

# CERT NEWSLETTER

March 2018, *“Training And News For The Monterey COMMUNITY EMERGENCY RESPONSE TEAM”*. *A citizen based, volunteer emergency response team!*



***CERT IS FULLY FUNDED BY THE CITY OF MONTEREY!***

**50 Citizens Attending Current CERT Class!** Our current CERT class has 50 students from a wide cross section of Peninsula residents. We have an additional 15 J-ROTC teenagers from Monterey High School. With the students who completed the CERT class last September, there will be over 30 trained, very motivated teen CERT members at the school. There is no comparable “Teen CERT” program anywhere in the Monterey Bay Region.

**Practice Your Basic CERT Skills.** On Saturday, March 10<sup>th</sup> we will be holding our CERT class final exercise. If it has been more than two years since you completed CERT training, this is an excellent opportunity to participate and get to train on our basic skill set of emergency medicine, rescue, neighborhood search, radios and communications, plus much more. Simply arrive at the EOC at 1245 on Saturday March 10<sup>th</sup> and advise the instructors you are an active CERT member wishing to participate in the afternoon training. Bring your CERT gear.

**CERT “Live Scan” Background Checks Update.** To date, we have completed Live Scan background checks on approximately 90 members. These CERT volunteers have asked to be included in our “Everbridge” alert system and be called at any time to assist our community in a search for a missing person, coastal incident, support at a major event, storm response and any other emergency where CERT members can safely serve our community. Scans are proceeding for the remaining initial group of volunteers. As we have a considerable cost associated with the checks, we will be scheduling new volunteers after July 1<sup>st</sup> when the next City budget year begins.

## TRAINING Refresher: Initial assessment of the injured

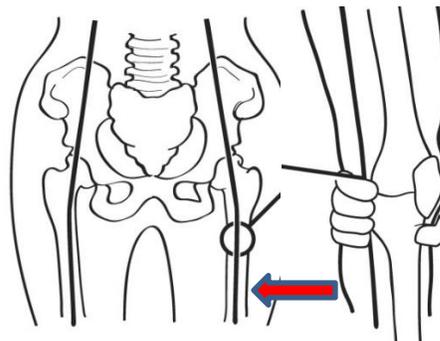
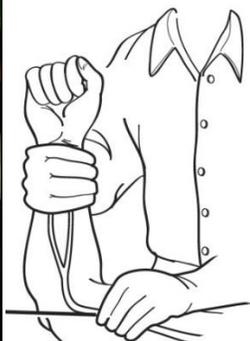
When first encountering an injured person, CERT trains us to assess them for the “**KILLERS**”. The **KILLERS** are **airway obstruction, bleeding and shock**. First assess if the person is alert by identifying yourself, from a distance of 5 feet. Address the victim in a firm, loud voice, i.e. “*Hello, I am an emergency worker, can you speak, may I help you?*” If they respond and talk to you, their airway is clear. If they do not respond and appear unconscious, or are gasping for breath, CERT teaches to open their airway with the “**Head-Tilt, Chin Lift**” method show here:



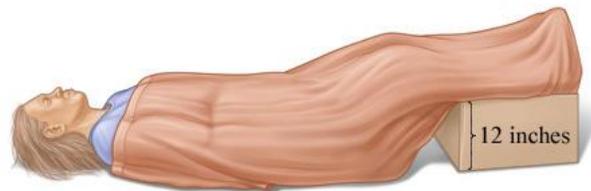
CERT Head-Tilt, Chin Lift

Look for the chest rising, listen at the nose and mouth and feel with the side of your face for breathing for **10 seconds**. If no signs of breathing, re-position the head and do a **SECOND** assessment. If breathing returns, maintain the victim’s airway in the open position **OR** instruct a bystander on how to keep the airway open. If breathing still remains absent after **two 10 second assessments**, Triage the victim deceased and go to the next patient.

**NEXT, assess for serious bleeding.** If you locate serious bleeding, CERT teaches 3 primary methods to treat bleeding: **Direct Pressure, Elevation and Pressure Points**. First apply direct pressure on the wound with the cleanest cloth material you can find. Also elevate an injured limb if possible. If bleeding continues, apply firm pressure to the artery supplying the limb at the appropriate pressure point in the upper arm, upper thigh or behind the knee. Continue all methods until the bleeding appears controlled.



Next, assess for **Shock**. Shock is a condition that occurs when a trauma victim has a compromised circulatory and respiratory system. Their heart, lungs and blood vessels are not working normally. **The outward signs of Shock are confusion, rapid and shallow breathing, pale skin, capillary refill of the finger nails taking longer than 2 seconds to return to normal color when pressed and inability to follow simple commands like, “Squeeze my fingers”.** If you cannot assess capillary refill because of nail polish, feel for the pulse at the wrist. **A weak or difficult to find pulse is another sign of shock.** CERT teaches that the treatment for shock is to treat their injuries, such as bleeding, cover the victim to keep them warm and elevate their legs to create better blood flow to the head and vital organs.



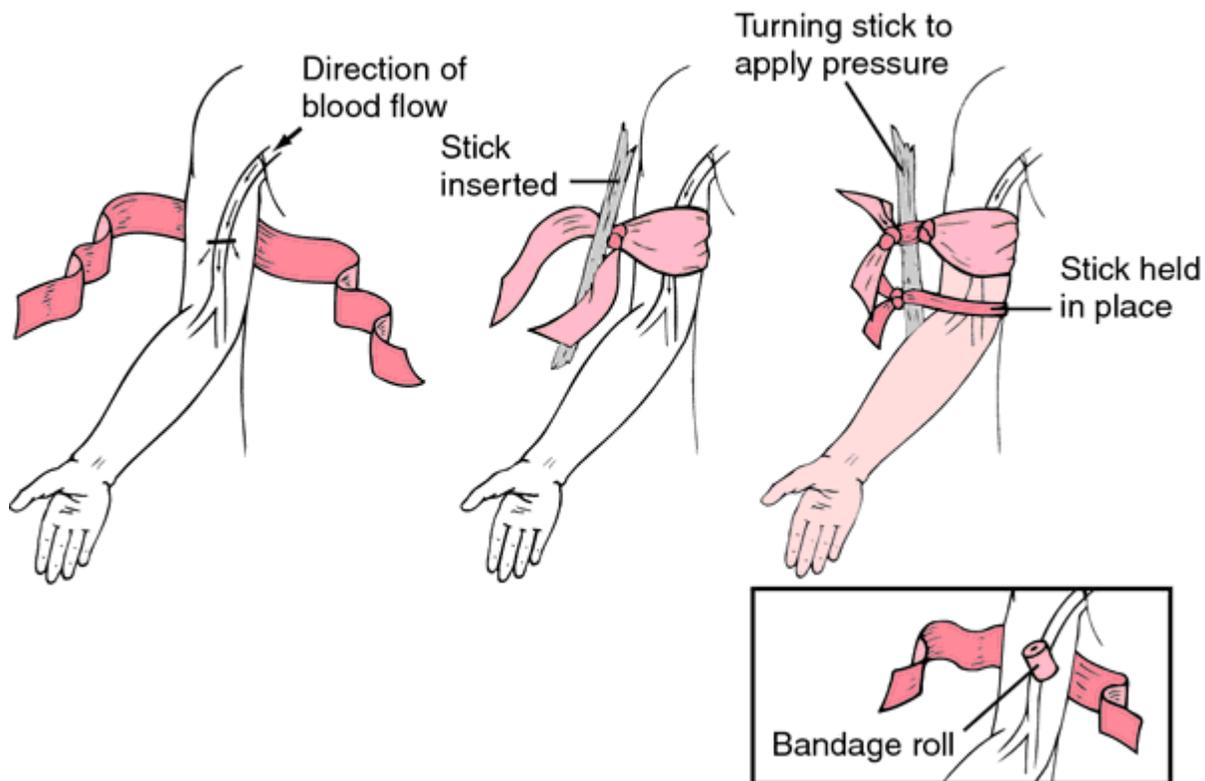
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**Remember:** When initially assessing patients, stop only to treat the KILLERS. Once all patients are assessed, CERT teaches to then re-assess the patients more completely using the CERT Head-To-Toe assessment and treat all injuries such as fractures, secondary bleeding, etc. Use by-standers to render aid when feasible.

**Use Of A Tourniquet.** CERTs will use direct pressure on pressure points and elevation to manage most bleeding. However, if bleeding cannot be stopped using these methods and professionals are delayed in responding, a tourniquet may be a viable option to save a person from bleeding to death. **However, a tourniquet is absolutely a last resort (life or limb) when other preferred means have failed to control bleeding in an arm or a leg.** While the use of a tourniquet is extremely rare, it may have a use when part of an extremity is amputated or crushed and bleeding cannot be stopped by any other preferred means.

A tourniquet is a tight bandage which, when placed around a limb and tightened, cuts off the blood supply to the part of the limb beyond it. A tourniquet can do harm to the limb, but it can halt severe blood loss when all other means have failed and professional help will not arrive in time to help stop the bleeding before the person dies. Use any long, flat, soft material (bandage, neck tie, belt, or stocking). Do not use materials like rope, wire, or string that can cut into the patient's flesh.

To tie a tourniquet: 1. Place the tourniquet between the wound and the heart (for example, if the wound is on the wrist, you would tie the tourniquet around the forearm). 2. Tie the piece of material around the limb. 3. Place a stick, pen, ruler, or other sturdy item against the material and tie a knot around the item, so that the item is knotted against the limb. 4. Use the stick or other item as a lever to twist the knot more tightly against the limb, tightening the bandage until the bleeding stops. 5. Tie one or both ends of the lever against the limb to secure it and maintain pressure. 6. Mark the patient in an obvious way that indicates that a tourniquet was used and include the time it was applied. 7. Do not loosen a tourniquet once it has been applied. 8. Only proper medical authorities should remove a tourniquet. (Source: CERT Participant Manual, Pages 3-2 and 3-13)



## **CERT Members Are Volunteers Serving Our Community!**

None of your instructors are paid which allows all the funds provided by the City Of Monterey to be devoted to training materials, equipment for our containers and trailer, radios and other material support. You are all valuable assets to our community!

***“Doing The Most Good For The Most People ....”***