Active Bystander Training

PARTICIPANT MANUAL

You are somebody's hero.

Florida HEALTH

August 2015

Acknowledgements

On behalf of the Florida Department of Health, the Division of Emergency Preparedness and Community Support, the Bureau of Preparedness and Response, and the Office of Communications, thank you to the members of the coordination and development team. Through their ongoing dedication, leadership and support, the Florida Department of Health proudly presents the Active Bystander Training Course to our Florida communities.

The Centers for Disease Control and Prevention (CDC), the Federal Emergency Management Agency (FEMA), the U.S. Department of Health & Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) and the Division of the Civilian Volunteer Medical Reserve Corps (DCVMRC, the National MRC Program Office) participated in the development of the Active Bystander Training Course.

In 2014, Florida was one of three states (Florida, Tennessee and Virginia) selected to pilot the Active Bystander Training. In Florida, the Broward County Medical Reserve Corps (MRC), Miami-Dade County MRC and North Florida MRC Units participated as hosts and provided local subject matter training experts to evaluate the course.

Florida's County Health Officers and Senior Management Teams have given their exemplary support and guidance for further expansion of the Active Bystander Training Course.

Seconds count during an emergency. This course teaches those with no medical experience how to be safe and to assist others while waiting for First Responders to arrive. The overall goal of the Active Bystander training is to strengthen the role and ability of citizens to save lives and decrease the probability of death during man-made disasters, natural disasters, and other life-threatening emergencies. By taking a few, specific actions, we can join together to help others. We hope that with this training, you will become an Active Bystander.

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Let's Get Started

Active Bystander Training introduces you to skills that may be used to help others in the event of an unexpected emergency.

Introduction
The purpose of this course is to introduce basic skills that may help save a life.

Course Goal
The United States has experienced an increase in man-made disasters such as explosions, mass shootings and natural disasters such as earthquakes, tornadoes, flooding and wildfires. Daily, many people are injured or killed by motor vehicle crashes, water accidents, house fires, and other emergencies.

Active Bystanders–people at the scene of an emergency, not part of formal responder systems, willing to help the injured–can and do save lives. This training is your first step in becoming active and empowered to help!

Disclaimer: There are no actual or implied certifications or assessment of competencies for Active Bystander. This training should be considered a minimal overview for the public. It is strongly suggested for more in-depth information, take courses and trainings offered by the American Red Cross, American Heart Association, National Safety Council and other organizations.

Course Objectives

AT THE END OF THIS COURSE, YOU WILL BE ABLE TO:

- Describe the possible immediate and valuable lifesaving roles in the initial response to a man-made disaster, natural disaster, or any other life-threatening emergency.
- Provide basic initial care and other assistance to survivors prior to the arrival of emergency responders, while keeping safe from further injury or harm.
- Understand how to help stop bleeding, open a blocked airway, treat a burn, prevent heat related illness and save a near drowning.
- Offer support and comfort to those harmed by the emergency.
- Give clear information and work with professional first responders.
- Identify additional training, tools, and other resources to enhance your response skills.

It is important to note that this training provides information and suggestions, however it does not prescribe actions to take for an actual emergency. Always use good judgment and always be aware of your safety, as well as the safety of others when applying information learned from this course.

Always use good judgment when applying information learned from this course.

Course Overview

Module 1– Bystanders Can Make a Difference

Module 2 – Assessing the Situation

Module 3 – Providing Initial Care

Module 4 – Working with Emergency Responders

Module 5 – Emotional Support, Self-Care and Preparation

Module 1: Bystanders Can Make A Difference

At The End Of Module 1, You Will Be Able To:

Explain the role of an active bystander in the event of a man-made or natural disaster, or other life-threatening emergency.

Module 1, Part 1 Recent Disasters and Common Emergencies
Disaster survivors often say,"I never thought this could happen to me." The fact you are in this course today shows that you are already thinking about what could happen and how can you be prepared to assist when needed.

Man Made Disasters and Emergencies

Boston

Bombings: During the Boston Marathon on April 15, 2013, two pressure cooker bombs exploded at 2:49 pm, killing 3 people and injuring 264 others.

Explosions: Man-made incidents can be the result of faulty equipment, operator error or unexpected issues. As an example, the incident that occurred in Texas in April of 2014 involving a massive explosion and fire, killed fifteen workers and injured more than 160 others.

Shootings: Active shooter incidents have increased to occur approximately every three (3) days somewhere in the United States. An active shooters intent is to cause as many injuries and fatalities as possible in the short amount of time in which the incident normally takes place. In recent history, we have experienced active shooter incidents at Sandy Hook Elementary School, the Aurora (Colorado) Movie Theater, Fort Hood, Texas, Tucson, Arizona and inside of the Library at Florida State University.

Philadelphia

Transportation Accidents: Transportation incidents have increased with more individuals traveling by mass transit. When these accidents occur it usually results in multiple injuries and fatalities. Recent accidents include, the train crash that occurred in Philadelphia resulting in 8 deaths and over 200 injuries. In February of 2015, a collision between a train and a vehicle on the tracks caused 1 fatality and over 20 injuries. April 2015, two band tour buses collided with semi-trucks in foggy conditions in Colorado causing over a dozen injuries. Transportation incidents also include plane crashes (both commercial and private) there have recently been several small private plane

crashes that occurred in neighborhoods resulting in injuries to passengers and residents of those neighborhoods.

Natural Disasters

Flooding: As a result of excessive rainfall from April 23 to May 7, 2011, the Mississippi River rose to near record levels and flooded the valleys of northern Arkansas, southern Missouri, and portions of the Ohio River Valley. Numerous roads along the rivers and in the Delta region were closed, including portions of US Highways 49 and 61. The Big Black River was closed to boat traffic near its confluence with the Mississippi River due to the proximity of the river surface to high tension power lines. While only one death occurred due to drowning, more than 350 homes were destroyed and an estimated 2,000 residents evacuated. Flooding in the north Florida Panhandle in Spring of 2014, dealt a devastating blow to several hundred families living in rural areas.

Hurricanes are an ever present threat to Florida residents.

Hurricanes: Florida is accustomed to tropical weather and the unpredictability of storms.

In recent years, the state has not had a significant hurricane event. The memory of recent active years such as 2004-2005 and the knowledge that at any time, the state could be affected, is cause to maintain preparedness.

Hurricane Sandy, a late-season post-tropical cyclone, swept through the Caribbean and up the East Coast in late October 2012. Its toll: 149 deaths in eight U.S. states, Canada and the Caribbean. The storm left dozens dead, thousands homeless and millions without power. Eight years earlier, on August 29, 2005, Hurricane Katrina took the lives of nearly 2,000 people in New Orleans and other parts of Louisiana, Mississippi, and Alabama. [1,2] Hurricanes are an ever present threat to Florida residents, especially those living in coastal and low-lying areas.

Tornados: Tornados can strike with little or no warning. A tornado is a violent whirlwind which may develop in association with a severe thunderstorm. Winds from a tornado can reach speeds of up to 200 miles an hour. Tornados can occur any time of year, but are more prevalent during spring. Summer tornados typically occur during the day, while spring tornados typically occur during the night.

The worst tornados in Florida tend to occur during winter months. Florida experiences an average of 55 tornados a year. Tornados caused structural damage in the panhandle, including damage to buildings and the perimeter fence at Calhoun Correctional Institute State Prison in November 17, 2014. In October 2011, a tornado with winds estimated at 130 mph tore through Sunrise and Plantation in South Florida, damaging more than 130 homes and temporarily leaving more than 1,000 residents without power.

1. www.livescience.com/24380-hurricane-sandy-status-data.html
2. www.history.com/topics/hurricane-katrina

Common Emergencies

Emergencies like bombings or tornadoes are devastating when they occur–but fortunately they don't happen very often. Far more common are the emergencies impacting our daily lives:

- Motor vehicle crashes
- Choking
- Severe bleeding
- Near drowning
- House fires

It is likely that over the course of a lifetime, you will be a bystander at an emergency. This course is designed to prepare you to act quickly and purposefully in the event something happens to you, your family, friends, neighbors, coworkers, or others.

It is likely that over the course of a lifetime, you will be a bystander at an emergency.

Typically, Those At The Scene of Any Emergency Will Be In One of Four Groups:

1. Emergency Responders: Local, state, and federal agencies charged with responding to emergencies. They typically include emergency medical technicians (EMTs), paramedics, firefighters, and police.

2. Survivors: alive and may be injured.

3. Victims: died as a result of the incident.

4. Bystanders: at the scene, not severely injured and capable of helping others.

Utah

A car and motorcycle collided one morning in September of 2011, near the campus of Utah State University. Flames erupted immediately, and a male motorcyclist was trapped underneath the burning car. A dozen bystanders worked together to pull the man out and save his life.

Module 1, Part 2: Define a Bystander

A bystander is anyone present at the scene of an emergency that can be either active ("helpers") or **passive** ("not helpers"). **Active bystanders** voluntarily step forward to help.

Recent Headline: "Dramatic scene after shark attacks"

Sub-headline: *Bystanders, family members worked to save two youths attacked in separate incidents; Oak Island beaches stay open*

Link to story: **www.usatoday.com/story/news/nation-now/2015/06/14/two-teenagers-injured-shark-attack-north-carolina-beach/71227268/**

Module 1, Part 3: Why Help?

Bystanders Are More Likely To Help If:

- The emergency is unexpected, sudden, and more clearly recognized as an emergency
- The emergency involves more than one person.
- They are at the scene when the emergency occurs and experience it firsthand.
- They believe they can help to do something.
- They perceive an immediate threat to life
- The threat of danger appears to be getting worse.
- They empathize or identify with the survivor.

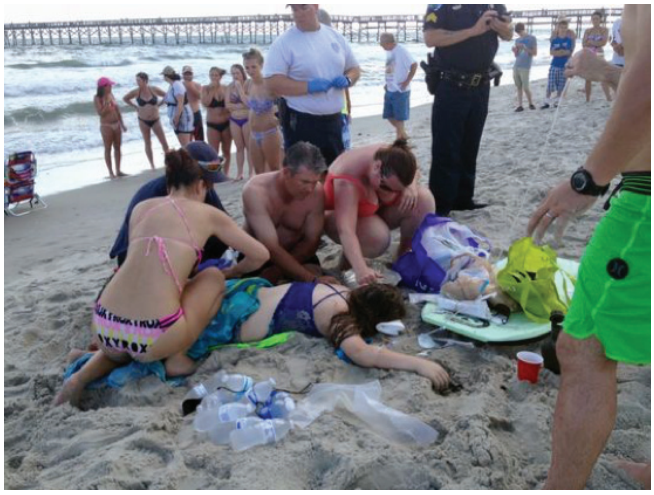


Photo courtesy of Steve Bouser, The Pilot and USA, June 15, 2015

Why People Don't Help

- Belief that help is on the way
- Fear of not knowing what to do
- People "freeze"
- Unsafe conditions

What Do We Know?

- Emergencies and disasters are unplanned
- Time is critical
- Delay in help arriving
- Bystanders often take action

In mass casualty incidents where dozens are injured, time is critical to saving lives. Bystanders closest to the injured may start providing basic care long before emergency responders arrive. There is **nearly always** a delay between the time the emergency begins and the arrival of responders.

Module 1 Key Points

- You may play a valuable and unique role following all types of disasters.
- You can save lives!

Module 2: Assessing the Situation

At The End Of Module 2, You Will Be Able To:

- State key questions to ask yourself in an emergency situation.
- Know what to say during the initial 9-1-1 call.
- Describe general tips for acting responsibly and safely as a bystander.

Module 2, Part 1: Approach with Caution

During emergency situations, it is important to think through decisions before you act. Taking time in advance, to think what you might do when faced with an emergency, makes you more likely to take action quickly. If involved in an emergency, such as a motor vehicle crash, approach the scene cautiously and use all of your senses to gain information.

Look For Safety Issues Such As:

- Wires, leaks, shifting structures, moving vehicles
- Large numbers of bodies or dead animals with no obvious cause

Listen For:

- Loud yelling or shouting
- Thunder or roaring winds
- Immediate danger: explosions or gunshots
- Hissing: from power lines or gas leaks
- Strange sounds: shifting structures, metal crunching or trees falling
- Ongoing violence or shooting

Smell:

- Unusual odors
- Gasoline / Propane
- Chemicals
- Smoke or burning
- Body fluids

Ask Yourself:

- Is it safe?
- Do I know what to do?
- Can I call 9-1-1?

Decide to Act:

- Without risk of serious injury
- Consider the role you could play
- What will happen if no one helps?
- Is there anyone around more qualified to help?
- Who else can help?
- Can I move myself and others to a safe place until help arrives?
- Trust your instincts.

Emergency responders have specialized equipment and training.

Possible Hazards and Safety Risks

- Power lines
- Natural gas leaks
- Hazardous materials
- Sharp objects
- Overhead falling objects
- Holes in flooring
- Water
- Smoke or fire
- Unstable structures or vehicles
- Secondary explosions

Start By:

- Calling 9-1-1
- Assisting another bystander that is providing help
- Asking other bystanders to help and become an active bystander
- Telling responders about the incident, and following their requests to help
- Moving the injured away from danger
- Giving immediate care: stopping bleeding, cooling a burn, providing chest compressions or providing comfort (these are covered in Modules 3 and 5)

Always Be:

Aware of surroundings and regularly reassess the situation. Emergency situations are dynamic and can change very quickly.

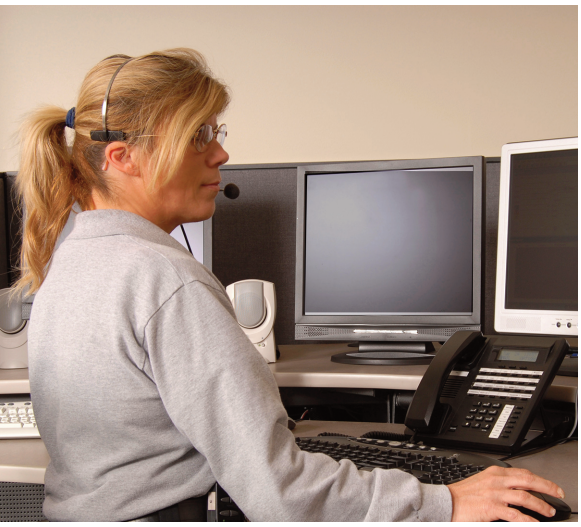
Remember

- Emergencies change quickly
- Trust your instincts
- If it is too dangerous; do not help until the scene is safe

Active Bystanders KNOW WHAT TO DO!

Module 2, Part 2: Calling 9-1-1

Call 9-1-1 as soon as possible. An Active Bystander is the eyes and ears on the scene until emergency responders arrive. Emergency responders have specialized equipment and training. The more specific the information provided, the faster the right equipment and help can be at the scene.



- Call as soon as possible
- Speak slowly and clearly
- Answer any questions to the best of your knowledge
- Provide accurate and essential information
- Follow instructions from the 9-1-1 operator
- Do not hang up until instructed to do so. In some cases, you may be asked to leave the phone on but put it down so the operator may listen to what's happening at the scene

9-1-1 Information

The 9-1-1 operator will need very specific information to send the right types and numbers of responders to the scene. Be sure to share all incident information that you have observed.

The 9-1-1 Operator May Ask:

- Who is calling? (give your name, phone number, address)
- Who is injured?
- What happened, describe the emergency?
- What care is being given?
- When did it happen? (time)
- Where are you; identify location?
- How many victims are injured?

Module 2, Part 3: What To Do?

At the end of this lesson, you will be able to know about general safety tips to support survivors or responders at the scene of an emergency.

Personal Demeanor

- Speak loudly, slowly and clearly
- Use gestures (pointing, waving)
- Show confidence
- Be decisive
- Share first-hand knowledge

Before Responders Arrive: Once It Is Safe To Take Action, Follow These Steps:

- **Clear the scene:** Many emergency incidents will include dangers such as: fires, live wires, chemical or fuel spills, secondary explosions, traffic hazards. Injured survivors need to be moved away from hazards to a safer spot.

When such an incident occurs, identify a safe area for those able to walk away from danger and wait for emergency responders.

Call out, "If you can move, come to my voice." Or, "If you can hear me and need assistance, please yell out, make a loud noise, or raise your hand!" If there is an explosion, survivors may not be able to hear you.

Direct those less injured to a safe place away from the scene. This action clears the scene, so when emergency responders arrive, they will be better able to identify those in urgent need of attention.

■ **Start where you stand:** In a large incident, start looking at those nearest to you, and work your way forward and ask other bystanders "to assist you" as you go.

■ **Make a connection:** State your name when offering to help and ask survivors if you may assist them. If no assistance is requested, simply move on. If you provide care, ask basic questions like their name, what happened and what hurts.

■ **Organize:** If there are several bystanders, identify one bystander to be in charge and others to do tasks such as:
– Call 9-1-1
– Help move adult and child survivors to safety
– Provide basic skills to control bleeding
– Help with traffic control
– Get supplies such as water and blankets
– Comfort children, family members and friends of the injured
– Manage onlookers

Things to Consider:
■ Try to stay calm during what may be a very chaotic situation.Continue to look around, check for hazards and decide if it is safe to enter or move about the emergency area. Introduce yourself. Inform survivor(s) that help is on the way.

■ Always ask permission before helping the survivor or their child.

■ Gather information about the survivor(s) and what is going on around them.

■ Be clear and direct when speaking to the injured.

■ Know your limits as an active bystander – get others involved.

■ Take care not to disturb or change the scene of the emergency, so evidence is available for a police investigation.
■ Keep personal belongings with survivors at all times (e.g., identification, purse, clothing and cell phones).

Traffic jams or crowds may make it difficult for emergency vehicles to reach the scene.

If you decide to drive a survivor to an emergency department or other health care center, drive them to the closest medical facility.

Traffic jams or crowds may make it difficult for emergency vehicles to reach the scene.

An active bystander may see an unconscious person who is not breathing due to a medical condition or unexpected trauma.

Module 2: Key Points

- Call 9-1-1 as soon as possible.
- Always act safely, with caution.
- Act within your own skills and capabilities.
- Provide clear and accurate information.
- The primary goal is to save a life.

Module 3: Providing Initial Care

At The End Of Module 3, You Will Be Able To:
Provide initial care at the scene of an emergency for:

- Not breathing
- Blocked airway
- Bleeding
- Burns
- Near drowning
- Hyperthermia
- Active shooter
- Identify training, tools, and other resources to improve initial care and first aid skills.

Health and Safety

BEFORE YOU START

- Wear gloves
- Protect eyes, mouth and nose

AFTER

- Wash hands

Module 3, Part 1: Not Breathing

Every breath supplies oxygen to the lungs which is circulated throughout the body by the heart, through the blood. If the heart stops beating, blood flow stops abruptly and oxygen is no longer delivered to our cells. After two to four minutes, oxygen levels are so low that brain cells cannot survive. An active bystander may see an unconscious person, who is not breathing due to a medical condition or unexpected trauma. In a mass casualty Incident, many survivors may have injuries that cause their breathing to stop.

Causes May Be Trauma Or Medical Conditions Such As:

MEDICAL:
- Asthma
- Heart attack
- Stroke
- Allergic reaction
- Drug overdose

TRAUMA:
- Accident
- Smoke inhalation
- Electrocution
- Poison
- Drowning

What You May See

Two major signs of not breathing are:

- Chest not rising and falling
- No air coming out of the mouth or nose

GIVING CHEST COMPRESSIONS

Chest compressions may not always restore breathing, but will help the heart to move blood throughout the body until the person can breathe.

How To Perform Chest Compressions

Step 1: Check for unresponsiveness: call out loudly,"are you ok?"
Call 9-1-1 or have someone else call.

Step 2: Position person on back on a firm surface.

CAUTION: When necessary to move an injured person with possible neck trauma or a back injury from a fall, motor vehicle accident or explosion, to a firm surface; ask for help from other bystanders. Have someone protect the injured person's neck and spine, by gently supporting the head and neck with two hands to limit unnecessary movement of the area.
If necessary to roll an injured person over, ask another bystander to help you keep the injured person's head, neck and body in a straight line as you gently roll them on their back. If you are alone, never delay performing chest compressions because of a neck or back injury. Get injured person onto a firm surface as safely as possible and quickly begin chest compressions..

Step 3: Look for breathing by watching for the person's chest to rise and fall.

Step 4: If no response / no breathing, start chest compressions immediately. Place heel of hand on center of chest; place other hand on top of first hand. Press down two inches and allow chest to return to normal. Push hard and fast at a rate of at least 100 compressions per minute.

NOTE: For a child, use only one hand to compress the chest. Place one hand on the center of the child's chest.

Module 3, Part 2: Blocked Airway

A person with a blocked airway may have difficulty or no breathing. The person may be conscious or unconscious. Intervening early and quickly may save a life. If a blocked airway is not addressed, eventually breathing and the heart will both stop.

Blocked Airways May Be Caused By:

- Food or other object in throat or airway
- Tongue, blood, or vomit (while unconscious) in airway

What You May See

When someone is choking or has a blocked airway, you may first notice panic and then some or all of the signs listed below. If any of these signs are present, immediate action must be taken.

Signs Of A Blocked Airway Include:

- Continued cough or unable to cough forcefully
- Difficulty speaking and breathing
- Pointing to the throat or grasping the neck
- Very noisy breathing

Be Safe!

To prevent moving the object further down the airway leading to a complete obstruction, DO NOT insert fingers or any object into the mouth.

Opening Blocked Airway

Often when someone is choking, they may grasp their throat or chest. If you see someone choking, you should:

1. Approach and ask, "Are you choking?" If they cannot speak but indicate "yes," calmly reassure and ask if they are able to cough.

2. If unable to cough or cough is weak, tell them you know what to do; ask if it is okay to help.

3. Call 9-1-1 or have someone call 9-1-1 immediately.

4. Stand behind the person and place one foot between their feet if possible.

5. Place both arms around the waist from back to front. Place fist with the thumb side against the middle of the person's abdomen, just above the navel. Cover fist with other hand and give quick, upward abdominal thrusts. Continue until the object is forced out, they become unconscious or someone takes over for you.

6. If the person is pregnant or very large, encircle the chest and do thrusts from back to front.

7. If the person becomes unconscious, begin chest compressions immediately.

Recovery Position

Never move anyone who you think may have a spinal cord injury, unless it is absolutely necessary (e.g. help them breathe, perform CPR, to move from imminent danger such as a burn). Those with high impact injuries from falls, motor vehicle accident or explosions may have spinal cord injuries.

The recovery position is used to position an unconscious, breathing person to allow drainage of fluids (saliva and vomit) from the mouth. This will help to protect the airway. It is preferable to position the person on their left side.

To Place Someone In The Recovery Position:

1. Kneel by the person.

2. Place arm nearest you at right angle to their body, to keep it out of the way when rolling over.

3. Tuck the other hand under the side of their head, so back of hand touches the cheek.

4. Grasp knee furthest away; pull it up so leg is bent and foot is flat on floor. Gently pull knee towards you to roll the person over onto their side, facing you.

5. Bring bent leg in front so it rests on floor for balance.

6. Raise chin to tilt head back slightly.

Practice

- CHEST COMPRESSIONS
- BLOCKED AIRWAY
- RECOVERY POSITION

Module 3, Part 3: Bleeding

Bleeding is one of the most common injuries among survivors of an emergency. Adults have about five liters of blood. Rapid loss of just one liter of blood can result in death.

An Active Bystander may see injuries resulting from:

- Being shot or stabbed
- A tornado, hurricane, or other natural disaster
- A motor vehicle crash
- A fall, home accident, or sports injury
- A bomb blast or explosion

What You May See...Types of Bleeding

SPURTING: Arteries carry our blood away from the heart. When an artery is injured, the blood will be bright red and spurt with every heartbeat since it is under great pressure.

STEADY FLOW: Veins carry blood back toward the heart. Blood from injured veins is under lower pressure, so bleeding is a steady flow and a darker color. Major veins such as those in the neck, armpit and groins can flow very rapidly.

OOZING: Capillaries are very small blood vessels moving blood from arteries to veins. Blood loss from injured capillaries is very slow and oozes slowly, so it is considered the least dangerous form of bleeding–unless it is occurring over a large area as in motorcycle crashes when riders were not wearing protective clothing.

Controlling Bleeding
Determine the location of the bleeding. If unable to immediately find the source of bleeding; work from head to toe to check the body. Check inside jacket, shirt, pants, or other clothing. Remove or tear clothing if necessary. If lying down, check underneath the person to see if there is blood on the ground.

How to Control Bleeding
Step 1: Put on gloves or protect hands.

Step 2: Locate bleeding and apply firm constant pressure with clean absorbent material. Use additional layers of material if bleeding continues. Do not remove the material touching the wound.

Step 3: Victim should be lying down.

Step 4: If victim appears pale, weak, elevate legs 10–12 inches above heart.

Step 5: Keep victim warm.

TIPS:
If there is an object in the wound like a knife, piece of metal or glass, DO NOT remove it. This could cause further injury. Instead, apply gentle but steady pressure around the object.

Try to help survivor stay lying down on back.

Cover with a blanket, jacket, or other clothing to prevent loss of body heat.

If there is an object in the wound like a knife, piece of metal or glass, DO NOT remove it.

Materials To Use:
- Shirt
- Bandana
- Scarf
- Necktie
- Socks
- Cloth or paper napkins
- Paper towels

Nose Bleeds:
- Help the person lean forward
- Pinch just below the bridge (or top) of the nose
- Hold pressure for 20 minutes and repeat as needed

What You Might See (Watch For These Signs):

- Loss of consciousness
- Continued bleeding
- Clammy and/or Sweating
- Confused and/or upset
- Breathing fast or slow
- Change in skin color

Try to help the survivor remain lying down on their back.

Cover with a blanket, jacket, or other clothing to prevent loss of body heat.

Watch for any changes in condition.

Warning Signs: be aware, these changes may occur indicating the survivor's condition is worsening:

- Shock (rapid short breaths, cold and clammy skin, and rapid but weak pulse)
- Difficulty breathing, loss of consciousness or strange breathing pattern
- Continued bleeding
- Sweating
- Agitation (very distressed and over excited)

DO

- Use gloves or non-absorbent material to protect hands
- Use constant pressure to control flow
- Use hand sanitizer after caring for victim
- Clean hands before helping next person
- Wash off any blood on hands or any other exposed area

DO NOT

- Move ill or injured, unless in immediate danger
- Remove impaled objects
- Remove absorbent material next to wound
- Give anything to eat or drink
- Attempt to clean wound
- Use same absorbent material to control bleeding on more than one person

Tourniquets

Tourniquets have been used effectively in combat casualty care to control bleeding in a wounded soldier's extremities (arms or legs), and are increasingly being used by responders in civilian emergencies. Tourniquets can be used safely and effectively when applied appropriately, and may very well save someone's life. While there is currently no certification course available to the public teaching the use of tourniquets, many have acquired skills through military or public safety. Tourniquets, may be used as a last resort, if the situation warrants and the care provider has been trained.

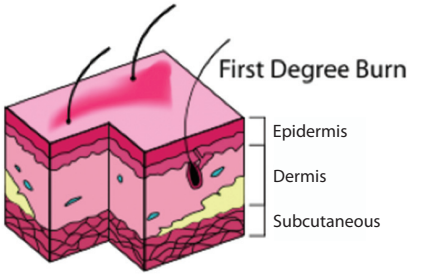
If you choose to use a tourniquet, ONLY USE AS A LAST RESORT and ONLY on extremities.

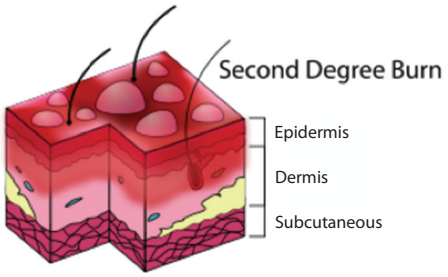
Placement If a Tourniquet Is Used:
Step 1: Uncover arm or leg by removing clothing around wound.
Use only wide materials.

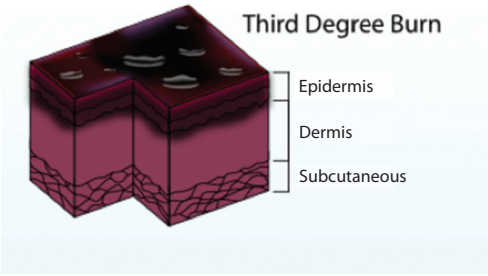
Step 2: Place material around extremity over bare skin at least two (2) inches above wound.

Step 3: Tighten with stick until bleeding stops.

Step 4: Record the date/time tourniquet applied. The bleeding will stop, when the tourniquet has been successfully applied.







Module 3, Part 4: Burns

As an active bystander, you may encounter a survivor burned from an:

- Explosion
- Fire
- Vehicle crash
- Direct contact with hot material or liquid
- Chemical
- Contact with certain substances
- Bombing

The location and size of burns indicates the seriousness of the injury. Burns located in and on the face may affect a survivor's ability to breathe.

SUPERFICIAL/ FIRST DEGREE BURNS:
Reddened skin with swelling and pain

PARTIAL THICKNESS / SECOND DEGREE BURNS:
Very red and splotchy skin, blisters, severe pain and swelling

FULL THICKNESS / THIRD DEGREE BURNS:
Dry, black charred, white waxy appearance to skin

No pain in area

May experience trouble breathing

The cause of a life threatening burn may not be obvious, particularly if it was caused by chemicals, radiation, or electrocution. **Always use extreme caution when approaching survivors with burns to avoid placing yourself at risk of a burn as well!** Fast action is required to stop the burning process and prevent worsening.

Cooling a Burn (Is the scene safe?)
1. Move survivor away from the cause of burn and put out any flames. If electrical injury, make sure electrical power is OFF before touching. If the person is in imminent danger of death if not moved, do not worry about further injury that may be caused by moving. Do not move unless it is safe to do so.

2. If a person's clothing is on fire, tell them to:

■ Stop all movement.

■ Drop to the ground. Use heavy fabric such as a coat, blanket, or rug to smother flames.

■ Roll on ground.

3. Gently remove or tear away clothing near the burn. Do not remove stuck or melted clothing from the burn or skin. Avoid touching the actual burn. Remove any jewelry, belts and shoes in area of burn before tissues begin to swell. Keep all personal belongings with person.

Be Safe

- **DO NOT** use ice to cool the burn. Ice can cause blood vessels to constrict.
- **DO NOT** apply lotions, antiseptics, ointments, butter or other remedies to the burned area. Ointments hold heat in the burn area and will have to be scrubbed off later.
- **DO NOT** immerse large severe burns in cold water since it can lead to dangerously low body temperature and shock.
- **DO NOT** break any blisters or remove pieces of burned tissue.
- **DO NOT** cover a burn if it is on the face.
- **DO NOT** offer any food or drink to avoid vomiting.

4. Have person sit or lie down with the burn facing up. Keep burned area from touching ground.

■ If the burn is on the face, keep upright sitting position.

■ If the burn seems to be in the throat or lungs, loosen or remove clothing around the neck.

5. Immediately, rinse burn with cool, clean water. Apply cold compresses (soaked towels, sheets or other soft, lint free materials).

■ For arms / legs, continue cooling for at least 5-10 minutes or until the pain subsides.

■ For head, neck or body, cooling should only be done for 1-5 minutes. Be careful not to cool too quickly or use very cold water, as this may cause body temperature to drop too quickly, especially in infants, young children and older adults.

6. Cover the burn loosely.

Watch For Worsening Signs and Symptoms:

■ Shock (rapid short breaths, cold and clammy skin, and rapid but weak pulse).

■ Any trouble breathing.

Module 3, Part 5: Near Drowning

In Florida, many swimmers are injured or die each day from drowning. Most drowning deaths happen quickly and quietly, often in a matter of seconds. Rapid response and rescue improves chances for survival.

As an active bystander, you may encounter a near drowning from:

- Any body of water: a pond, river, creek, lake or ocean
- Swimming pools, hot tubs, or Jacuzzis
- Bathtubs, buckets, or toilets (particularly small children)
- During a flooding, particularly flash floods

What You May See

A near drowning could be:

A DISTRESSED SWIMMER!

Swimmer is still breathing and possibly calling or waving for help. The swimmer may stay afloat by treading water but may not seem to be moving towards shore, the edge of the pool or any other means of support.

ACTIVE DROWNING

The person is struggling to breathe and unable to call for help. You may see only the head, with the body underwater. They may have only 20 to 60 seconds before they completely slip underwater.

PASSIVE DROWNING

The person is not breathing or moving and could be face-down, face-up or submerged.

What You Can Do

Steps for bringing a drowning person to land: **THROW, TOW, ROW, GO**

1. Call 9-1-1 right away! If someone else is present, one calls 9-1-1, the other tries to help.

2. Shout to get the drowning person's attention. Encourage staying calm, reassure them that help is on the way.

3. Try to rescue, by holding out a rope, branch, piece of clothing, stick, paddle or anything long enough to reach. Encourage grabbing the object.

4. If the person can't be reached from shore, enter the water ONLY IF you can stand–or you have been lifesaver trained.

5. Once on land, lie the person down and position them so the head is lower than rest of the body to drain water out of the mouth. This may require elevating the feet. Cover with a shirt, coat or blanket to stay warm. Replace wet clothing with dry clothes.

With an active drowning, the person is struggling to breathe and unable to call for help.

After Bringing A Drowning Person To Land:

- Keep warm.
- Check for breathing.
- Lie person on side if breathing.
- If not breathing, start chest compressions.

Module 3, Part 6: Heat Related Illness (Hyperthermia)

Heat related illnesses can occur easily in Florida, due to the temperatures and humidity and can cause elevated body temperature. This is caused by failure of the body to regulate heat and cool the body normally. Extended

exposure to extreme temperature may become a medical emergency and result in permanent disability or death. Immediate treatment is necessary to prevent disability or death.

There Are Three Types of Heat Related Illness:

1. Heat Cramps–Excessive sweating, cramps in the legs and abdominal area, dizziness, vomiting and headaches.

2. Heat Exhaustion–Excessive sweating, cramps in the legs and abdominal area, dizziness, vomiting, headaches, nausea, low blood pressure, fainting and will usually feel cold and clammy.

3. Heat Stroke–Excessive sweating, dizziness, vomiting, headaches, nausea, low blood pressure and fainting. There will be very red skin and decreased sweating. Eventually, the body will stop sweating and the skin will become very hot and dry. Many times the clothes will be very wet.

Extended exposure to extreme temperature may become a medical emergency.

SIGNS AND SYMPTOMS:

- Excessive sweating / no sweat
- Muscle cramps
- Nausea and vomiting
- Extremely hot and/or red skin
- Noticeable change in skin color
- Dizziness
- Confusion
- Unconscious
- Headache

Treatment /Care:

- Call 9-1-1 (the person should be transported immediately to a hospital setting).
- Check for breathing–provide chest compressions if needed.
- Safely move from the heat to a cool area (with fans, air conditioning, shade).
- Remove as much clothing as possible.
- Use cool towels, spray bottles or water to cool.
- If responsive, give small sips of water or sports drink.
- Keep lying down if possible.
- Do not allow to shiver.
- If level of consciousness is altered, do **NOT** give fluids.
- Do **NOT** give Tylenol or Aspirin in an attempt to lower body temperature.

Module 3, Part 7: Active Shooter

Active shooters have become more common over the last several years. Currently, we average an active shooter every two to three days in the U.S. as evidenced by recent mass shootings at schools, movie theaters, malls and many other places. This has prompted thinking about what to do if found in a similar situation.

An "active shooter," incident is defined by the U.S. Department of Homeland

Security as "an individual actively engaged in killing or attempting to kill people in a confined and populated area, typically through the use of firearms."

Important Facts: Most active shooter incidents are over in less than 10-15 minutes.

- Most active shooters do not expect to survive the shooting incident.
- Most active shooters are preoccupied with killing or wounding as many as they can.
- Active shooters are unpredictable, dynamic and quick.
- Law Enforcement is usually required to end an active shooter situation.

The most important thing to remember, if faced with an active shooter is to **Run – Hide – Fight.**

Always be aware of your surroundings and always know where exits are located.

Plan Ahead!

- Have escape route.
- Leave personal belongings.
- Hide out of shooter's view.
- Lock doors, barricade entries.
- Silence electronics.
- Turn off any source of noise.
- If escaping, keep hands up and visible.

Run

- If safe to do so. Try to get others to go, if they will not, do not try to force them to follow.
- Try to have an escape route in mind.
- Leave belongings behind.
- Keep hands visible.
- Do not put hands into pockets, purse or inside a jacket.
- Do not attempt to stop, touch or speak to law enforcement.
- Avoid screaming, yelling or pointing.
- Do not stop to help an injured survivor, unless it is in a safe area.

The most important thing to remember, if faced with an active shooter is to **Run – Hide – Fight**

Hide

- If you cannot escape, hide out of the shooter's view.
- Go into a room, lock the door.
- Barricade with heavy objects.
- Silence electronic devices (cell phone, pager).
- Do not turn cell phone off (tracking for law enforcement).
- Turn off lights, TV, radios.
- Do not hide behind the door.
- Stay quiet.

Fight

- As a last resort and only if your life is in danger.
- Try to disable the shooter.
- Act with physical aggression.
- Throw items at shooter.
- Use heavy items for weapons.

If it is safe to help, use your skills to provide care and emotional support to injured survivors.

Do not put yourself in danger.

There is no expectation to stop and help injured during an active shooter situation.

Follow all Law Enforcement commands.

If it is safe to help, use your skills to provide care and emotional support to injured survivors.

Module 3 Key Points

The primary goal of helping is to save a life. As you decide to help others, always act within your own ability.

Bystanders Can Save Lives By Offering Care Including:

- Stop bleeding.
- Help survivors to breathe.
- Assist with burns and hyperthermia.
- Prevent fatal drowning's.
- Know what to do in an active shooter incident.

Actions Include:

- Be aware of surroundings.
- Protect yourself.
- Open blocked airway.
- Stop bleeding.
- Cool burns.
- Throw-tow-row and go.
- Cool heat related injuries.
- Run–hide–fight.
- Save a life.

The primary goal of helping is to save a life. As you decide to help others, always act within your own ability.

Module 4: Working with Emergency Responders

After a man-made disaster, natural disaster or other life-threatening emergency, responders will arrive on the scene. In this module, you will learn about types of responders and how to assist as an active bystander.

At The End of Module 4, You Will Be Able To:
Identify ways that you can help emergency responders on the scene.

Module 4, Part 1: Sharing Information about the Scene

As an active bystander, you are an asset to responders (police, firefighters, EMTs or paramedics). The type of emergency may vary, however the "basics" of working with responders are the same. Active Bystanders' can convey important information to responders and assist responders as needed.

When responders arrive on a scene, particularly a mass casualty incident, they usually take time to assess the scene, gather necessary supplies or equipment, communicate with others to gather information, and make a plan. They may start from where they arrive to begin triaging the injured. It may be a while before they reach you and others near you, but know they are acting with purpose and will be with you as soon as they can.

A key role for active bystanders in working with responders is to share specific incident information for a clear picture of what happened and what is currently happening.

Responders need to know: ***"Who, What, When and Where."***

Depending on the type of emergency event, three types of responders may come to the scene.

Emergency medical technicians (EMTs) and paramedics are trained to provide medical care onsite to the sick or injured and to transport, as needed, to medical facilities for further care. They may work for an ambulance company, a fire department, the police department, a public Emergency Medical Services agency, a hospital, or any combination of the above.

Firefighters respond to fire incidents, rescue situations, and other types of emergencies including most natural and man-made disasters. They are

frequently trained to provide emergency medical care onsite (as advanced first aid providers, EMTs or paramedics) and transportation to medical facilities, as needed.

Police are primarily responsible for the maintenance of public order and prevention of crime. At an emergency scene, they may assist family members and friends, control onlookers or crowds and maintain a crime scene bypreventing access to affected areas. They direct traffic to prevent travel on unsafe roads with downed wires or trees, or put up roadblocks around the scene. They often have emergency medical training and, when necessary, organize search teams and connect family members with one another. In some incidents, they may actively look for suspects while establishing the crime scene (for instance, in active shooter incidents like Aurora, Colorado and Newtown, Connecticut).

In an area familiar to you, share:

- The location of the most seriously injured or those trapped.
- Those that need special assistance or have special needs.
- Known hazards like broken or falling glass, fire, gasoline or other chemical spill, hanging tree limbs, unstable building, exposed wires.
- The safest way to enter and exit the building.
- Where fire hoses and/or fire extinguishers can be found.

Module 4, Part 2: Helping Emergency Responders

First responders, when arriving, may ask for assistance.

- Let them know that you are ready and willing to help.
- Ask how you might help.

When they arrive, responders may ask you to:

- Assist the injured.
  - Stay with the injured and tell a first responder if there are any changes in their condition
- Comfort the injured or family members especially children.
- Search for additional survivors.
- Work with other bystanders.

As an active bystander, you are an asset to responders (police, firefighters, EMTs or paramedics).

Module 4 Key Points

- Arriving Emergency Responders need to know: ***"Who, What, When and Where."***
- Stay calm.
- Follow responders' instructions–including getting out of the way.
- Always act within your own abilities and stay safe.

Identify additional steps to take to prepare for an emergency or disaster.

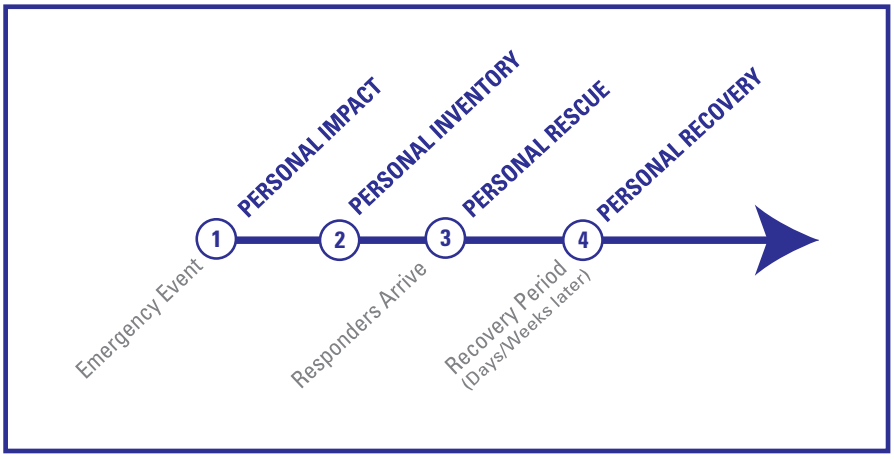
Module 5: Emotional Support, Self-Care and Preparation

At The End Of Module 5, You Will Be Able To:

- Explain how an emergency may affect bystanders, the injured and responders.
- Identify ways other bystanders can comfort and assist the injured in emergencies.
- Describe how to take care of yourself to decrease stress and strengthen resilience.
- List items for a personal emergency supply kit.
- Identify additional steps to take to prepare for an emergency or disaster and learn where you can receive additional training.

Module 5, Part 1: Survivors: Emotional Support

Survivors generally go through four emotional phases in an emergency.



PERSONAL REACTIONS:

1. Personal Impact: Survivors' typically do not initially panic immediately after an emergency occurs, and often may show no emotion. At this point, many do not realize what has happened.

2. Personal Inventory: Immediately following the emergency, survivors may try to leave the scene. Survivors may panic; others may pause and begin to assess the damage. The injured may look for help. Many will try to find friends and family members.

Some will take steps to assist and care for injured survivors until responders arrive.

3. Personal Rescue: Survivors' may be hopeful that their injuries will be addressed quickly.

4. Personal Recovery: After a few days or even weeks, the reality of what happened may cause anger, frustration or helplessness. Feelings of distress, fear or guilt may also occur. Some may want to seek revenge. In emergencies there is usually little or no warning, which makes it difficult for us to prepare emotionally. The lack of warning may cause a loss of control and sense of helplessness after bombings or acts of terrorism.

Factors Influencing Reactions:
How someone reacts to an emergency is affected by eight factors.

1. Prior experience with the same or similar emergency. For some, the emotional effect of multiple emergencies can add up, causing more and more stress. For others, experience with several emergencies can strengthen their resilience and speed their recovery.

2. Intensity of the disruption in the survivor's life. The more a survivor feels disrupted by an emergency, the greater their emotional reactions may be.

3. Type or meaning of emergency. The more terrible and personal, the stronger the stress reactions may be.

4. Length of time since the emergency. The reality of the incident may take some time to "sink in" and cause stressful reactions.

5. Mental health / emotional well-being. Those with other stress may be unable to handle additional stress. Family and friends can be important to manage stress.

6. Separation from family

7. Culture

8. Language barriers

Emotional Care
The following lesson provides an overview of emotional support for survivors during an emergency.

Providing Emotional Support
Active bystanders can be a great value by simply offering comfort and support. No special skills are needed – just a calm and reassuring presence. This is particularly important in a single injury or mass casualty situation.

- Be patient, understanding, compassionate, responsive, and sensitive to their emotional state.
- Say your name; ask their name and basic questions to keep focus.
- Maintain eye contact and speak slowly and simply. Speak with confidence; keep your voice even and gentle.

Active bystanders can be a great value by simply offering comfort and support. No special skills are needed–just a calm and reassuring presence.

■ If survivors want to talk, listen, reassure and support.

■ Offer to hold a hand or hug their shoulder (unless this is uncomfortable for you or the person).

■ Ask survivors how to help. Give information to directly address the survivor's immediate needs.

■ Offer to make phone calls to connect survivors with family members and friends.

■ Praise the survivor(s) by acknowledging what was done to remain safe.

■ Be sensitive to the perspectives, views, beliefs, and cultures of others.

■ Pay attention to your own emotional and physical reactions.

Behaviors To Avoid

■ **DO NOT** think you know what survivors are thinking or feeling.

■ **DO NOT** give possibly inaccurate information. If you cannot answer a survivor's question, admit it and do your best to learn the facts from others around you.

■ **DO NOT** take survivors' attitudes personally! Their responses may not have anything to do with you or what you have done to help them.

Additional Considerations

Some groups require additional attention because they are particularly vulnerable to stress and trauma.

Considerations for Children and Adolescents

Children are developing language, cognition and emotional well-being. Witnessing an emergency or being a survivor may be more challenging for a child because there may be no words to express how they feel or understand what they have seen or heard. Being separated from family or immediate loved ones may be very upsetting for children, so it is important to reunify the child with their family as quickly as possible.

■ Reassure children that you will keep them safe; use a confident, assertive voice.

■ Create a barrier or move children to a place where the scene cannot be viewed.

■ For young children, sit or crouch at the child's eye level.

■ Use simple words while conveying the message you respect them and their feelings, concerns and questions.

■ Help school-age children talk about their feelings, concerns and questions. Use words like mad, sad, scared and worried avoid using words like terrified or horrified.

■ Listen carefully and ask questions to make sure you understand what they are telling you.

■ Offer empathy for their feelings. Avoid saying, "You're okay." Instead use, "You're safe now."

■ Tell them before you do anything, especially with young children. For example, "I'm going to wipe your face, so it is clean."

■ Children may start acting younger than their age in their behavior and use

Witnessing an emergency or being a survivor may be more challenging for a child.

of words.

■ Demonstrate deep breathing for children to copy.

Considerations for Survivors With Disabilities or Access and Functional Needs

Be direct and use writing or appropriate gestures to communicate.

■ When unsure of how to help, ask, "What can I do to help?"

■ If family members, friends and caretakers are present, engage them to facilitate communication.

■ If there is difficulty with understanding (hearing, memory, or speech impairments), speak clearly, simply and slowly. Write notes or use gestures if hard of hearing or deaf. Offer to write down important information to share with responders.

■ Don't make assumptions; about a confused adult having memory or judgment problems. This could be an injury.

■ Trust a claim of disability even if the disability is not obvious or familiar to you.

■ Offer to assist and move people who are blind or with low vision. Offer your arm to the visually impaired person.

■ Keep all essential aids with the person (such as medications, oxygen tank, respiratory equipment, and wheelchair).

■ Survivors with service animals should not be separated. Steps should be taken to ensure a service animal is cared for or treated for injuries along with the survivor.

Self care–when does stress become harmfull?	
PHYSICAL	**EMOTIONAL**
Heart racing	Irritability
Muscle tension	Anger
Stomach problems	Frustration
Sleep issues	Depression
Nightmares	Sadness
Headaches	Trouble concentrating
Tired	Excessive worry

Module 5, Part 2: Taking Care of Yourself after the Emergency/Self-Care

How to Manage Stress

■ Healthy diet

■ Get rest

■ Exercise

■ Avoid alcohol and drugs

■ Ask for support as needed

Find Help

- Healthcare professionals
- Social service agencies
- Religious organizations

Module 5, Part 3: Preparing to be an Active Bystander

Bystander Response in an Emergency	
■ **Protect**	be current with immunizations
■ **Train**	gain confidence and basic skills
■ **Know**	your limits
■ **Equip**	keep a "Go" Kit
■ **Plan**	your actions
■ **Participate**	in community disaster trainings and exercises

Chances are you will be an active bystander to a life-threatening emergency at some point in your life. To better prepare for the moment, this section offers guidelines and suggestions to help fulfill your role as an active bystander.

Enhance Your Skills

Protect yourself–Always be up to date with recommended immunizations for adults.
www.cdc.gov/vaccines/schedules/easy-to-read/adult.html

An active bystander may be injured by cuts, and/or puncture wounds.

Here are additional suggestions for becoming better prepared to be an active bystander:

- Talk with your selected family and friends about your desire to be an active bystander and discuss how becoming involved may help to save lives.
- Set a time – a couple of hours every 3 to 4 months–to go back and review the information learned in these modules and in any related courses.
- Pay attention to emergencies and disasters, in the paper or on TV and reflect upon how the bystander(s) responded. Take a moment to think about how you would help as an active bystander on the scene.
- Contact local emergency responder organizations and meet with representatives to learn more about what they do and how to help. These may include:
  - Local Medical Reserve Corps units
  - Community Emergency Response Teams (CERT)
  - Volunteer fire departments
  - Volunteer ambulance units
  - Volunteer rescue squads
  - Volunteer search and rescue teams
  - Reserve Law Enforcement
- Reach out and get to know your neighbors.

Pay attention to emergencies and disasters, in the paper or on TV and reflect upon how bystanders respond.

Care Supplies	
Type of Injury	Emergency Supplies
Bleeding	■ Gloves (dishwashing) ■ Clean absorbant material ■ Band-aids ■ Tape ■ Scissors without a point ■ Ace wrap
Burn	■ Water for cooling ■ Clean lint-free material
Heat related illness	■ Sandwich bags for ice packs ■ Bottled drinking water ■ Sports drinks
Miscellaneous	■ Sanitary napkins ■ Diapers

Emergency Supply Kits

Keep supplies in your home and car, and make sure you know the location of similar kits where you work. Two good sources for recommended supply kit contents are:

■ The American Red Cross
www.redcross.org/prepare/location/home-family/get-kit

■ FEMA
www.ready.gov/build-a-kit

Emergency Supply Kits Include:

■ Two flashlights
■ Extra batteries
■ Gloves – cut resistant
■ Hand sanitizer
■ Utility tools
■ Leatherman tool
■ Trauma shears
■ Masking tape
■ Long rope
■ Blankets
■ Paper towels
■ Absorbent cloths

Module 5 Key Points

■ Providing emotional support
■ Understand how emergencies may affect active bystanders
■ Taking care of yourself

Next Steps

Invite others to become active bystanders

As you approach the end of this course, you should have a deeper understanding of the role you and others can play, to save lives at an unexpected emergency.

Reach out! Encourage your friends and family to learn how to become active bystanders.

Appendix A: Additional Resources

Learn more about preparing to be an active bystander

Several federal agencies are charged with issuing guidelines 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 will also reaffirm your commitment to the health of those around you–at home, at work and in your community.

www.ready.gov/be-informed

www.emergency.cdc.gov/planning/

www.emergency.cdc.gov/masscasualties/

If you are interested in disaster preparedness apps:
www.redcross.org/local/wa/northwestregion/programs-services

To learn more about first aid and CPR:

American Red Cross Training and Certification in First Aid, and AED
www.redcross.org/take-a-class/program-highlights/-first-aid

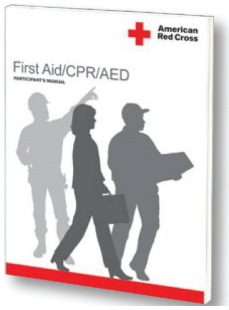
First Aid for Students-Responding to Emergencies
www.editiondigital.net/publication/?i=55906

American Heart Association and AED Learning Programs for Adults and Students
www.heart.org/HEARTORG/AndECC/CommunityandFirstAid/Community--First-Aid_UCM_001123_SubHomePage.jsp

Federal Emergency Management Agency
IS-317: Introduction to Community Emergency Response Teams
www.citizencorps.fema.gov/cert/training_mat.shtm#CERTIG

American College of Emergency Physicians,
American College of Emergency Physicians **www.acponline.org/**

To learn more about water safety and lifesaving:
American Red Cross Lifeguarding Manual. 2012
www.barnesandnoble.com/w/2012-american-red-cross-lifeguarding-participant-manual-american-national-red-cross/1111385387?ean=9781584804871



Other

Water Education Safety Education for Parents and Caregivers, Online Course. **www.jeanieneal48543.wildapricot.org/**

To learn more about EMTs, paramedics, firefighters or law enforcement officers

Emergency Medical Services, National Highway Traffic Safety Administration (EMS/NHTSA) **www.ems.gov**

National Fire Academy, U.S. Fire Administration, Federal Emergency Management Agency (USFA/FEMA) **www.usfa.fema.gov/nfa**/

Career in policing **www.discoverpolicing.org/**

Career in policing **www.policelink.monster.com/police-academy-directory**

To learn more about emotional first aid, check out these resources: **www.emergency.cdc.gov/mentalhealth/**

Community Emergency Response Team Training Program – Disaster Psychology **www.citizencorps.gov/cert/IS317/basics/basics/index01.htm**

www.blogs.cdc.gov/publichealthmatters/2012/07/an-emotional-response/

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

www.helpguide.org/mental/disaster_recovery_trauma_stress_coping.htm

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

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

www.samhsa.gov/trauma/index.aspx (Substance Abuse and Mental Health Services Administration's (SAMHSAs) page on coping with traumatic events)

www.samhsa.gov/dtac/ (SAMHSA's disaster assistance technical center)

PSYStart Rapid Mental Health Triage and Incident Management System **www.cdms.uci.edu/PDF/PsySTART-cdms02142012.pdf**

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

Speak with your doctor who will be able to refer you to an appropriate mental health professional.

Active Bystander Training

PARTCIPANT MANUAL

August 2015