
CERT BASIC TRAINING
INSTRUCTOR GUIDE
ANNEX FOR ALL ABILITIES

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About This Annex

This annex to the *CERT Basic Training Instructor Guide* is designed to help qualified CERT instructors work with people with disabilities and others with access and functional needs to ensure inclusive and integrated CERT training sessions. The annex focuses on classroom practices that will help ensure a positive and accessible experience for CERT participants with disabilities and others with access and functional needs. This annex provides a basic overview of Federal requirements and principles for including individuals with disabilities and others with access and functional needs in emergency management programs, services, and activities; a logistics checklist; general guidelines for providing CERT training inclusive of people with disabilities and others with access and functional needs; and a unit-by-unit breakdown of effective practices.

FEMA also hosted a webinar featuring practices and recommendations for including individuals with disabilities and others with access and functional needs in CERT training. A recording of that presentation is available at:
<https://icpd.adobeconnect.com/p1onuoh5wic/>.

Background¹

Federal civil rights laws require equal access for physical, programmatic, and effective communication, and prohibit discrimination against people with disabilities in all aspects of emergency planning, response, and recovery. To comply with Federal law, those involved in emergency management should understand the concepts of accessibility and non-discrimination and how they apply in emergencies. The following are key non-discrimination concepts applicable under those Federal laws, including examples of how these concepts apply to all phases of emergency management.

1. **Self-Determination.** People with disabilities are the most knowledgeable about their own needs.
2. **No “One Size Fits All.”** People with disabilities do not all require the same assistance and they do not all have the same access or functional needs.
3. **Equal Opportunity.** People with disabilities must have the same opportunities to benefit from emergency programs, services, and activities as people without disabilities.
4. **Inclusion.** People with disabilities have the right to participate in and receive the benefits of emergency programs, services, and activities provided by governments, private businesses, and non-profit organizations. Inclusion of people with disabilities in planning, training, and evaluation of programs and services will ensure they receive the appropriate consideration during emergencies.

¹ This background information on discrimination principles of the law is an excerpt from Section 689 guidelines, *Accommodating Individuals with Disabilities in the Provision of Disaster Mass Care, Housing, and Human Services*, which were developed by a working group led by the Department of Homeland Security’s Office for Civil Rights and Civil Liberties, in coordination with FEMA. The full guidelines are available at: WWW.FEMA.GOV/OER/REFERENCE/PRINCIPLES.SHTM

5. **Integration.** Provide emergency programs, services, and activities in an integrated setting.
6. **Physical Access.** Provide emergency programs, services, and activities at locations that all people can access, including people with disabilities. People with disabilities and others with access and functional needs should be able to enter and use emergency facilities and access the programs, services, and activities provided. Facilities that are typically required to be accessible include parking, drop-off areas, entrances and exits, security screening areas, toilet rooms, bathing facilities, sleeping areas, dining facilities, areas where medical care or human services are provided, and paths of travel to and between these areas.
7. **Equal Access.** People with disabilities must be able to access and benefit from emergency programs, services, and activities equal to the general population. Equal access applies to emergency preparedness, notification of emergencies, evacuation, transportation, communication, shelter, distribution of supplies, food, first aid, medical care, housing, and application for and distribution of benefits.
8. **Effective Communication.** Provide people with disabilities information that is comparable in content and detail to that given to the general public, as well as accessible, understandable, and timely. To ensure effective communication, you may need to provide auxiliary aids and services.
9. **Program Modifications.** People with disabilities must have equal access to emergency programs and services, which may entail modifications to rules, policies, practices, and procedures.
10. **No Charge.** Do not charge people with disabilities to cover the costs of measures necessary to ensure equal access and non-discriminatory treatment. Examples of accommodations provided without charge to the individual may include ramps, cots modified to address access and functional needs, a visual alarm, grab bars, additional storage space for medical equipment, lowered counters or shelves, Braille and raised letter signage, a sign language interpreter, a message board, assistance in completing forms, documents in Braille or large print, or audio recordings.

Definition of Access and Functional Needs

Access and Functional Needs is defined as a need for assistance, accommodation, or modification – including those related to mobility, communication, transportation, safety, and health maintenance -- due to any situation (temporary or permanent) that limits an individual's ability to take action in an emergency. Individuals having access and functional needs may include, but are not limited to, people with disabilities, older adults, and populations having limited English proficiency, limited access to transportation, and/or limited access to financial resources to prepare for, respond to, and recover from the emergency.

All-Abilities CERT Logistics Checklist

It is not difficult to make reasonable accommodations for including people with disabilities and others with access and functional needs in CERT training sessions. However, should plan ahead to ensure you can meet their specific needs.

Make sure that participants are aware that they can request reasonable accommodation for CERT training and are familiar with the process for doing so. When promoting upcoming training opportunities, let prospective participants know about the specific accommodations that your program is able to make available. Mention that you may be able to provide additional accommodations upon request. You should also provide prospective participants with the opportunity to indicate their needs themselves when they register or sign up for any training sessions.

Recipients of Federal funding are required to provide reasonable accommodation for people with disabilities if requested. When developing your training budget, be sure to account for providing accommodation. In addition to grant funds, you may also be able to use in-kind contributions, be it donated or borrowed equipment or the volunteered services of qualified and certified personnel, to provide accommodation.

Always coordinate with your CERT program manager well in advance of the training date(s) to:

- Ensure your training facility (including classroom, restroom, fire training, and disaster drill areas) is ADA-compliant.
- Request a classroom set-up conducive to participation and engagement (e.g., a “U”-shaped configuration so that participants who are deaf or hard of hearing can clearly see the instructor).
- Consider making a microphone available in the room so that participants who are hard of hearing can hear instructors and other participants more clearly; if an assistive listening system is available, work with the training venue to set it up and learn how to use it.
- Remember to keep the lights on during videos to increase visibility.
- Arrange for American Sign Language (ASL) interpreters or Communication Access Realtime Translation (CART) providers, if necessary; and send them a list of terms with which they might not be familiar (a sample list is available in Appendix B), as well as all classroom materials in advance².
- Secure interpreters/translators and/or other assistants to help during small-group breakout sessions, as necessary.
- Send participants the *CERT Basic Training* Participant Manual and PowerPoint presentation in advance and in the appropriate format (e.g., large-print, Braille, DAISY³).

² American Sign Language or Communications Access Realtime Translation. ASL interpretation refers to the process of translating English into American Sign Language, which is a separate language from English, with its own distinctive grammar, word order, and way of expressing ideas. CART is the instant translation of the spoken word into English text using a stenotype machine, notebook computer, and real-time software. The text appears on a computer monitor or other display.

³ Digital Accessible Information System (DAISY), a complete audio substitute for printed material with bookmarks and speed regulation.

- Electronic 508 compliant versions of the *CERT Basic Training* Participant Manual and other CERT training materials are available online at www.fema.gov/community-emergency-response-teams/training-materials.
- Braille copies of the *CERT Basic Training* Participant Manual can be ordered through the FEMA Warehouse; contact your state CERT program manager at www.ready.gov/citizen-corps/find-my-state-program-manager to place an order for Braille materials.
- Ensure that you have graduation certificates prepared in large-print or Braille for participants who are blind or low vision; Braille materials should be ordered in advance and print type should be 18 point and the background and text need to have good contrast; avoid complicated fonts (Arial is a good choice) and bright colors⁴.
- Inform participants in advance about what clothing and footwear is appropriate during CERT training (e.g., sturdy shoes, comfortable clothing).
- Ask participants to limit the use of chemical-based scented products for persons with severe allergies, environmental illness, multiple chemical sensitivity, or related disabilities.
- Determine if you will need any specific equipment or supplies, such as small dry-erase boards; lightweight fire extinguishers, portable ramps for people who use wheelchairs, full-page tabletop magnifiers, pen and tool grips for persons with arthritis, extra white canes, or a personal voice amplification system. Work with your state Assistive Technology program (www.passitoncenter.org), which can provide information and resources.
- Ask if any participants will be bringing assistants or service animals to the training.
- Ask if any participants will need to arrange for transportation services at specific times before or after training.

Remember: If possible, all CERT instructors—even those with prior experience—should observe CERT trainings inclusive of people with disabilities and others with access and functional needs before conducting similar training themselves. CERT instructors and program managers throughout the country have also found sensitivity training and classes on Deaf culture as well as general disability sensitivity training to be very useful in their efforts to make their programs more accessible and inclusive. Consider working with your local Independent Living Center (www.ncil.org), which can provide disability sensitivity training.

General Guidelines for All-Abilities CERT Training

CERT teaches skills that are beneficial to everyone. Be upfront about the CERT program and what it entails, but also be aware that there are steps you can take to make the training accessible to everyone. You should provide reasonable

⁴ The American Foundation for the Blind (AFB) has several suggestions on how to make print more readable: www.afb.org/info/living-with-vision-loss/reading-and-writing/making-print-more-readable/235

accommodation for individuals with disabilities and others with access and functional needs. Open a dialogue with anyone who has concerns or questions and work with them to provide a positive, respectful, and worthwhile training experience.

CERT programs can include people with disabilities and others with access and functional needs in general training sessions, or offer classes specifically for groups of individuals with disabilities and others with access and functional needs, without modifying the content or curriculum of the *CERT Basic Training*. Individuals with disabilities and others with access and functional needs value self-sufficiency, and it is important to recognize and respect the skills that each trainee brings to a CERT session. You should encourage all trainees—regardless of ability—to participate in any *CERT Basic Training* course activities that they feel comfortable with and capable of attempting. In the interest of safety, it is important for all CERT trainees and volunteers to know their limits and never attempt anything that exceeds their limitations or otherwise isn't safe for them or anyone that they are working with, whether it's a fellow trainee or a survivor in need of assistance.

In some situations, it may be practical to modify the delivery of the CERT curriculum, but you should not exclude any of the content. Following the general guidelines below will help you successfully deliver the material to all participants. Specific considerations for different types of disabilities are provided in the sections that follow.

Discuss Accommodations with Participants Before Training. Ensure that participants have an opportunity to communicate their needs, are aware that they can request accommodation, and are familiar with the process for doing so. If possible, discuss reasonable accommodations with participants before the training so you can work together to set realistic expectations and identify the best ways to address their needs. Make sure that you set up accommodations sufficiently far in advance to ensure that any necessary equipment, assistants, interpreters, or other service providers will be available for the training.

Set Up Your Classroom Appropriately. Room setup is very important when providing training for people with disabilities and others with access and functional needs. Ensure you set your room up to provide your trainees with the best possible training experience, regardless of their access or functional need. More specific suggestions for arranging the room appropriately are available in subsequent sections of this document.

Help Participants Honor Transportation Schedules. Some people with access and functional needs may need transportation, such as para-transit wheelchair-accessible van services, or accessible public transportation to get to and from the training. Instructors need to be aware that these participants often reserve rides weeks in advance for public/private para-transit. Ask participants if they have any transportation-related schedule constraints, whether it is para-transit transportation or public transportation.

Remember the Importance of Props and Hands-On Practice. Although the use of props and hands-on exercises are strongly encouraged during CERT training, they may be especially important when working with people with disabilities and others with

access and functional needs, so participants can use multiple senses and learning styles to absorb information.

Consider Adding Material on Communication. Survivors of disasters are sometimes limited in their ability to communicate with responders due to injury, limited English proficiency, disability, or communication access. Given the importance of communicating effectively during disasters, some programs have found it useful to devise alternative means of communication. For example, several programs teach participants to use a flashlight to communicate, with one flash meaning “yes,” two flashes meaning “no,” and multiple flashes meaning “help.”

Encourage Participants to Share Unique Knowledge. Instructors should draw on the expertise and experience of participants with disabilities and others with access and functional needs to help teach other participants about how to best work with people with disabilities and others with access and functional needs during disasters. Participants with disabilities and others with access and functional needs may have valuable insights for other CERT trainees about how to work with service animals, etiquette for people who use wheelchairs, or other assistive devices in rescue situations, or how to manage emergency situations in which volunteers may have disabilities or access or functional needs.

Remind Participants to Know Their Limits. All CERT volunteers must be open and realistic about their interests and abilities and remember that their personal safety is their highest priority. Regardless of whether or not they have a disability or access or functional needs, it is vital that all CERT volunteers are able to communicate when a situation exceeds their training or capabilities. Emphasize to trainees that they need to know when to say no and when to call upon others for help. This also extends beyond training: During emergencies, all CERT volunteers must be able to safely perform the essential functions of their assigned roles, be willing to provide guidance to others if they are not physically capable of performing specific tasks themselves, and be willing to serve in roles aligned with their abilities.

Discuss CERT Roles and Responsibilities. Everyone who completes CERT training should understand the range of responsibilities CERT volunteers may fulfill individually and as a team. Regardless of ability, anyone can support the team’s efforts during an emergency. For example, individuals not physically capable of lifting or carrying survivors or equipment may still be able to assume vital leadership roles such as the planning or logistics section chief, register volunteers at the incident scene, manage documentation, or support communications, particularly if they are certified ham radio operators. Consider developing job descriptions for volunteers during emergencies so that they know what will be expected of them and what position best fits their experience, knowledge, skills, abilities, and comfort level. The CERT Program Manager Participant Manual includes some guidance on how to develop job descriptions: www.fema.gov/media-library/assets/documents/27696?id=6193.

Encourage Participants to Work Together. All CERT participants have different levels of knowledge and ability. Encourage all trainees to work together as a team to move objects during training exercises.

Do Not Make Assumptions About Participant Abilities. Do not make assumptions about what people with disabilities and others with access and functional needs can and cannot do; avoid singling them out during training. Allow every person to perform all CERT training activities, if possible and if they are comfortable doing so. For example, participants who are blind or low vision can use fire extinguishers to put out fires by feeling the heat of the flames rather than using their vision to aim. Individuals in wheelchairs can direct others on how to operate a fire extinguisher or provide basic medical assistance. Emphasize that there is a role for every person during a disaster.

Working with Participants with Disabilities

Working with Participants Who Are Blind or Have Low Vision

Provide Materials in Advance. Remember that participants who are blind or have low vision will need materials in Braille, electronic, and/or large print formats in advance of the training so that they can review them beforehand. Remember to check with participants to determine what format they prefer for printed materials. For individuals who have screen readers installed on their computer, they will be able to access any electronic file if it is 508 compliant. If possible, you should also make graduation certificates available in alternate formats. For example, some programs prepare certificates in Braille.

Prepare Descriptions of All Visuals. During the course delivery, instructors will need to provide verbal descriptions of charts, illustrations, props, and demonstrations. Practice your descriptions of the visuals in the *CERT Basic Training* course *before* the training day. Many of the flowcharts and illustrations in the Participant Manual are complex and may be challenging to describe without preparation. Ensure the Participant Manual is available before the training. The online version is 508 compliant: www.fema.gov/community-emergency-response-teams/training-materials.

Arrange the Room Appropriately. Make sure to seat trainees who are blind or have low vision where they can clearly hear what the instructor is saying; typically, this is best in the front of the room. Also, be sure all props, boxes with materials and other objects are safely stored; and that all electrical cords are taped down so that pathways in and out of the classroom and seating areas are free of obstacles. This is a smart practice for any training session, regardless of the participants.

Discuss Service Animal Needs. Check with participants who use a service animal about the schedule for the animal's needs for walks, food, and water.

Allow Participants Who are Blind or Have Low Vision to Arrive Early. It may be beneficial to give participants the option to arrive 1 to 2 hours before class to have an opportunity to tactually interact with items that will only be held up for other participants to see and allow them additional time to practice and familiarize themselves with hands-on exercises and activities. This can help keep the class on schedule and may provide participants with a greater degree of confidence when participating with the rest of the class.

Explain All Visuals. During the training, be sure to describe in detail all graphics, charts, video materials, and demonstrations. Remember that participants who are blind

or have low vision may not be able to read your PowerPoint slides, so these will need to be read aloud. You can also ask an assistant instructor (possibly a CERT volunteer) to sit with a participant who is blind or has low vision throughout the course to read slides aloud to them and describe any graphics or demonstrations. You may want to consider providing the PowerPoint slides in an accessible PDF file to the participant before the class.

Incorporate Props and Hands-On Participation. Rather than just show the class a fire extinguisher, pass it around to allow participants who are blind or have low vision to feel it. During skill demonstrations, have someone practice with participants who are blind or have low vision (with their permission) when you are explaining physical actions, such as bandaging, head-to-toe assessments, or different types of carries, so that they can experience and more easily understand these techniques.

Working with Participants Who Are Deaf or Hard of Hearing

Work Effectively with Sign Language Interpreters. ASL is not an expression of English but a completely different language with its own grammatical structure. Make sure to provide your ASL interpreters and CART providers with the list of instructor names, technical terms, acronyms, and idiomatic phrases used in the training well in advance. Ask them to also review commonly used acronyms (e.g. ICS, CERT, and FEMA) with participants at the beginning of the training. These terms are available in Appendix B at the end of this annex. If an interpreter will only be supporting certain Units, you can provide the list of terms for that Unit(s) only. Make sure the interpreters know that CERT training may be different from their previous work experience. Interpreters will be helping with small-group discussions and on the floor with participants as they practice their skills, so they should wear comfortable clothing and practical footwear.

Arrange the Room Appropriately. If you are providing training to participants who are deaf or hard of hearing, it is crucial to set up the classroom in a “U” or horseshoe configuration. Unlike a traditional classroom setup with rows of seats or tables and chairs, this configuration will allow participants who are deaf or hard of hearing to see as they may sign or read lips. Please note that this setup may reduce the room’s typical seating capacity, so plan accordingly. Keep in mind that many participants who are hard of hearing do not use ASL as their mode of communication. Participants who are hard of hearing need to be close to the trainer to be able to hear. Many will utilize CART or assistive listening devices, so it is important for participants to let the program know what they need.

Be Sure Interpreters and Instructors Are Visible. Be sure that individuals do not walk in front of ASL interpreters while they are teaching. Keep in mind that individuals who can lip-read must always be able to see your face, even when you are demonstrating floor exercises, such as the blanket-drag, or are pointing to something on a screen.

Address Deaf or Hard of Hearing Participants, Not Their Interpreters. Remember to look at the participant who is raising a point or asking a question, even though the interpreter is voicing the person’s thoughts. Keep in mind that participants who are deaf or hard of hearing will be looking at their ASL interpreter or CART provider, not you.

Adjust to Silence and a Slower Pace. Try to speak more slowly, but do not exaggerate speech for lip-readers and for the ease of ASL interpreters. Wait a little longer than usual to allow lag time for ASL interpretation when asking for participation or questions before moving on to a new topic or activity. Remember to allow time for participants who are deaf or hard of hearing to read the PowerPoint slides before continuing to talk.

Explain, and then Do. When working with participants who are deaf or hard of hearing, be sure to explain each demonstration before you perform it. People who are watching an ASL interpreter or CART screen can process only one source of visual information at a time, so you will need to describe an activity *before* passing out materials, breaking into small groups, or proceeding to a demonstration location. If you try to explain something as you are distributing materials for example, it may distract a participant's attention away from the ASL interpreter or CART provider, making it more difficult for them to understand any instructions. Ask participants to give you visual cues when they are ready to continue. For example, you might say, "When you're done putting your helmets on, please direct your attention to the instructor." You should also keep in mind CART provider equipment is not readily portable. If trainees will be participating in an activity or watching a demonstration in a separate area, be sure to let the CART provider know in advance so that they can explain the activity or demonstration before leaving the classroom.

Remember that People Who Primarily Use ASL May Speak English as a Second Language. People who are deaf or hard of hearing and communicate primarily in ASL may speak English as a second language and therefore may not read or write fluently above the 4th grade. Make sure your documents are in plain language and easy to read by all participants regardless of their literacy skills.

Make Information Relevant. Make the CERT curriculum relevant for individuals who are deaf or hard of hearing. For example, advise that participants who are deaf or hard of hearing to use alternate ways to check the breathing of an injured person by touch or sight. If someone can't listen for slurred speech to check for hypothermia, suggest that they instead look to see if the victim's mouth is moving normally and possibly consult a with another participant who can listen for slurred speech. You can also recommend that all participants use a whistle when conducting searches instead of calling out, "Come to the sound of my voice."

Working with Participants Who Have a Cognitive or Intellectual Disability

Allow Extra Time. Be sure to adjust your training schedule to account for the needs of students with a cognitive or intellectual disability. Provide additional time or a quiet area to take tests or complete forms. Most adults with cognitive disabilities are able to make their own decisions and should be provided the information and support to do so. Speak to the person in an age-appropriate manner and remember that many people have better receptive skills than expressive skills. Even if a person is having difficulty expressing his or herself, do not assume that they do not understand you. Continue to provide needed information and look for other ways to facilitate communication and ensure understanding. Providing presentation or training materials in advance can also be helpful.

Consider Adding Graphics. Some programs have incorporated additional graphics into the standard CERT PowerPoint presentation to make it easier for everyone to understand the material, including participants with cognitive or intellectual disabilities. Appropriate pictures can enhance a person’s ability to understand the information being presented to them. Pictures must be simple and relevant: if the picture is too complicated or not relevant, the message may be lost.

Simplify Vocabulary and Provide More Hands-On Practice. For students with cognitive or intellectual disabilities, instructors should use simpler words whenever possible, spend less time on theory, and devote more time to hands-on practice of concepts. To illustrate key points, use props and graphics instead of lengthy explanations whenever possible.

Use Plain Language. Use simple, concrete terminology and the most well-known words possible to get a message across. Avoid colloquialisms or figures of speech that could be confusing to or misunderstood by someone who takes words literally. Terms like “Take cover” can be confusing if taken literally. Instead, try saying something more concrete and specific to the action you want the person to take. “Go to your basement and stay away from windows” is a good example. Avoid jargon, acronyms and overly technical language.

- Aim for a 3rd grade reading level.
- Avoid jargon, acronyms and overly technical language.
- Use concrete language.
- Avoid metaphors and figures of speech.
- Use active voice (“Joe read the book.” Instead of “The book was read by Joe.”).
- Use lists to structure and reinforce important information.
- See www.plainlanguage.gov for tips and more information.

Use Effective Communication Strategies and Accommodations. The following are a few additional approaches that you can use to communicate more effectively with individuals with a cognitive or intellectual disability:

- **Augmentative communication:** Use gestures and body language to enhance communication and understanding.
- **Repetition:** Often, repetition of important information will help a person with an intellectual or cognitive disability to retain it. Write down and repeat important information and steps.
- **Information in multiple formats:** Providing information in more than one format may assist a person with a cognitive disability in understanding or retaining the information. For example, you could provide information verbally, use pictures or symbols, and write important information down.
- Use any **communication devices** that the individual has in their possession:
 - **Communication boards or tablets:** A device where the individual points to a picture or types a word and the device voices for them.

- **Picture boards:** A book of symbols the person can point to in order to communicate.
- **Screen reader:** A software application that identifies and interprets what is being displayed on a computer screen (or, more accurately, sent to standard output, whether a video monitor is present or not). This information is then voiced to the user using text-to-speech or a Braille output device. This is useful for people who are blind, have low vision, have limited literacy, or have learning disabilities.
- Provide information in **alternate formats:**
 - Audio.
 - Text.
 - Symbols or pictures.
 - Accessible electronic formats.
 - Videos.
- **Offer assistance** with understanding and completing forms.

Prioritize Safety. Consider whether CERT trainees and volunteers are able to safely perform the roles and tasks assigned to them. During training and other activities, there should be clear and consistent expectations and guidelines for all participants, not only those with disabilities or access and functional needs, on acceptable behavior and treatment of others.

Working with Participants Who Have a Mobility Disability

Arrange the Room Appropriately. For participants who use wheelchairs, walkers, or any other mobility device, leave plenty of space to get in and out of seats. If possible, have participants work at tables so that they do not have to get on the floor for hands-on activities. Make sure you store all boxes with materials and other potential obstacles are and tape down electrical cords so pathways in and out of the classroom and seating areas are free of obstacles. This is a smart practice for any training session, regardless of the participants.

Ensure That Participants Who Use Wheelchairs Can Reach Props. Make sure that all hands-on activities are within reach for individuals who use wheelchairs. For example, you should lay mannequins on tables rather than on the floor during medical operations activities.

Encourage All Participants to Demonstrate Knowledge. If a participant is not able to demonstrate a CERT technique due to a disability or because of an access or functional need, or is not comfortable with or does not feel capable of doing so, you can encourage him or her to direct another trainee to perform the activity instead. For example, if a participant is not able or willing to demonstrate the technique for controlling bleeding, he or she can direct another participant through the process.

The following sections provide specific tips and guidance on adapting the instruction of each CERT Unit for people with disabilities and others with access and functional needs. Page numbers reference the *CERT Basic Training* Instructor Guide, not the Participant Manual. For each unit, include people with disabilities and others with

access and functional needs in discussions about making modifications to its delivery so that it is accessible to all participants. Several units include diagrams, checklists, flowcharts, and other detailed images. If possible, make these and any handouts or other printed materials you plan to use available to participants in advance in an accessible format.

Unit 1: Disaster Preparedness

In this introductory unit, you should be prepared to make adjustments during introductions and the tower exercise, and to modify or develop detailed descriptions of personal protective equipment (PPE), fire extinguishers, and any charts or illustrations in order to accommodate individuals with disabilities and others with access and functional needs. You should also research emergency alert systems in your community for individuals who are deaf or hard of hearing and share these with participants.

1-7 During introductions, remember that some people with disabilities and others with access and functional needs may have difficulty speaking whether it is because of unease with the group (which could be the case for any participants) or because of a speech disability. Please do not skip introductions, as this is an important activity for all CERT participants and will help to build group cohesion. Make sure that all participants know the locations of accessible bathrooms or emergency exits. If any of the participants have a service animal, privately discuss if they need to walk the dog during training. Be sure to highlight commonly used acronyms and explain them clearly to participants.

1-9 During the “Building a Tower” exercise, make sure that any participants who are deaf or hard of hearing have an interpreter or CART provider with them, depending on their accommodation needs. You should permit participants who are blind or have low vision to interact with the materials during the planning phase of the exercise. They may also benefit from having an assistant with them to describe what is happening. Consider increasing the time allotted for the exercise if any participants have cognitive or intellectual disabilities. Be sure to emphasize with all participants that the exercise is meant to be challenging and educational but not competitive. Setting the correct tone and expectations will help to ensure that participants are not discouraged or frustrated by the exercise.

1-19 Remember to describe the “Examples of Possible Impact of Damage on Infrastructure” chart for participants who are blind or have low vision.

1-33 During the evacuation activity, make sure that any participants who are deaf or hard of hearing have an interpreter or a CART reporter with them, depending on the accommodation needs.

1-35 Describe the escape plan diagram for participants who are blind or have low vision.

1-53 Describe the CERT organizational chart for participants who are blind or have low vision. Point out that they will learn more about the major CERT functional areas in Unit 6.

1-54 Be sure to describe in detail every piece of personal protective equipment for participants who are blind or have low vision. Whether or not any participants have disabilities or others with access or functional needs, you should also consider passing around each piece of equipment so that participants can examine them personally and familiarize themselves with them.

Unit 2: Fire Safety and Utility Controls

In this unit, you may need to prepare modified instructions for the fire suppression demonstration and group exercise and make a few logistical adjustments. You may also need to develop detailed descriptions of the related flowchart and shutoff diagram.

2-12 Be sure to describe in detail what you are doing step-by-step during the “Fire Triangle” demonstration for participants who are blind or have low vision.

2-17 Describe the shutoff diagrams in detail for participants who are blind or have low vision on this page and p. 2-19. If you have one, pass around a sample valve to participants.

2-31 Describe the fire extinguisher label in detail (p. 2-31 and 2-32) for any participants who are blind or have low vision.

2-36 Describe the fire extinguisher decision-making flowchart for any participants who are blind or have low vision.

2-37 Pass around the different types of fire extinguishers so participants who are blind or have low vision may feel the differences (p. 2-37 and 2-38).

2-46 The fire suppression exercise may be a good opportunity to pair someone with a disability with someone without a disability so that they can practice communicating with one another and working together. Be sure you describe what you are doing during the demonstration for any participants who are blind or have low vision.

2-50 Describe the NFPA 704 Diamond to participants who are blind or have low vision (p. 2-50 through 2-52).

2-54 Encourage all participants to participate in the “Suppressing Small Fires” exercise, regardless of ability. Work with CART providers to determine how to best include them in the exercise regardless of where it is being conducted. For example, if you will be moving to a different location for this activity, CART providers may recommend providing exercise instructions to deaf or hard of hearing participants before they leave the classroom, since their equipment may not be portable. Do not assume people who are blind or low vision cannot participate; they will point their extinguisher in the direction of the heat source, which they can feel. Make sure that anyone who uses oxygen tanks for breathing keeps the tanks a safe distance away from the fire source. Keep service animals a safe distance away as well. For some participants, it may be easier to rest the base of the extinguisher on the ground a safe distance from the fire so they do not need to hold it up when using it.

Unit 3: Disaster Medical Operations—Part 1

This unit is one of the more technical units in the training; prepare the material for people with disabilities and others with access and functional needs as noted below. Be open to discussions about how a CERT volunteer with a disability or access and functional needs could best perform the unit's activities in the event of an emergency.

3-1 Provide terminology and trainer name(s) to ASL interpreters and CART providers to ensure accurate information is conveyed to participants. This is especially important for medical terms and acronyms that are specific to emergency management.

3-16 Discuss the "Head-Tilt/Chin-Lift Method" procedure with participants who are blind or have low vision in advance and ask what alternatives they would suggest for demonstrating it, beyond describing it in detail.

3-17 Discuss how CERT volunteers who are deaf or hard of hearing might assess air exchange if they cannot listen for wheezing or gasping. For example, they might visually assess someone by looking for physical signs of gasping or labored breathing motions and consult with a partner who is able to listen for breathing for verification. However, be sure to also discuss with the class how a CERT volunteer who is deaf or hard of hearing might be able to assess air exchange if a partner is not available to help them.

3-17 During this activity, allow individuals that use wheelchairs to access their "survivors" on a table rather than on the floor if it is difficult for them to get out of their chair to participate. Please note, in a real emergency, a survivor should never be moved, even to make them more accessible to those providing assistance. In the event of an actual emergency, an individual using a wheelchair can direct another person to provide appropriate assistance even if he or she cannot access the survivor.

3-21 When discussing "Controlling Bleeding," remember to encourage participants who are blind or have low vision to hold the one-liter bottle so they can get a better sense of its quantity. Keep in mind that it may not be necessary that participants with cognitive or intellectual disabilities understand technical terms like "arterial," "venous," and "capillary." However, it *is* important for them to understand spurting, flowing, and oozing bleeding. If any of your participants have a cognitive or intellectual disability, it is recommended to de-emphasize the abstract and theoretical throughout this unit, and focus more on practical information.

3-22 Discuss these procedures with participants who are blind or have low vision in advance and ask what alternatives they would suggest for demonstrating them, beyond describing them in detail. This applies to the bandaging procedures as well (p. 3-22 through 3-30).

3-25 Be sure that participants who are blind or have low vision understand the location of the three pressure points. For participants who have intellectual or cognitive disabilities, emphasize the importance of knowing where the pressure point locations are rather than remembering the exact medical terminology for each location.

3-28 For the "Controlling Bleeding" exercise, be sure to describe each pair's work for participants who are blind or have low vision so they can learn from your observations and feedback.

3-31 The instructions on this page for recognizing shock may apply to survivors and rescuers who are deaf or hard of hearing. For example, the rescuer can squeeze the survivor's hands to see if he or she squeezes back.

3-40 For any participants who are blind or have low vision, describe exactly how you are changing your gloves, step by step, as you are doing it (p. 3-40 and 3-41).

3-42 Discuss how people with disabilities and others access and functional needs might conduct "voice triage." For example, individuals who are deaf or hard of hearing could use a whistle if they do not speak. In general, may be good practice to pair individuals with a disability with individuals who do not have a disability, depending on one's comfort level.

3-46 Ask an assistant to read through the triage evaluation procedures with participants who are blind or have low vision so they can practice.

3-50 Describe the triage decision flowchart in detail for any participants who are blind or have low vision.

3-51 For the "Conducting Triage" exercise, assign an ASL interpreter to each small group in which there is a participant who uses ASL as their primary language.

Unit 4: Disaster Medical Operations—Part 2

This unit is also quite technical, so be sure to work with individuals with disabilities and others with access and functional needs to prepare the material and its delivery beforehand. As with the previous unit, be open to discussions about how CERT volunteers with disabilities or access and functional needs might best perform this unit's activities in the event of a real emergency. Remember to prepare detailed descriptions in advance of the many charts and diagrams in this unit for any participants who are blind or have low vision, and make them available in an accessible format in advance if possible.

4-13 Describe the disaster medical operations flowchart for any participants who are blind or have low vision.

4-15 Describe the flow of patients chart on this page for any participants who are blind or have low vision.

4-21 Describe the treatment area site layout diagram for any participants who are blind or have low vision.

4-25 Be sure to describe the images on slide 4-17 in sufficient detail for any participants who are blind or have low vision to help them to understand the different types of injuries that they may encounter in the field during a head-to-toe assessment.

4-32 People who use wheelchairs who are serving as survivors during the "Conducting Head-to-Toe Assessments" exercise do not need to lie on the ground. If they are conducting the assessment themselves but are unable to move or touch the survivor, they can practice by providing directions to another class participant instead. Alternatively, the survivor can be placed on a table so that they are more accessible.

However, please note to the class that in an actual emergency, it is not safe to move a survivor, even to make them more accessible to those providing assistance.

4-52 Discuss the various types of splint with participants who are blind or have low vision in advance and ask what alternatives they would suggest for demonstrating them, beyond describing them in detail.

4-55 If a participant is not able to splint another person due to a disability or because of an access or functional need, ask them to provide directions to another participant who will practice the technique instead.

4-56 Discuss the procedure for nasal injuries with participants who are blind or have low vision in advance and ask what alternatives they would suggest for demonstrating it, beyond describing it in detail.

4-58 Discuss how participants who are deaf or hard of hearing might check for slurred speech as a symptom of hypothermia. For example, they might check to see if the person's mouth is moving in a way that might indicate slurred speech, or if they exhibit any other signs. If in doubt, CERT volunteers who are deaf or hard of hearing may want to consult with someone who is able to check for audible symptoms.

Unit 5: Light Search and Rescue Operations

This unit will require a great deal of teamwork, communication, and realistic assessments of each person's skills and abilities. Make sure that participants try everything they can do safely (and feel comfortable with and capable of attempting) and that you foster discussions about how CERT volunteers with disabilities and others with access and functional needs might best perform the activities in this unit in a real emergency.

5-13 Describe the search and rescue size-up checklist for any participants who are blind or have low vision (p. 5-13 through 5-16).

5-25 Describe the earthquake damage chart for any participants who are blind or have low vision.

5-42 If any participants are deaf or hard of hearing, discuss how they might "call out" to survivors or detect their responses. For example, they could use a whistle instead of calling out, feel for vibrations from tapping or knocking, or work with a partner who can listen for calls for help and other audible cues.

5-46 It is important for all CERT volunteers, regardless of whether or not they have a disability or access and functional need, to be able to recognize when a situation exceeds their training or capabilities. Emphasize to all trainees that they need to know when to say no and when to call others for help. All CERT volunteers—regardless of ability—must put their own safety first and be realistic about how they can best support search and rescue efforts.

5-50 Remind all participants to acknowledge their limitations when participating in the leveraging and cribbing exercises. Let participants decide what they are capable of doing, but advise them all of what the exercise entails so that they can make an informed decision and participate safely.

5-56 Discuss how to perform rescue carries for people who use wheelchairs, service animals, assistive devices or durable medical equipment. You may need additional rescuers to remove these items along with the victim, since it may be hazardous to the survivor's health to be separated from these items (p. 5-56 through 5-65).

5-57 As noted in the Instructor Guide, allow all participants to try the different carries if they are comfortable with and feel capable of doing so, but make sure that participants also feel comfortable with opting out if they wish. Encourage any participants who opt out to participate by directing others on proper technique instead.

5-57 Discuss the techniques for the different types of carries with participants who are blind or have low vision in advance and ask what alternatives they would suggest for demonstrating them, beyond describing them in detail (p. 5-57 through 5-65).

5-61 Remember that when demonstrating log-rolling and blanket carries, your face should still be visible to ASL interpreters, CART reporters or participants who are lip-reading (p. 5-61 through 5-66).

Unit 6: CERT Organization

Be sure to prepare and share CERT volunteer job descriptions that list specific roles and responsibilities so participants can decide for themselves what position best matches their knowledge, skills, abilities, and comfort level. Emphasize that there is a role for every person in a disaster, regardless of ability. Ensure volunteer job descriptions are available in alternative formats such as large print, Braille, and electronic.

6-14 Be sure to emphasize that people with disabilities and others with access and functional needs can fulfill a variety of different roles, including team leader, planning section chief, and safety officer (6-14 through 6-18).

6-45 For the "ICS Functions" activity, ask someone to read the questions aloud to any participants who are blind or have low vision.

6-45 Remember to describe what you want participants to do *before* breaking into groups for the tabletop exercise. If possible, assign an ASL interpreter or CART provider to each small group that includes a deaf or hard of hearing participant, if that is the participant's preference.

Unit 7: Disaster Psychology

This unit is primarily delivered in a lecture format, which requires relatively minimal adaptation for participants with disabilities and others with access and functional needs. However, remember to continue to involve people with disabilities and others with access and functional needs in discussions about making modifications to the delivery of the curriculum, and to make materials available in advance in an accessible format.

Unit 8: Terrorism and CERT

As with Unit 7, this unit is delivered primarily in a lecture format, requiring relatively little preparation compared to other units. Continue to involve people with disabilities and

others with access and functional needs in discussions about making modifications to the delivery of the curriculum, and to make materials available in advance in an accessible format.

8-32 Remember to describe fully what you want participants to do *before* breaking into groups for the “Applying CERT Principles to a Suspected Terrorist Incident” activity. If an ASL interpreter and/or CART provider is providing services for the CERT training, work with the participant(s) who is Deaf or hard of hearing to determine how to best utilize these services for this activity.

Unit 9: Course Review, Final Exam, and Disaster Simulation

Like Unit 5, this unit will require a great deal of teamwork, communication, and realistic assessments of each person’s skills and abilities. Permit all participants to try everything they can do safely (and that they feel comfortable attempting), and encourage discussions about how CERT volunteers with disabilities or others with access and functional needs might best perform this unit’s activities during a real emergency.

9-27 During the “Disaster Simulation,” divide participants into mixed groups that include people with and without disabilities or access and functional needs. Encourage a discussion by all participants about different ways to provide assistance to any survivor, including people with disabilities and others with access and functional needs. You should also encourage all participants to perform the fire suppression exercise. If a participant is unable to hold the fire extinguisher, have that person describe how they could better perform this exercise with assistance or ask if they would prefer to direct another participant on what to do so that he or she can still demonstrate mastery of the material.

In addition, be sure to provide all instructions for the simulation before proceeding to the simulation location. The CART equipment may not be portable, so the participants who rely on these services may not have access to it at the simulation location. If you have a CART provider at the training, make sure you work with them to let them know they may have to be mobile and discuss what alternatives may be feasible if they are not able to move from one location to the next.

9-28 If you distribute a course evaluation, be sure to explain it to all participants before handing it out.

Appendix A: Additional Resources

FEMA:

- FEMA Office of Disability Integration and Coordination
<http://www.fema.gov/office-disability-integration-and-coordination>
- FEMA Office of Disability Integration and Coordination History and Milestones
http://www.fema.gov/media-library-data/1423244940368-9abb6ef1b8f7ad8856b56250a535cabe/ODIC_History_and_Milestones.pdf
- FEMA Getting Real- Promising Practices in Inclusive Emergency Management
gettingreal-ii.webcaston.tv/home/homepage.php
- FEMA Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters
http://www.fema.gov/pdf/about/odic/fnss_guidance.pdf
- FEMA Personal Assistance Services in Shelters Fact Sheet
 - http://www.fema.gov/media-library-data/20130726-1858-25045-8226/personal_assistance_services_fact_sheet_rp9580_210.pdf
- FEMA Personal Assistance Services Contract FAQ
<http://www.phe.gov/Preparedness/planning/abc/Pages/pas-faq.aspx>
- Accommodating Individuals With Disabilities in the Provision of Disaster Mass Care, Housing, and Human Services <http://www.fema.gov/accommodating-individuals-disabilities-provision-disaster-mass-care-housing-human-services>
- IS-368: Including People With Disabilities and Others With Access and Functional Needs in Disaster Operations
<https://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-368>
- Are You Ready? www.READY.Gov
- National Planning Frameworks <https://www.fema.gov/national-planning-frameworks>

Department of Homeland Security (DHS):

- DHS Management Directive on Nondiscrimination for Individuals with Disabilities in DHS-Conducted Programs and Activities
http://dhs.gov/sites/default/files/publications/dhs-management-directive-disability-access_0.pdf
- DHS Rehabilitation Act 40th Anniversary Video <http://dhs.gov/video/video-commemorating-40th-anniversary-section-504-rehabilitation-act-1973>
- DHS Guide to Interacting with People Who Have Disabilities
http://dhs.gov/sites/default/files/publications/guide-interacting-with-people-who-have-disabilities_09-26-13.pdf
- Tips for effectively communicating with protected populations during response and recovery <http://www.dhs.gov/publication/tips-effectively-communicating-protected-populations-during-response-and-recovery>

Disability.Gov:

- Disability.Gov Emergency Preparedness Links
https://www.disability.gov/?s=&fq=topics_taxonomy:%22Emergency+Preparedness%5E%5E%22
- Accessible Social Media <http://www.howto.gov/social-media/video/508-compliant-video-guide> and <http://www.section508.gov/blog/2013-12-05/new-video-multimedia-accessibility-guide>

Department of Justice (DOJ):

- DOJ www.ada.gov
- DOJ Effective Communication <http://www.ada.gov/effective-comm.htm>
- DOJ Project Civic Access <http://www.ada.gov/civicac.htm>
- DOJ PCA Tool Kit:
 - Chapter 3- General Effective Communication Requirements Under Title II of the ADA <http://www.ada.gov/pcatoolkit/chap3toolkit.htm>
 - Chapter 7- Emergency Management Under Title II of the ADA <http://www.ada.gov/pcatoolkit/toolkitmain.htm#pcatoolkit7>
 - ADA Checklist for Emergency Shelters <http://www.ada.gov/shleterck.htm>
- DOJ ADA Guide for Local Governments: Making Community Emergency Preparedness And Response Programs Accessible to People with Disabilities <http://www.ada.gov/emergencyprep.htm>
- DOJ Statement of Interest, CALIF, et al. v. City of Los Angeles, et al. http://www.ada.gov/briefs/calif_interest_br.pdf
- Los Angeles Settlement Agreement http://www.dralegal.org/sites/dralegal.org/files/casefiles/settlementagreement_6.pdf
 - DOJ Statement of Interest, BCIL, et al. v. City of NY, et al. <http://www.ada.gov/brooklyn-cil-brief.doc>
- New York City Opinion and Order http://www.dralegal.org/sites/dralegal.org/files/casefiles/order_2.pdf

Department of Labor (DOL):

- Office of Disability Employment Policy- Emergency Preparedness <http://www.dol.gov/odep/topics/EmergencyPreparedness.htm>

Department of Housing and Urban Development (HUD):

- HUD Guidance on CDBG Compliance with the Rehabilitation Act www.hud.gov/offices/adm/hudclips/notices/cpd/05-09c.doc

Federal Communications Commission (FCC):

- FCC Guidance on Accessibility of Emergency Information on Television <http://www.fcc.gov/guides/emergency-video-programming-accessibility-persons-hearing-and-visual-disabilities>

- FCC fact sheets on closed captioning and access to emergency information
<http://www.fcc.gov/cgb/consumerfacts/closedcaption.html>
<http://www.fcc.gov/cgb/consumerfacts/emergencyvideo.html>

Department of Health and Human Services (HHS):

- Centers for Disease Control and Prevention (CDC) Disaster Information for People With Chronic Conditions and Disabilities
<http://www.cdc.gov/ncbddd/disabilityandhealth/emergencypreparedness.html>

United States Access Board:

- Emergency Transportable Housing
<http://www.access-board.gov/guidelines-and-standards/buildings-and-sites/emergency-transportable-housing/final-guidelines-for-emergency-transportable-housing>

National Council on Disability:

- Emergency Management
http://www.ncd.gov/policy/emergency_management
- Effective Communications for People with Disabilities: Before, During, and After Emergencies <http://www.ncd.gov/publications/2014/05272014/>

Community:

- ADA National Network/FEMA Webinar Series: Emergency Management and Preparedness - Inclusion of Persons with Disabilities
<http://www.adaconferences.org/Emergency/Archives/>
- Planning for the Whole Community
<http://terrorism.spcollege.edu/Broadcasts/LRBroadcast0611.aspx>
- First Responder Guide <http://terrorism.spcollege.edu/SPAWARAFN/index.html>
- California Office of Emergency Services Office for Access and Functional Needs
<http://www.calema.ca.gov/ChiefofStaff/Pages/Access-and-Functional-Needs.aspx>
- Disaster Resources for People with Disabilities and Others with Access and Functional Needs <http://www.jik.com/disaster.html>
- Checklist for inclusive emergency management <http://www.jik.com/plancklst.pdf>
- Pass it on Center Emergency Management
<http://www.passitoncenter.org/EmergencyManagement.aspx>
- Portlight Strategies <http://www.portlight.org/>
- Institute on Disability at Temple University
<http://disabilities.temple.edu/programs/eprep/>
- ADA National Network <https://adata.org/topic/emergency-preparedness>
- National Fire Protection Association <http://www.nfpa.org/safety-information/for-consumers/populations/people-with-disabilities>

- United Spinal Wheelchair Safety At Home and at Work
<http://www.unitedspinal.org/pdf/WheelchairFireSafety.pdf>
- Feeling Safe, Being Safe <http://brcenter.org/lib/FSBS.php>

International:

- Disability Inclusive Disaster Risk Reduction Network <http://www.didrrn.net/home/>
- Arbeitet Samariter Bund (ASB) www.asb.de
- CBM www.cbm.org/emergencies
 - Disability Inclusive Disaster Risk Management
 - http://www.cbm.org/article/downloads/54741/Disability_Inclusive_Disaster_Risk_Management.pdf
 - Disability and Emergency Risk Management for Health
 - http://www.cbm.org/article/downloads/54741/Guidance_Note_on_Disability_and_Emergency_Risk_Management_for_Health.pdf
 - Disaster Reduction - Meet Kazol, 'disaster prepared'
<http://www.cbm.org/Disaster-Reduction-Meet-Kazol,-disaster-prepared--427283.php>
- Centre for Disability in Development www.cdd.org.bd
- Handicap International www.handicap-international.org
- Malteser International www.malteser-international.org
- Pacific Disability Forum www.pacificdisability.org
- South Asian Disability Forum www.sadf.asia

Videos:

- Shakeout 2014: Five Videos for People with Access and Functional Needs
<https://www.youtube.com/playlist?list=PLn6qonhKC3oKFFLM6Hkl-RQJRhpeQzEB5>
- Autism and First Responders: Seeing Beyond the Smoke
<http://www.temple.edu/instituteondisabilities/news/topstories/201407/firstResponders201407.shtml>
- Planning for the Whole Community
<http://terrorism.spcollege.edu/Broadcasts/LRBroadcast0611.aspx>
- Are You Ready? Emergency Preparedness for Individuals with Disabilities
<http://disabilities.temple.edu/programs/eprep/webinar2014.shtml>
- Encountering People with Disabilities in Emergency Situations
 - <http://disabilities.temple.edu/programs/eprep/webinar2013.shtml>
- Preparing Makes Sense for People with Disabilities and Others with Access and Functional Needs <http://www.fema.gov/media-library/assets/videos/78827>
- Hurricanes: CDC public service announcement videos - American Sign Language (ASL)
- Preparing for a Hurricane
http://www.bt.cdc.gov/disasters/hurricanes/psa/preparedness_asl.asp

- Preparing for Hurricanes: Prescription Medications
http://www.bt.cdc.gov/disasters/hurricanes/psa/prescription_asl.asp
- Evacuating the Area of a Hurricane
http://www.bt.cdc.gov/disasters/hurricanes/psa/evacuating_asl.asp
- Staying Safe in Your Home During a Hurricane
http://www.bt.cdc.gov/disasters/hurricanes/psa/safe_home_asl.asp
- Accessible Emergency Information <http://www.accessibleemergencyinfo.com/>
- Feeling Safe, Being Safe <http://www.dds.ca.gov/ConsumerCorner/fsbs/>

Appendix B: List of Terms for ASL Interpreters and CART

This list intends to help CERT programs that will be using an American Sign Language (ASL) interpreter or provider of Communication Access Realtime Translation (CART) services.⁵ It includes acronyms, compound nouns, idiomatic phrases, and technical terms that are used during *CERT Basic Training*. Provide this list to your interpreters or CART providers well before training begins so they will be fully prepared to facilitate communication access for participants who are deaf or hard-of-hearing. The terms are categorized by each unit for greater convenience, but keep in mind that there will be some duplication if terms are used in multiple units. You should also provide interpreters with copies of the Participant Manual and the PowerPoint slide deck for the *CERT Basic Training* in case they need to prepare for any additional terms not listed here.

Unit 1: Disaster Preparedness

abdominal pad
activated charcoal
adhesive tape
AED (automated external defibrillator)
allergy medication
aluminum foil
amateur radio
ambulance
anchor (verb, as in “anchor furniture to walls”)
antacid
antibacterial ointment
asphyxiation
aspirin or non-aspirin pain reliever
anti-diarrhea medication
at-risk neighborhoods
Band Aids bandages (adhesive, roller, triangular)
battery-operated weather radio
bolt (verb, as in “bolting houses to foundations”)
bulbs (for flashlights)
burglar bars
cabinet
canteens
catastrophic disaster
cat litter
CDC (Centers for Disease Control and Prevention)
CERT (Community Emergency Response Team)
certificate (birth, marriage)
CERT member supply kit
check-in contact

⁵ Programs may also find this list useful for translators of other languages as well.

childproof fastener
chimney
chlorine bleach
circuit breaker
Citizen Corps Councils
civilian volunteer response
civil unrest
collapsing
comfort foods (cookies, hard candies, sweetened cereals, lollipops, instant coffee, tea bags)
command post
communication (link, systems)
community relations
compass
compress (noun, as in “hot” and cold”)
contact lenses
cotton balls
CPR (cardiopulmonary resuscitation)
critical facilities
crowd control
cyalume stick (12-hour omni-glow)
deeds (to show ownership of home)
debris removal
dehydrated foods
dentures
disaster plan/family disaster plan
disaster preparedness kit/disaster supply kit
disaster psychology
disaster response
disaster supply kit
disaster survivors
disinfectant
documentation
donations management
drills (as in “practice exercises”)
duct tape
earthquake
EAS (Emergency Alert System)
electrical outage
emergency contact list
EOP (Emergency Operations Plan)
emergency preparedness manual
emergency response

emotional stressors
EMS (emergency medical services)
epinephrine
escape plan
evacuation
expiration date
extinguish
FEMA (Federal Emergency Management Agency)
feminine supplies
financial services
Fire Corps
fire extinguisher
fire safety
fire suppression
first aid
flammable
flashlight
flexible pipe fittings
formula (for babies)
free-standing tower
fuel
gauze dressings
gas meter
generator
goggles/safety goggles
“Good Samaritan” laws
government agency liaison
grandfather clock
“greatest good for the greatest number of people”
hamper (verb, as in “prevent”)
hard hat
hazard mitigation
hazmat (hazardous materials)
helmet
high-blood pressure medication
high-rise building
high-risk hazard
home fixtures
hurricane
hutch
hygiene
immunization records
impassable roads
incident
infrastructure

insulin
inventory
landline telephone
landslide/mudslide
law enforcement
laxative
leash/harness
liability
light search and rescue operations
liquid hand sanitizer
lines of authority
long-sleeved shirt
manual can opener
markers (thin- and thick-point)
masking tape
matches (noun)
medical (facilities, operations, responders)
medicine dropper
mess kits
miner's lamp
mitigate
mobile homes
moistened towelettes
MRC (Medical Reserve Corps)
multiple-unit dwelling
multiple-use buildings
mycoplasma outbreak
N95 mask
National Neighborhood Watch
natural gas leaks
needle
non-disaster role
non-latex exam gloves
non-perishable food
non-reinforced bricks
non-sparking crescent wrench
non-sparking shutoff wrench
notepads
nylon/canvas bag with shoulder strap
out-of-state phone contact
pandemic influenza
panels (as in "walls")
parade route
passport
personal identification

personal safety
personnel
petroleum jelly
places of worship
plastic bucket with tight lid
plastic sheeting
pliers
potable water
powdered milk
PPE (personal protective equipment)
preparedness (community, disaster, workplace)
preparedness demonstrations and materials
prescriptions
propane tanks
public health
pull-out cartridge fuses
purify
preventive measures
ready-to-eat foods
Red Cross
reflective vests
relief efforts
rolling boil
roster
ruptured fuel/gas lines
safe room
safety pin
scissors/EMT shears
section chief (operation, planning, logistics, administration)
seniors
service providers
shelter in place
shelter management and support (as in “helping out in a temporary disaster shelter”)
sheltering
sheltering in place
shutoff valves (electrical, gas, water)
signal flares
single-family home
skills inventory
slab (as in “foundation for mobile homes”)
sleeping bags
smoke alarms
sodium hypochlorite
special-needs households
staging area

staples (sugar, salt, pepper)
sterile
Sterno (canned fuel)
stocks and bonds
sturdy (shoes)
strap (verb)
structural and non-structural hazards
structural and non-structural mitigation
sunscreen
teamwork
telephone tree
terrorism
thermal underwear
thermometer
toilet paper
tongue blades
tornado
trail mix
tube tent
tweezers
utility knife
utility shutoff
utilities (electric, gas, water)
Velcro
veterinarian
vitamins
VIPS (Volunteers in Police Service)
voltage tick meter
water heater
water purification tablets
whistle (pea-less)
wildfire
wills (noun)
wooden shakes/shingles
work boots
work gloves

Unit 2: Fire Safety and Utility Controls

absorption
acid
aim (as in “aim at the base of the fire”)
alkaline
aluminum
ammonium nitrate

anhydrous ammonia
appliances
asphyxiant
backup teams
base (as in “alkaline”)
breakers
buddy system
capacity
carbon dioxide
carbon monoxide detector
cargo
carrying handle with trigger
CERT (Community Emergency Response Team)
CERT sizeup (as in “an assessment or evaluation”)
chain reaction
charcoal lighter fluid
chemical exothermic reaction
circuit box
combustibles
conduct (verb, as in “electricity”)
confine
corrode
corrosives
cotton
cylinder
decision-making flowchart
delivery van
DOT (Department of Transportation)
dry cleaner
earthquake
electrical equipment
equipment
err on the side of safety
evacuations
explode
explosive
extinguish
extinguisher (labeling, rating)
extinguishing agents
extinguishing methods
falling debris
fatty acid
fire extinguishers (water, dry chemical, carbon dioxide, portable, specialized)
fire and utility hazards
fire chemistry

fire class (A, B, C, D, K)
fire prevention measures
fire safety
fire sizeup (checklist, considerations)
fire suppression (safety, procedures)
fire triangle
firefighting resources
flammable/flammability
flashlight
foam
fuel/fuel sources
furnace
fuses/fuse box
gas meter
gas shutoff valve
goggles
“greatest good for the greatest number of people”
hazardous materials
health hazard
helmet
hose
hot water tank
ignited
ignition
impassable roads
ingestion
inhalation
injection
interior wet standpipes
jeopardize
kerosene
LIES (limit, isolate, eliminate, separate)
light source
magnesium metal
monoammonium phosphate base
multiple-unit dwelling
N95 mask
NA (North American)
natural gas (hazards, meter, service, shutoff)
NFPA (National Fire Protection Association)
NFPA 704 Diamond
non-flammable gases
occupancy

COMMUNITY EMERGENCY RESPONSE TEAM BASIC TRAINING
ANNEX FOR CERT FOR ALL ABILITIES

oils (animal, cooking, kitchen, vegetable)
“overhauling” a fire (the process of searching for hidden sparks to prevent rekindling)
oxidizers
oxygen
PASS (pull, aim, squeeze, sweep)
placards (for hazardous materials)
portable fire extinguisher
plan of action
plumber (licensed)
poisons
poisonous gases
portable fire extinguishers
precautions
pressure
pressure gauge
Pyrex jar
quadrants
radioactive materials
range
ratings
react (as in “chemically”)/reactivity
rescuer (safety)
rubber
safety (equipment, precautions)
shipyard
smoke-filled areas
Smokey the Bear
sodium bicarbonate
special needs
State Fire Marshal
store (home supply, “big box”)
sturdy shoes
suppress
titanium
toxic
trained technician
UL (Underwriters Laboratories)
UN (United Nations)
unstable
utility (control, point of delivery)
vapor
warning placards

Unit 3: Disaster Medical Operations—Part 1

abdomen
abdominal pulse
abnormal
airway obstruction
ambulatory
amputated
arm's distance
artery
assess
bandage
blanch test (tests capillary refill)
bleeding (arterial, venous, capillary; oozing, flowing, spurting)
blood vessels
bronchus
capillary
capillary refill
casualties
cells
CERT (Community Emergency Response Team)
cervical spine manipulation
circulate
circulation
CPR (cardiopulmonary resuscitation)
critical (as in "vitally important")
cultural differences
degree of severity
delayed
deployment
direct pressure
disaster kits
disaster medical operations
disaster victims
document (verb)
elevation
extremity
first aid
gasp
goggles
"greatest good for the greatest number of people"
gurgling
Head-Tilt/Chin-Lift method

helmet
hepatitis
HIPAA (Health Insurance Portability and Accountability Act)
HIV (human immunodeficiency virus)
implied consent
indecisive leadership
infection
injury
jaw
labor-intensive
larynx
limb
lung
mass casualty event
medical (assessment, operations, personnel)
minor (as in “less important”)
multiple-organ failure
Muslim
N95 mask
nasal cavity
nauseated
non-latex exam gloves
numb
nutrients
organs
oxygen
paramount
phases of death
pharynx
pitfalls
PPE (personal protective equipment)
pressure bandage
pressure points (brachial, femoral, popliteal)
prioritize
privacy
pulse
radial pulse
resources
rescuers
respiratory system
safety equipment
semiconscious
shallow breathing

shock
simulated disaster conditions
size up (verb, as in “assess or evaluate a situation”)
sizeup (noun, as in “conduct a CERT sizeup”)
START (simple triage and rapid treatment)
sterilized
sturdy shoes
survivors
systematic
tagged (as in “labeled”)
“three killers” (airway obstruction, excessive bleeding, and shock)
tissues
tourniquet
trachea
trauma
treatment
triage
unconscious
veins
victims
vital organs
voice triage
wheezing
work boots
work gloves

Unit 4: Disaster Medical Operations—Part 2

accessible
adhered
airway obstruction
alcohol
alcohol-based hand sanitizers
allergy
ambulances
amputations
anaphylaxis
antiseptics
anxiety
armpit
assess
backboard
bacterial
bandage (noun and verb)

bites
bleach (diluted, liquid, non-perfumed)
bleeding
blisters
blood vessels
blunt force (to nose)
board
body fluids
body of water
bruising
bulb syringe
bulky
burns (chemical, inhalation)
cached
CDC (Centers for Disease Control and Prevention)
centralized
CERT (Community Emergency Response Team)
circulation
cloudy (as in "water")
collapsed
configuration
conscious/consciousness
continuity of bones
cross-contamination
DCAP-BTLS (deformities, contusions/bruising, abrasions, punctures, burns, tenderness, lacerations, swelling)
debris
deformity
delayed
dermis
dilute
disaster medical system
discharge
discoloration
disease
dislocations
disposal
dizziness
"do no harm"
document (verb)
draperies
dress wounds
dressings

either-or decision
electrical current
elevate
EMS (Emergency Medical Services)
epidermis
exacerbate
exercises (as in drills)
exhaustion
extent
expandable
extremities
field conditions
flow of patients
foreign object
fractures (closed, open, displaced, non-displaced)
frostbite
gangrenous
goggles
ground covers
hands-on
hazards
head-to-toe assessment
heat cramps
heat exhaustion
heat stroke
helicopters
human waste
hydrogen peroxide
hygiene
hypothermia
immerse
immobilize
impaled objects
incident location
infection
injuries (cold-related, heat-related, soft tissue, closed-head, spinal)
irrigate
irritant
itching
jewelry
joints
killers (three killers: airway obstruction, excessive bleeding, and shock)
lacerations
layout

listlessness
mechanism of injury
medical (operations, treatment area, waste)
medical ID emblems
minor (as in “less important”)
moist
morgue
muscle spasms
N95 mask
nasal
nausea
non-latex exam gloves
nosebleed
ointment
patient
pelvis
personnel
perspiration
plastic
PMS (pulse, movement, sensation)
potable
priority
public health
pulse
purify
raccoon eyes
radiation
ratio
remedies
rescuer
respiratory distress
restricted use
rigid
rolling boil
rubber gloves
safety equipment
sanitary
sanitation
secondary infection
seizures
severe/severity
severed
shivering

shock
singed
size up (verb, as in “assess or evaluate a situation”)
sizeup (noun, as in “conduct a CERT sizeup”)
sling
slurred speech
solution (as in “a liquid mixture”)
soot
spine/spinal
splints (anatomical, cardboard, pillow, towel)
sprains
spread of disease
stabilize
sterile/sterilized
stings
strains
striations
subcutaneous layer
supply procurement and distribution
susceptible
swelling
systematically
tagged (as in “labeled”)
tarps
temperature
tenderness
thawing
tingling
tissue parts
towels
transport
trauma
treatment (areas, area setup)
triage
turkey baster
tweezers
unpredictable behavior
uphill
upwind
venom sac
verbal
vessel constriction
victims
voids
vomiting
water purification

winds (onshore, offshore)
wound (care)

Unit 5: Light Search and Rescue Operations

agency
ambulatory
angle
airway
arched
assess damage
availability
backup teams
biological
bleeding
“box cribbing”
brainstorm
buddy system
carries (blanket, chair, one-person arm, pack-strap, two-person)
CERT (Community Emergency Response Team)
cervical spine
chemical
collapse/collapsed/collapse site
command post
commercial buildings
communication channels
compounded
compromised (as in “damaged”)
concrete slabs
confined area
consider probabilities
constraints
construction type
cracked plaster
creaking
crib/cribbing/cribbing blocks
damage
debris
decision-making process
decorative work (on buildings)
density
deployment
disaster
disorientation

document (verb)
“doing the greatest good for the greatest number of people”
drags (noun)
duplication of effort
dust
dwelling (multiple-family, single-family)
earthquake
entrapment
equipment
establish priorities
evacuate
explosive devices
exterior trim
extricate/extrication
fascia
fatigue
felled trees
foundation
front (as in “weather”)
fulcrum
gas leaks
gather facts
grasping
grid
groaning
ground failure
gust
handle (noun)
hazardous materials
helmet
high-rise
hillside
hobbies
“human chain”
hurricane
impact (verb and noun)
improvised
influx
injury (closed-head, spinal)
interior contents
known risks
“lap around”
lever
leverage/leveraging

life-threatening hazards
lifts (noun)
light (as in minor or superficial)
limitations (mental, physical)
load
logistics
log-rolling technique
lumber crayons
manpower
margin of safety
masonry chimney
methodology
midsection
moderate
mortar (lime or sand)
Murphy's Law ("Anything that can go wrong, will go wrong.")
N95 mask
perimeter
perpendicular
personnel
plan of action
plant (as in "a factory or facility")
PPE (personal protective equipment)
porches
potential
prediction
pressing needs
priorities
procedures
processes
property
pry tool
quadrant
radiological
recessed
rectangle
reinforcing plates
rescuer
resources
rotating (of teams)
safety officer
scenario
scope of the problem
secondary (collapse)
search (methodology, pattern)
searches (grid, exterior, interior)

sharp (as in “too sharp an angle”)
shock
shower curtain
sizeup (noun, as in “search and rescue sizeup”)
slash mark (half of an “X”)
smoke (noun)
SOPs (Standard Operating Procedures)
spontaneous
spotter
squall line
squat
stable
steel reinforced
stretchers
strip shopping center
structural damage/structural instability
structures
team leader
techniques
terrain
terrorist
“three killers” (airway obstruction, excessive bleeding, and shock)
time-critical
“time in”
“time out”
tilting
tilt-up (construction type)
tools
tornado
trapped
triage/triaging
triangulate/triangulation
unreinforced brick
unstable
utility lines
victims
visibility
visual assessment
voids (areas of entrapment: individual, structural)
warehouse
weather conditions
wedging
weight distribution
wood frame (construction type)

Unit 6: CERT Organization

access routes
accountability
activation
agency official
airway
batteries
bleeding
buddy system
“buddy up”
capability
casualties
CERT (Community Emergency Response Team)
CERT kit
chain of command
command post
command structure
compensation
compile
comprehensive resource management
consolidated action plans
contract negotiation
cost analysis
damage assessments
decision-making
degree of damage (heavy, light, moderate)
delegate
deploy
designated
disaster (situation, workers)
document/documenting/documentation
downed power line
emergency responders
emergency response agencies
extinguish
facilitate
facilities
finance and administration
fire or law enforcement official
fire suppression
first aid site
flashlights
foundation
functional (areas, groups, leadership, teams)

gatekeeper
“greatest good for the greatest number of people”
“harm’s way” (as in “placing CERT members in harm’s way”)
head-to-toe assessment
hysterical
IC/TL (Incident Commander/Team Leader)
identified hazards
incident (location, safety, status)
Incident Command System (ICS)
intelligence (as in “information”)
legal authority
leadership
liaison
logistics
management (structure, system)
medical treatment area
medical triage
media
mobilization
NIMS (National Incident Management System)
NIMS (compliance, standards)
ongoing (needs)
on-scene management
operational guidance
operationally
operations
organizational structure
paramount
personnel (operations section chief, logistics section chief, planning section chief,
finance/administration section chief)
planning
pit bull
priorities/prioritize
professional responders
psychologically
Public Information Officer
radios
ratio
reporting chain
“reported for duty”
rescue efforts
rescuer safety
resources (volunteer)
response (activities, teams)
rules of engagement
shock

sizeup (noun, as in “search and rescue sizeup”)
SOP (Standard Operating Procedure)
span of control (effective, manageable)
staging area (pre-designated)
status (resource, situation, status update)
strategy/strategies
structural damage
supervisor
supplies
support locations
tabletop exercise
tactical operations
tape (noun)
team organization
teamwork
terminology
timekeeping
transport
triage (area)
utilities
utility hazards
victim treatment area
volunteer (verb)

Unit 7: Disaster Psychology

alcohol
alleviate
appetite
assess
buddy
caffeine
CERT (Community Emergency Response Team)
CISD (Critical Incident Stress Debriefing)
CISM (Critical Incident Stress Management)
clergy
cognitive functioning
compassion fatigue
compound (verb, as in “worsen”)
cope
death scene
debriefing
denial
diarrhea
disaster (counseling, psychology, trauma)
drug consumption

electrolyte-replacing fluids
emotional well-being
emotionally
empathetic listener
empathizing
exhaustion
factual
fluid intake
grief/grieve
hyperactivity
impacted
incident
injury
intensity
interpersonal relationships
intervention
irritability
local authorities
marital discord
mediating factors
mental health professionals
mood swings
nausea
non-verbal communication
occupational hazard
on-scene psychological intervention
over-identifying
personnel
phase (impact, inventory, rescue, recovery)
physically
physiological
protocols
“psychological first aid”
psychologically
psychotic
recurrence
refined sugar
secondary victimization
self-blame
shock
sink in (as in, “the reality of the event takes time to sink in”)
spiritual resources
stabilizing
stress/stress level
suicidal
support (noun)

survivors
symptoms
team well-being
therapy
trauma (survivor's, vicarious)
traumatic (crisis, stress)
uninjured
victims
witnessed

Unit 8: Terrorism and CERT

absorbent cloth
absorption
acquiring supplies
airborne
airflow
alert
ammonium nitrate
anthrax
apartment building
assess/assessing the risk
athletic events
attack (conventional)
authorities
battery-powered radio
blast effects
blister agents
blood agents
bloodstream
blot
bombs
broadcasts (noun)
capability/capabilities
capsicum (pepper spray)
carbon dioxide
categories
CBRNE (chemical, biological, radiological, nuclear, explosive)
CERT (Community Emergency Response Team)
CERT goals
CERT graduate
CERT operating procedures
CERT protocols
cessation
chemical agents/chemical weapons
chlorine

choking agents
coerce
commercial blasting supply companies
constricted pupils
contagious
contaminant
contaminated
convulse/convulsions
copious
cordless or cellular telephone
critical resources
crops
cyanogen chloride
debris
decontamination (action, procedures)
deploying assets
detonate/detonating
disaster (plan, supply kit)
dispersal devices
disruption
disseminated
dissipate
domestic
downwind
dry runs
duct tape
EAS (Emergency Alert System)
elevate
elicitation
emergency planning zone
enriched nuclear materials
environmental factors
evacuate
evacuation (plans)
evacuees
evidence
exhibiting
explosive devices (improvised)
explosives (conventional)
exposure/exposed
fallout shelters
family communication plan
fertilizer
flu
fluid
flush

foreign
fuel
hazardous materials
health
high-rise
high-risk
high-impact
household ingredients
hydrogen cyanide
IEDs (improvised explosive devices)
imminent
incapacitate
incident
incident zones (cold zone, warm zone, and hot zone)
indicators
ingestion
inhalation
intimidate
invasive sampling
lewisite
limitations
liquid
lose consciousness
lungs
mass casualties
mass panic
medical (attention, facilities)
medications
military (establishment, munitions)
milling agents
mimic
multiple (casualties, victims)
muscle twitching
mustard
National Weather Service
nerve agents
nuclear (facility, weapons)
objectives (political, social)
odors
out-of-place and unattended packages
out-of-state contact
outlets (electrical, telephone)
oxygen
parades
phosgene
Post Office

potential
precut plastic sheeting
protective action
radiation monitoring
radioactive
raw materials
RDDs (radiation dispersal devices)
respiratory distress
riot-control agents
risk (moderate)
routes for exposure
runny nose
safe room
salivating
sarin
scrubbing
sealed plastic bags
seats of government
security measures (local)
segments of the population
self-care
self-protective
shelter-in-place procedures
shielding
shock
shortness of breath
shoulder-fired surface-to-air missiles
sizeup (noun, as in “search and rescue sizeup”)
skin necrosis
subways
surveillance
suspended
suspicious
symptoms
tastes
tear gas
technical complexities
technology
terrorism (planning)
terrorist (activity, attack, goals, groups, incident, weapons)
terrorist targets (soft or hard)
tests of security
thorough
threat
tolerances
transportation facilities

trauma
tunnels
uncontrolled
unlawful use of force or violence
unscheduled spraying
uphill
upstream
upwind
utilities
vapor
vapor clouds or mists
ventilation system
vents
viable
vital services
warning signals
water supplies
weapons
weapons-grade material
wildlife

Unit 9: Course Review, Final Exam, and Disaster Simulation

administrator
accountability
affiliation
agency personnel
airway
anaphylaxis
antidepressants
appetite
arterial
assess/assessment
assurance of confidentiality
axe
back out
backup team
balanced diet
bandaging
biological
blanket carry
bleeding
blood-borne disease
bruised
bucket
buddy system

capillary
CBRNE (chemical, biological, radiological, nuclear, explosive)
CERT (Community Emergency Response Team)
CERT command structure
CERT kit
CERT leader
CERT protocols
CERT sizeup
chair lift
chemical
classify
collapsed
command objectives
command post
consider probabilities
construction types
cope
course of action
CPR (cardiopulmonary resuscitation)
cracked plaster
cribbing
CISD (Critical Incident Stress Debriefing)
CISM (Critical Incident Stress Management)
communications
critical threat
damage (light, superficial, moderate, heavy)
damage assessment
debris
defensive strategies
deformity
delayed
delegate
denial
deploy
devastating
direct pressure
disaster plan
disaster preparedness
disaster psychology
disaster scenario
disaster scene
disaster simulation
disaster supply kit
discharge (verb, as in “discharge the fire extinguisher”)
documentation
drags (noun)

dressings
dry runs
earthquake
electric shock
electrical plant
elevate/elevation
emergency response funding
empathetically
equipment
equipment resources form
establish priorities
evacuate/evacuation
extent of damage
extricate
faulty wiring
feedback
firefighting resources
fire sizeup
fire suppression
forecast
fracture
frantic
gas line rupture
gather facts
geriatric facility
glass shards
“greatest good for the greatest number of people”
groan
hazardous materials
Head-Tilt/Chin-Lift method of opening an airway
head-to-toe assessments
health fairs
high-risk hazards
home fixtures
hurricane
hyperactivity
hypertension
hypothermia
ICS (Incident Command System)
inadequate
incident
Incident Status Record
indicators
injuries
interior wet standpipes
label

laceration
law enforcement officials
lean-to void
leveraging
lifts (nouns)
light search and rescue
local officials
logistical requirements
low blood sugar
magnitude
malnourishment
management structure
manmade
mechanical
medical professional
message form
mobilize
monitor
morgue
mortal
muggy
natural
nauseated
NFPA (National Fire Protection Association) 704 Diamond
non-disaster (function, role)
non-perfumed chlorine bleach
one-person arm carry
on-scene psychological intervention
organizational structure
“overhaul” a fire (search for hidden sparks to prevent rekindling)
overwhelmed
pack-strap carry
parades
PASS (pull, aim, squeeze, sweep)
phase (impact, inventory, recovery, rescue)
physiological
pin (part of a fire extinguisher)
PMS (pulse, movement, sensation)
political pamphlets
portable fire extinguishers
posted (as in “a sign”)
potential (disaster threats, hazards, target)
PPE (personal protective equipment)
premises
pressure points
professional responders

protective actions
psychological and physiological symptoms of stress
quadrant
ravages
RCS (Rescue Command System)
realign
resources (creative)
restrain
rotation
safe room
safety
search and rescue operations
section markers
seniority
shed
sheltering in place
shock
sizeup (noun, as in “assessment or evaluation”)
soiled
spinal
splint/splinting
SPU (Strategic Planning Unit)
spurting
SRS (Search and Rescue System)
stabilize
stations
sterile/sterilize
strategy
structural damage (light, moderate, heavy)
structure
supply kit
surveillance
survivors
swelling
symptoms
systematic
tag (as in “label”)
team priorities
teamwork
techniques (rescue, search)
technological
terrorism
terrorist incident
tests of security
thorough
“three killers” (airway obstruction, excessive bleeding, and shock)

tissue perfusion
tornado
tourniquet
trapped
trauma
treatment area
triage
unintelligibly
unsound
utility control
venous
victim
victim carries
Victim Treatment Area record
Void
voluntary
warning siren
welt (as in “angry red welt”)
wheezing
wound (care)
wrap
yield