to open your airway – think of catching your breath after sprinting. You can help a conscious person into this position if it is comfortable for them.

SLIDE 66

SAY: If a person is not conscious, you can help by turning him or her on their side so their chest can expand, tilting the head to drain fluid away from the airway.^{xxiii}

DO: Step through the flow diagram with the class.

SAY: If there are multiple unconscious people, simply move them into the recovery position.

SLIDE 67


SAY: How do you set up the recovery position?

DO: Step through the bullets on the slide.

SLIDE 68


SAY: Moving an injured person always comes with some risk. To minimize the risk, support the head and neck, and do not move them any more than necessary.

SLIDE 69


**GROUP ACTIVITY**

Demonstration:


1. Assume that the unconscious injured individual is breathing.
2. Place them into the recovery position using the technique you just learned.



SLIDE 70

**KEY POINTS**

- If someone is conscious and breathing, allow them to position themselves. Do not force the injured to lie down or sit up.
- If someone is unconscious, move them into the recovery position. Minimize movement of the head and neck.



SLIDE 69



SAY: Let us see what we have learned about the recovery position. I need two volunteers, one person to play the role of the unconscious person and one person who will help them into the recovery position.

DO: Select the two volunteers and have them practice placing each other in the recovery position. Repeat with additional volunteers as time allows.

SLIDE 70



DO: Review the key points with the class.



DO: Before moving on to Topic 6, conduct a check for learning to ensure participants understand the information presented in Topic 5. Ask participants if they have any questions.

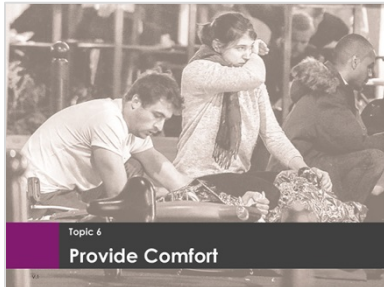
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TOPIC 6


PROVIDE COMFORT

Time Allocated: 15 minutes

SLIDE 71



SLIDE 72



GROUP
ACTIVITY

Instructions:

Think about if...

- You were in a position to provide comfort and assistance to someone else?
- Someone else provided comfort and assistance to you?

What did you/they do? How did it affect you?

SLIDE 71

SAY: In this topic, you will learn ways to help, comfort, and talk with the injured as well as considerations for working with children and those with access and functional needs.

SLIDE 72



SAY: Before we begin discussing this topic, I would like you to break up into small groups, and answer the following questions:

- Have you ever been in a situation where you were in a position to provide comfort and assistance to someone else?
- How about, has anybody ever provided comfort and assistance to you?
- For either scenario, discuss with your group what happened, and how it affected you.


DO: After about 5 minutes, end the exercise.

SAY: You can be of great value to injured and emotional survivors simply by offering comfort and support. No special skills are needed — just a calm and reassuring presence.

SAY: As we move through this topic be mindful of cultural differences for people who are injured.

- People may communicate in other languages.
- Be respectful of and responsive to individual cultural health beliefs and practices.
- Be a good listener.

SLIDE 73

 **TOPIC SIX OBJECTIVES**

By the end of this topic, you will be able to:

1. Use simple words to comfort and engage with the injured.
2. Use simple actions to provide comfort and practical assistance to injured.

73

SLIDE 74

SIMPLE WORDS

What can you say?

Share names and ask basic questions.

- How can I help?
- What do you need?
- What happened?

Tell them what:

- You currently know about what happened but don't speculate.
- Is being done to assist them.
- Is going to happen next.

74

SLIDE 75

SIMPLE ACTIONS

What can you do?

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

75

SLIDE 76

KEEPING THE INJURED WARM

Keeping the injured person warm will:

- Improve blood clotting.
- Reduce stress on the body.
- Provide a level of comfort.



76

SLIDE 73

SAY: The main points in this topic include being able to:

- Use simple words to comfort and engage with the injured.
- Use simple actions to provide comfort and practical assistance to the injured.

SLIDE 74

SAY: What can you say to the injured person?^{xxiv} First and foremost, ask before you do anything. If someone is conscious, do not assume they want help. Always start by introducing yourself and asking if you can help.

Also, not everyone will want to talk, or be able to talk. When possible, let them lead the conversation.

Use your best judgment when sharing information about the situation or people's condition.

SLIDE 75

SAY: There are also simple acts that everyone can do, such as:

- Keep them warm.
- Offer a hand to hold.
- Maintain eye contact.
- Be patient and understanding.
- If you have to move on to provide aid to another person, let him or her know. If possible, ask someone else nearby to stay with the injured rather than leaving him or her alone.

SLIDE 76


SAY: Keeping an injured person warm provides physical comfort and addresses the medical issue of hypothermia. People with very serious injuries are more susceptible to hypothermia and it can increase the risk of death.^{xxv}

To keep a person warm, you should:

- Remove wet clothing.
- Place something between the injured person and the ground (e.g., cardboard, jacket, blanket, or anything that provides physical separation).
- Wrap the injured person with dry layers (e.g., coat, blanket, or Mylar emergency blanket).
- Shield the injured person from the wind with your body or surrounding objects.

SLIDE 77

WORKING WITH CHILDREN



- Sit or crouch at eye level.
- Shield them as much as possible from the scene; create a barrier between them and the injured.
- Use simple words.
- Listen carefully and ask questions to make sure they understand.
- Be aware that children may start acting younger than their age.

77


SLIDE 77

SAY: Some groups require additional attention because they are particularly vulnerable to stress and trauma. Young children are still developing their language skills in addition to developing cognitively and emotionally. Witnessing a traumatic event or being a survivor may be more challenging for young children because they may not have the words to express how they feel or fully understand what they have seen or heard. It may be very upsetting for young children if the event separates them from their family or immediate loved ones, so it is important to reunite the child with their family as quickly as possible.

- Focus on reassuring children that they are safe.
- Create a barrier or move children to a place where they can't see the scene and victims.
- For young children, sit or crouch at the child's eye level.
- Help school-age children talk about their feelings, concerns and questions. Use words like mad, sad, scared, and worried but avoid using words like terrified or horrified.
- Listen carefully and ask questions to make sure you understand.
- Use simple words while conveying the message that you respect them and their feelings, concerns, and questions.
- Be aware that children may start acting younger than their age in their behavior and use of words.

SLIDE 78

WORKING WITH THOSE WITH ACCESS AND FUNCTIONAL NEEDS



- Ask what you can do to help, don't assume.
- If the person has a caregiver or family member with them, keep them together.
- If the person has medical equipment or a service animal with them, keep them together.
- Confusion, difficulty hearing, loss of memory, and other similar issues may be the result of injuries.


78

SLIDE 78

SAY: Also, be considerate dealing with those with access and functional needs.


- Talk to the person directly, use whatever means necessary to communicate with them, such as writing and gesturing.
 - Offer to write down information to share with responders.
- Ask, "What can I do to help?" and trust what the person tells you.
- Take the word of a person who claims to have a disability even if the disability is not obvious or familiar to you.
- Offer a blind or visually impaired person your arm to help him/her move about in unfamiliar surroundings.
- Steps should be taken to ensure a service animal is cared for and treated for injuries as well.

SLIDE 79



KEY POINTS

- Keep the injured warm.
- Ask permission to provide help if the injured person is conscious.
- Be respectful of individual needs.

V2

SLIDE 79

DO: Review the key points with the class.



DO: Before moving on to Prepare to Help, conduct a check for learning to ensure participants understand the information presented in Topic 6. Ask participants if they have any questions.



BEFORE YOU GO

PREPARE TO HELP

Time Allocated: 10 minutes


SLIDE 80



SLIDE 81

PREPARE AT HOME

- ✓ Make a plan.
- ✓ Keep supplies at home, work and in your vehicles.
- ✓ Sign up for emergency alerts and warnings.
- ✓ Practice.



93

SLIDE 82

EMERGENCY AID KIT

For life-threatening events, have one kit for home, work, and vehicles:

- ✓ Emergency trauma dressing(s) – 6-inch
- ✓ 5-rolled gauze
- ✓ An effective tourniquet with instructions
- ✓ Trauma shears
- ✓ Gloves
- ✓ Emergency blanket
- ✓ Bag/Container to hold the equipment and dressings

93

SLIDE 80

SAY: Now you will learn about how you can prepare at home, what you might want to have in your first aid kit, and where you can find additional training.



Instructor Note: This topic is more informational and not presented with learning objectives. It is more of a reference tool. Use local information whenever possible.

SLIDE 81

SAY: It is always a good idea to be prepared at home.

SLIDE 82

SAY: It is also a good idea to have multiple first aid kits for your home, work, vehicles, and any other place you spend a substantial amount of time.

SLIDE 83



SLIDE 83

DO: Review each of the options shown on the page.

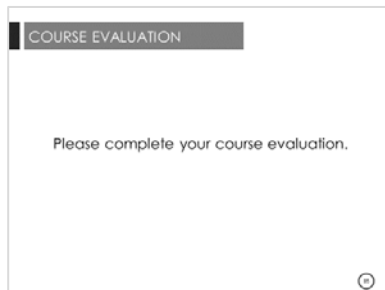
SLIDE 84



SLIDE 84

DO: Thank the participants for their time, and let them know that you are willing to answer any additional questions.

SLIDE 85



SLIDE 85

SAY: It is now time to complete your course evaluation.

END OF COURSE

APPENDIX A: ADDITIONAL RESOURCES

TO LEARN MORE

Several federal agencies issue guidelines on how to prepare for emergencies and prevent injury. Becoming familiar with these guidelines and making them a part of your daily life will not only benefit your own health but also reaffirm your commitment to the health of those around you — at home, at work, and in your community.

<https://www.phe.gov/eccc/PCCC/Pages/bystanders.aspx>

www.ready.gov/be-informed

<http://emergency.cdc.gov/planning/>

<http://emergency.cdc.gov/masscasualties/>

www.dhs.gov/stopthebleed

IF YOU ARE INTERESTED IN VOLUNTEERING IN PREPAREDNESS ORGANIZATIONS:

<https://www.ready.gov/citizen-corps>

<https://mrc.hhs.gov/HomePage>

www.ready.gov/volunteer

<http://www.redcross.org/volunteer/become-a-volunteer#step1>

IF YOU ARE INTERESTED IN FIRST AID AND CPR:

American Red Cross

Training and Certification in First Aid, CPR and AED

<http://www.redcross.org/ux/take-a-class>

American Heart Association

CPR and AED Learning Programs for Adults and Students

http://www.heart.org/HEARTORG/CPRAndECC/CPR_UCM_001118_SubHomePage.jsp

Federal Emergency Management Agency

IS-317: Introduction to Community Emergency Response Teams

<https://www.fema.gov/training-materials>

IF YOU ARE INTERESTED IN PSYCHOLOGICAL FIRST AID:

<http://emergency.cdc.gov/mentalhealth/>

<http://blogs.cdc.gov/publichealthmatters/2012/07/an-emotional-response/>

www.redcross.org/find-help/disaster-recovery/recovering-emotionally

www.apa.org/helpcenter/recovering-disasters.aspx

www.fema.gov/media-library-data/20130726-1549-20490-4912/recovering_from_disaster.pdf

www.samhsa.gov/disaster-preparedness/samhsas-efforts

If you, a family member, friend, or co-worker is experiencing signs of distress as a result of a disaster, the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Distress Helpline provides 24/7, year-round crisis counseling and support.

- Call 1-800-985-5990
- TTY for deaf/hearing impaired: 1-800-846-8517
- Text "TalkWithUs" to 66746

ENDNOTES

- ⁱ www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID=23511
- ⁱⁱ www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID=23511
- ⁱⁱⁱ www.c-tecc.org/images/content/Joint_FCP_White_Paper.pdf
- ^{iv} www.nedarc.org/dataDashboards/nemsisReports/2010_11EMSTimes.html
- ^v Mark Faul PhD, MA*, Shelley N. Aikman PhD and Scott M. Sasser MD (2016). Bystander Intervention Prior to the Arrival of Emergency Medical Services: Comparing Assistance Across Types of Medical Emergencies. *Prehospital Emergency Care*, Vol. 20, Iss. 3, 2016, pp 317-323. DOI: 10.3109/10903127.2015.1088605.
- ^{vi} Peter Fischer, Dieter Frey, Tobias Greitemeyer, Andreas Kastenmuller, Jaochim I. Krueger, Claudia Vogrincic, (2011) The Bystander Effect: A Meta-Analytic Review on Bystander Intervention in Dangerous and Non-Dangerous Emergencies. *Psychological Bulletin*, Vol. 137, No. 4, 2011, pp. 517-537. DOI: 10.1037/a0023304.
- ^{vii} Peter Fischer, Dieter Frey, Tobias Greitemeyer, Andreas Kastenmuller, Jaochim I. Krueger, Claudia Vogrincic, (2011) The Bystander Effect: A Meta-Analytic Review on Bystander Intervention in Dangerous and Non-Dangerous Emergencies. *Psychological Bulletin*, Vol. 137, No. 4, 2011, pp. 517-537. DOI: 10.1037/a0023304.
- ^{viii} Ripley, Amanda. *The Unthinkable*. New York: Crown Publishers. 2009.
- ^{ix} Ripley, Amanda. *The Unthinkable*. New York: Crown Publishers. 2009.
- ^x Ripley, Amanda. *The Unthinkable*. New York: Crown Publishers. 2009.
- ^{xi} Ripley, Amanda. *The Unthinkable*. New York: Crown Publishers. 2009.
- ^{xii} Ripley, Amanda. *The Unthinkable*. New York: Crown Publishers. 2009.
- ^{xiii} Questions based upon Dispatch protocol - FPDS V6.1, NAE, 140919.
- ^{xiv} www.cityofloveland.org/modules/showdocument.aspx?documentid=13888
- ^{xv} <http://bulletin.facs.org/2016/03/the-hartford-consensus-iv-a-call-for-increased-national-resilience/>
- ^{xvi} <https://emscapstone.wordpress.com/2013/08/02/phtls-shock-every-rbc-counts/>
- ^{xvii} www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID=23511
- ^{xviii} E. Reed Smith MD, Geoff Shapiro EMT-P, Babak Sarani MD (2016) The Profile of Wounding in Civilian Public Mass Shooting Fatalities. *Journal of Trauma and Acute Care Surgery*, Vol. 81, Iss. 1, 2016, pp. 86-92. DOI 10.1097/TA.0000000000001031.
- ^{xix} Kue RC, Temin ES, Weiner SG, Gates J, Coleman MH, Fisher J, Dyer S. (2015) Tourniquet Use in a Civilian Emergency Medical Services Setting: A Descriptive Analysis of the Boston EMS Experience. *Prehospital Emergency Care*, 19(3), 2015 Jul-Sep, 399-404. DOI 10.3109/10903127.2014.995842.
- ^{xx} www.dhs.gov/stopthebleed#
- ^{xxi} King, David Richard MD; Larentzakis, Andreas MD; Ramly, Elie P. MD; The Boston Trauma Collaborative (2015) Tourniquet Use at the Boston Marathon Bombing: Lost in Translation. *Journal of Trauma and Acute Care Surgery*: Vol. 78, Iss. 3, 2015, pp. 594-599. DOI: 10.1097/TA.0000000000000561.
- ^{xxii} www.c-tecc.org/images/content/TECC_Guidelines_-_JUNE_2015_update.pdf

^{xxiii} [www.c-tecc.org/images/content/TECC Guidelines - JUNE 2015 update.pdf](http://www.c-tecc.org/images/content/TECC_Guidelines_-_JUNE_2015_update.pdf)

^{xxiv} Words and actions based upon <https://cccdpcr.thinkculturalhealth.hhs.gov/> and www.nctsn.org/content/psychological-first-aid materials.

^{xxv} www.jems.com/articles/print/volume-39/issue-4/features/trauma-s-lethal-triad-hypothermia-acidos.html