

Minutes / Notes CERT Meeting 11 May 2025

Called to order at 9:05am

Moment of silence

Officers present : Mike Weekley (Pres.), Melvin Mason (VP), Joe Hourcle (Secretary), Paula Porter (Treas.)

5 Members, total

Past Minutes : Tom moved to approve as amended, Melvin Seconded, passed unanimously

Old Business:

Changing CERT Requirements (Units 1 & 2)

Planning for 2025:

Blood drive on the 24th

One of the classes was canceled (not sure

Feb. class on body substances at hospital

Mike gave a talk at Laurel Senior Center

Training for today : CERT Basic module 3 (medical operations pt 1)

Upcoming events:

Memorial day ceremony. May 26th

Marlboro Day : June 7th

National Night Out Aug 6th

College Park 22nd May : Emergency Responders Symposium

Operations Planning for all Hazard Events Class (June 4&5) (Mike and Alonzo going)

Next meeting: June 14th.

(Training)

Medical Operations :

Assisting:

- stabilizing the patient
- identify life threatening conditions
- basic first aid

Consent: ask before you touch someone, or it's assault;
implied consent if the person is unconscious or in an altered mental state;
If a child, and parent is present, also ask the parent

Privacy:

- HIPPA doesn't apply to volunteers, but we should still try to follow it
- You can talk about injuries you've seen, but you can't say who had the injury
- No taking pictures of injured people!
- You can say what incident you responded to on social media, but don't give details about people
- You can still be sued, even if you're not legally bound by HIPPA (they just hopefully won't win)

Your safety comes first!

- Do I feel safe?
- Should I leave / move to a safer location? Can I stay and provide care?
- If I leave, can I take a patient with me?

Goal is to help the people as soon as possible

Triage:

First sorting

- Greens : who can move on their own and follow instructions
(without injuring others, ie, stepping on them)
- Breathing / Bleeding / Level of Consciousness
- Are they moaning / screaming / etc?
- Make good use of your time and try to save as many people as possible

START : green / black / red / yellow

Red : treat first

Black : dead or would require too many resources (re-evaluate if more resources show up)

30-2-can do:

Red if respirations; 30 / min or perfusions; 2 sec, or can't follow instructions

Yellow : needs treatment, but it can be delayed (up to 2 hours)

Green : uninjured, or minor injuries

(Joe did a secondary assessment on Mike)

Should be like a firm massage

Trying to feel the bones to see if they're moving how they shouldn't or grinding

Shouldn't be so hard that it's painful (if uninjured)

Watch for flinching as your males may not tell you it hurts

Would you stabilize the head because he said his back hurts?

Joe : I wouldn't unless there were other rescuers present (because of my Ski Patrol training)

Tom : as he turned his head to look, it shouldn't be an issue

(discussion of moving people)

Approaching the patient

if they're conscious, make sure they can see you

Identify yourself & organization

Get consent

Respect cultural differences

Patient privacy (HIPPA)

May have pre-existing conditions

Check for:

breathing : reposition head if no. Let them try to breathe on their own

If you have resources, rescue breaths. Two attempts, then move on

pulse? CPR

Bleeding excessively? pressure bandage or tourniquet

Perfusion

Conscious?

major injuries?

in shock?

cold?

mentally sound?

Assessment

Body positioning : comfort, tripod

Recovery Position

left side (stomach opening up)

Avoid movement if spinal injuries (or support the head & neck when rolling)

Do not move more than necessary

Breathing : Jaw thrust

(explanation of hand positioning)

Bleeding

Stages of hemorrhagic shock

Direct pressure

barrier against blood

Change between people

Can ask the person to put their hand on the wound, then help them apply pressure

Also a way to reduce exposure if you don't have gloves

Tom keeps a roll of dog poop bags for emergency BSI

Put more dressings on top, don't remove them

If they're soaking through everything, you can remove all EXCEPT the bottom layer

(hands on practice; Tom and Melvin got expired stuff from the hospital for practice)

(try pressure first; if that's not enough, tourniquet (if a limb))

Don't try to save the gauze roll ... wrap multiple times

(demonstration of how to tie it off)

wrap gauze roll from the hand/foot, then towards the torso

Do not want to trap and push blood into the hand or foot

Tourniquet : above the wound (towards the torso/core)

Never directly over a joint

The person will likely scream in pain

Crank down until the bleeding stops

Beware of cheap ones on Amazon (Ukraine was reporting the sticks breaking)

Improvised : you want something wide (1" or so, not a rope)

Shock:

Tired people will go into uncompensated shock sooner

(as they don't have the energy to compensate)

rapid / shallow breathing

cap refill > 2 sec

...

Keep warm:

place something under them if cold ground

blanket / protection from wind

give them comfort / talk to them

let them know what's going on

be patient & understanding

Let them know if you need to move to another patient

Burns:

- thorough size up

- What caused it? Is it still present?

- When did the burning stop?

Hypothermia

- manage pain

Type of burns : Heat, chemical, electrical, etc.

Burn classifications (partial thickness, full thickness, etc.)

Remove the burning source

- Remove smoldering clothing unless stuck to skin

Cool the burn. Immerse in cool water (not more than 1 minute)

- cover with clean damp compresses

- rapid temp changes can cause shock (no ice)

Increased chance of infection now

- Dress the burn ... loosely wrap with dry, sterile dressings to keep air out.

- Wrap fingers/toes individually

- Remove jewelry (document)

- NO OINTMENTS / Antiseptics

- can insulate (and hold the heat in)

- Do not break blisters

Chemical burns

- powders : brush off first

- don't wet unless you have LOTS of water

- some chemicals will react with water

- wet : wash, but away from the body

- use lots of water (10 minutes or more!)

- cool, wet compress to relieve pain

- cover very loosely with a dry, sterile, or clean cloth

- so the cloth will not stick to the wound
- 15% requires fluid therapy
- 1/3 burned will result in shock
- 3-55% can cause death

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Wound care

- control bleeding
- apply dressing and bandaging
- prevent infections

Signs of infection:

- swelling around wound
- discoloration
- discharge from wound
- red striations
- ... need to get to the hospital for antibiotics!!
- common in animal & human bites

Amputations

- Save the body parts!
- Wrap in clean material then placed in plastic bag.
- keep cool, but not direct contact w/ ice.
- (gruesome stories)

Impaled object

- DO NOT REMOVE! unless affecting airway
- Control bleeding at the entrance
- stabilize with bulky padding
- (demonstrations using rolls of gauze and donut;)
- If eye is impaled, cover both eyes (so they don't try to watch you)
- But you then MUST talk to them so they don't panic

Can use a paper cup w/ a hole to stabilize it

Fractures / dislocations / sprains /etc

open : bleeding / cut

closed : skin intact

displaced

non-displaced (is still where it should be, but broken)

Open : do not try to put bone back in

Do not irrigate

Dislocations : ligaments stretch / joint separation

DO NOT reduce; let professionals do it

Sprains / strains :

treat as a closed fracture

signs: tenderness at site

swelling / bruising

restricted movement

Splinting

cardboard, magazines, other leg ...

soft: towels, pillows, blankets

(demonstration of SAM splints)

Hypothermia

body temperature: 95F

only takes a few minutes to set in if cold & wet

red, white, blue, purple, or black skin

...

- remove wet clothing
- insulate between them & ground
- wrap in dry layers
- shield from wind
- DO NOT massage to warm up
 - (can do serious damage)
- place unconscious person in recovery position

Frostbite:

- blood vessels constrict
- discoloration (red / white / purple /black)
- burning or tingling
- numbness

Warming :

- warm (not more than 107.6F)
- do not allow to re-freeze
 - (do not thaw until you're to shelter where you can keep them warm)
- do not massage
- wrap in dry, sterile dressing

Heat

- cramps
- exhaustion
 - increase blood flow to skin, reduces flow to organs
- stroke
 - can lead to death

Exhaustion

- warm skin ...
- sweating, headache, nausea/vomiting, dizzy / exhausted

Stroke

- rapid, shallow breathing

- ...

Remove from heat

cool with cool, wet towels or put in cool bath

stroke :

if vomiting, cramping, or losing LOC, do not give water,
let hospital deal with it.

Insect bites

- carding (no tweezers) for stingers

- wash with soap & water

- ice wrapped in a washcloth (10 min on, 10 min off)

- Try to identify the insect if you can

Anaphylaxis:

- keep calm

- epi-pen if they have it

 - Have them hold it, then you hold their hand

- (Explanation of how to use an epi-pen)

 - (do not put your thumb on the end!)

Joe motioned to adjourn; Paula seconded

Adjourned at 11:08