

# **FACILITATOR MANUAL**

## **EMERGENCY & DISASTER PREPARDNESS AT PRIMARY HEALTHCARE LEVEL**



**EMERGENCY & DISASTER PREPARDNESS AT PHC LEVEL  
KHYBER PAKHTYNKHWA HUMAN CAPITAL INVESTMENT PROJECT**

**Activity:** Emergency & Disaster Preparedness at PHC level

**Project Name:** Khyber Pakhtunkhwa Human Capital Investment Project  
(KP-HCIP)

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## Acknowledgement:

The development of the *Preparedness Training Manual for Primary Health Care* has been made possible through the collaborative efforts of multiple partners under the Khyber Pakhtunkhwa Human Capital Investment Project (KP-HCIP). This manual represents the shared commitment of the Department of Health, Khyber Pakhtunkhwa and its development partners to strengthen preparedness, response and resilience within the primary healthcare system. Disaster has long been embedded in the history of Pakistan and Khyber Pakhtunkhwa in particular has faced repeated natural and human-made disasters.

We extend our sincere appreciation to the Directorate General Health Services (DGHS), the KP-HCIP Project Management Unit and the technical experts, trainers and healthcare professionals who provided their valuable guidance, experience and technical input throughout the development process. Their dedication to improving emergency readiness and community resilience has been vital to shaping the content and direction of this manual.

Special acknowledgment is also due to the primary healthcare teams, facility managers, emergency responders and frontline workers whose continuous efforts during crises inspired the development of this resource. Their real-world experiences and unwavering service to communities have laid the foundation for strengthening preparedness and response at the PHC level.

This manual is designed as a practical guide for PHC providers, promoting preparedness, coordination, accountability and continuous improvement across the health system of Khyber Pakhtunkhwa. Through this collective effort, we aim to enhance emergency response capacity, protect communities during disasters and contribute to building a safer, stronger and more resilient province.

## Glossary of Terms

### Training Resources Provided

- **Trainers' Manual:**

A comprehensive guide (both hard and soft copies) for facilitators to conduct each training session effectively. It includes session plans, teaching methods, demonstrations, group activities, checklists and all required training materials.

- **Participants' Manual:**

A simplified, user-friendly booklet (available in hard and soft formats) containing essential concepts, step-by-step procedures, emergency algorithms and quick-reference charts. It is designed for continued learning and field use by PHC workers and community responders.

### How to Use This Manual

This training manual has been developed to strengthen the knowledge and practical skills of Primary Healthcare staff, CERT members, community responders, supervisors and frontline health workers in managing emergencies and disasters at the PHC level.

It is intended to be:

- **A reference guide**, offering clear instructions, protocols and visual aids for emergency situations.
- **A training tool**, used actively during group exercises, demonstrations, drills and discussions.
- **A practical field manual**, providing step-by-step procedures for lifesaving interventions, triage, evacuation, first aid and disaster management.

Participants and trainers are encouraged to use this manual before, during and after training sessions to build strong emergency response capabilities and promote a safe, coordinated and resilient health system.

## **Objectives of the Emergency & Disaster Preparedness Training**

### ***1. Build Foundational Understanding of Disasters and Their Health Impact***

Strengthen participants' knowledge of disaster concepts by exploring the nature, types and causes of disasters; their impact on health systems; and their relationship with national priorities and Sustainable Development Goals (SDGs).

This includes developing an understanding of Pakistan's disaster profile and the vulnerabilities of the national health system.

### ***2. Equip PHC Responders with Essential First Aid and Emergency Care Skills***

Enable healthcare workers and CERT members to assess and manage key emergency conditions using DRABC principles and evidence-based first aid.

Participants will learn lifesaving interventions—including CPR, control of bleeding, shock management, airway emergencies, fracture and spinal stabilization, burn care, heat emergencies, drowning response and snakebite management—relevant to the PHC and community context.

### ***3. Strengthen Rapid Assessment, Triage and Initial Response at PHC Level***

Develop the capacity of frontline workers to perform systematic initial assessments, stabilize patients and prioritize care during emergencies and disasters.

This includes applying structured decision-making, recognizing time-critical conditions and ensuring safe patient handling and transport.

### ***4. Promote a Culture of Preparedness, Safety and Teamwork***

Foster effective communication, coordination and teamwork among PHC staff, CERT members and community actors.

Encourage early reporting, rapid mobilization and collaborative action to reduce mortality and prevent complications during emergencies and disaster events.

### ***5. Enhance Local Preparedness, Disaster Planning and Community Engagement***

Provide participants with practical skills to contribute to PHC-level disaster preparedness planning, incident response and resource management. Strengthen their ability to guide communities on first aid, safe behaviors, risk reduction, early referral and hazard awareness, ensuring active community involvement in emergency preparedness and resilience.

### ***6. Improve Health System Support, Resilience & Accountability***

Develop understanding of how leadership, coordination mechanisms and data-driven assessments support emergency management. Highlight the importance of monitoring, reporting and evaluating emergency response actions to strengthen PHC resilience and continuous improvement in disaster preparedness.

### **Expected Outcomes**

By the end of this training, participants will have a strong foundation in the core principles of emergency and disaster preparedness within the primary healthcare setting. They will be able to recognize and respond effectively to common emergencies and disaster-related health risks, including life-threatening conditions such as shock, drowning, burns, fractures, heat stroke, snakebites and cardiac arrest. Participants will gain the essential knowledge and hands-on skills required to stabilize patients, deliver lifesaving first aid, perform safe transport and ensure timely referral to higher-level care.

Participants will also strengthen their communication, coordination and teamwork competencies—critical for efficient emergency response during disasters. They will be equipped to work collaboratively with PHC teams, CERT members, ambulance services and community responders to ensure rapid mobilization and safe, organized patient management. Furthermore, participants will be prepared to apply standardized emergency protocols, contribute to disaster preparedness planning at PHC facilities and promote a culture of readiness, safety and community awareness. Ultimately, this training aims to develop a confident and capable frontline workforce that can reduce preventable deaths, minimize complications during emergencies and support resilient, safe and responsive primary healthcare services during disasters.

## **Training Agenda**

Complete details for each block and its sub sessions with information about methodology, different interactive activities and resource materials required are listed in detail. In this manual, Participatory techniques are adapted to make learning as hands-on as possible. The training agenda has been made flexible for the trainers. The training agenda is set for 3 days for healthcare providers working in primary settings including BHUs, RHCs, Civil Dispensaries, Category-C and Category-D hospitals and the human resource providing emergency services at community level including Rescue 1122 team members.

### **A. Facilitation Methods**

Trainers should apply adult learning principles while considering the participants' varying levels of experience in the healthcare delivery system. An effective trainer will leverage the skills and personalities within the group to create an engaging and productive workshop. The following participatory training methods can be beneficial:

#### ***i. Power Point Presentation***

Often referred to as the "lecture method," this approach has faced criticism for being facilitator-centered and making participants passive listeners. However, it can be effective, particularly when introducing new or unfamiliar topics. The facilitator should present information in a way that encourages group interaction, promoting an interactive learning environment. To enhance presentations, the facilitator can use anecdotes, humor, handouts, PowerPoint slides, audio-visual materials and ask questions to engage participants.

#### ***ii. Brainstorming***

Brainstorming encourages quick, collaborative discussions on a topic, fostering creativity and generating ideas swiftly. It's particularly useful for building consensus around contentious issues, with points raised during the session often recorded on a flip chart.



### ***iii. Real Life Experience Sharing***

This method allows selected participants or guest speakers to share relevant life experiences that connect to the topics being discussed, adding a personal touch to the content. It's important to ensure that speakers stay on topic and adhere to their allotted time.

### ***iv. Small Group Discussion***

The primary goal of small group discussions is to maximize participation and foster new insights among participants. Groups of four or five are ideal, as they allow for more personal interaction, reduce intimidation and encourage idea exchange. Considerations for group work include the topic, objectives, assigned tasks, desired participation level, available resources, time management, group composition (including gender) and seating arrangements. Each group should have a chairperson and a note-taker, with key points recorded on a flip chart for reporting back to the larger group. The facilitator should then synthesize and clarify any emerging issues.

### ***v. Case Study***

In this method, participants analyze a real or fictional case in small groups before discussing it with the larger group. The facilitator presents the case details and invites participants to propose solutions and share their opinions without dictating the best answer or critiquing contributions.

## **B. Logistic Support:**

Training arrangements should be made well in advance and all necessary equipment and supplies should be arranged. Required training equipment include:

- Laptop, projector & un-interrupted power supply
- Flip Flowcharts with Stand
- Colored Markers, Sticky Notes
- Necessary Stationary Required for participants (Writing pad, pen, pencil etc)
- Required No. of pre-test and post-test questionnaires copies
- Required No. of participants handouts

### **C. Preparatory Checklist for the trainer**

The trainer should:

- Thoroughly understand the training manual's content.
- Review the training objectives, session outlines and activities for each session, including learning goals, time, resources and trainer instructions as detailed in the manual.
- Familiarize themselves with the session slides, particularly those with presentations.
- Review the pre/post-test and course evaluation forms and prepare copies for all participants.
- Make copies of handouts, role-play scenarios and checklists to ensure all audio-visual equipment is functional.
- Check the training venue, including seating arrangements, lighting and fans or air conditioning (for summer).

## Executive Summary

### Background

The Primary Health Care (PHC) approach forms the backbone of disaster and emergency preparedness in Khyber Pakhtunkhwa (KP). It strengthens the ability of communities and the health system to prepare for, respond to and recover from emergencies. KP has experienced repeated disasters—such as floods, earthquakes, outbreaks and ongoing conflict-like situations in certain areas—highlighting the need for a strong and resilient PHC system.

PHC is built on three connected pillars:

1. Empowered people and communities,
2. Multisectoral policies and actions for health and
3. Strong, integrated health services, including good-quality primary care supported by essential public health functions.

These pillars provide the structure needed for effective disaster management at the local level. Through this approach, PHC ensures that emergency response is quick and coordinated, while the health system continues to deliver essential services even during crises. It also supports long-term resilience by helping communities prevent, manage and recover from emergencies more effectively.

KP faces many types of emergencies—such as disease outbreaks, natural disasters like floods and earthquakes and humanitarian challenges due to displacement. Although the causes of these emergencies differ, they often lead to similar challenges, including population movement, disruption of health services and increased health risks. A strong PHC system can help minimize these impacts and protect the health and well-being of communities across KP.

## Introduction to Preparedness at the Primary Healthcare Level

Session: Introduction to Preparedness at the Primary Healthcare Level

### Trainer's Notes:

- Participants include Medical Officers, PHC-HWC staff, nurses, LHVs, paramedics and other frontline health workers working in PHC facilities across Khyber Pakhtunkhwa.
- The session will introduce key concepts of preparedness, linking them with the operational responsibilities of PHC-level staff.
- Facilitation should be interactive and participatory, encouraging participants to share local examples of emergencies they have experienced (e.g., floods, earthquakes, conflict-related displacement, mass casualty incidents).
- Prepare to guide participants on practical aspects of emergency management and the role of PHC teams in strengthening community resilience.

### Training Methods:

- Brainstorming & Q/A: To explore participants' understanding of emergency care and local disaster risks.
- Lectures using slides: For structured explanation of key concepts.
- Group discussions: To contextualize challenges faced at PHC-HWCs.
- Case studies: To analyze real scenarios such as floods, road traffic accidents or outbreaks.
- Role-play: For practicing communication, triage and referral coordination.

### Training Facilities and Materials:

- Projector & slide deck
- Flip charts and markers
- Handouts
- Case scenarios for group work
- Local district maps and community profiles (optional)

## Session Breakdown

Activity	Content/Details	Methodology
<b>Sub-Session 1.1: Background and Context</b>	<ul style="list-style-type: none"> <li>- Overview of PHC in KP and its role in emergencies.</li> <li>- Rising disease burden: NCDs + persistent communicable diseases.</li> <li>- Frequent disasters in KP (floods, earthquakes, landslides, conflict events).</li> <li>- Why emergency preparedness is essential for resilient PHC.</li> </ul>	<p>Presentation: Use slides to explain trends and examples.</p> <p>Brainstorming: Ask participants to list emergencies commonly seen in their areas.</p>
<b>Sub-Session 1.2: Rationale for Strengthening Emergency Care at PHC-HWCs</b>	<ul style="list-style-type: none"> <li>- Importance of early, timely emergency interventions at PHC.</li> <li>- Gaps: weak referral pathways, lack of equipment, limited training.</li> <li>- Concept of the “Golden Hour.”</li> </ul>	<p>Interactive Discussion: Ask participants how delays impact outcomes.</p> <p>Case Example: Discuss a preventable mortality scenario due to delayed care.</p>
<b>Sub-Session 1.3: Linkages with National and Provincial Priorities</b>	<ul style="list-style-type: none"> <li>- Alignment with UHC, Sehat Sahulat Programme and Essential Package of Health Services.</li> <li>- KP primary healthcare reforms and human capital investment goals.</li> <li>- Importance of continuity of essential services during crises.</li> </ul>	<p>Lecture: Explain using policy references.</p> <p>Q&amp;A: Invite participants to share challenges in maintaining services during local disasters.</p>

<p><b>Sub-Session 1.4: Purpose of the Training Module</b></p>	<ul style="list-style-type: none"> <li>- Core competencies: ABC stabilization, trauma care, communication, triage and referral.</li> <li>- Preparedness for mass casualty incidents, disease outbreaks and natural disasters.</li> <li>- Goal: Build confidence and readiness among PHC teams.</li> </ul>	<p>Presentation: Introduce module structure and outcomes.</p> <p>Group Input: Ask what competencies participants feel they need most.</p>
<p><b>Sub-Session 1.5: Role of Medical Officers in Emergency &amp; Disaster Preparedness</b></p>	<p>Clinical Roles: Airway, breathing, circulation; trauma stabilization; burns; obstetric/pediatric emergencies; poisoning; referral.</p> <p>Public Health Roles: Community education, early detection, reporting outbreaks, leading triage in MCI.</p> <p>Managerial Roles: Team coordination, drills, equipment checks, emergency drug management, documentation.</p>	<p>Role-Play: Demonstrate team leadership during an emergency scenario.</p> <p>Discussion: Ask participants to reflect on current challenges in fulfilling these duties.</p>

## Detailed Notes for Group Activities

### 1. Brainstorming Activity (Sub-Session 1.1) – “What Emergencies Do We See?”

#### Instructions:

Ask groups to list emergencies commonly presenting at their PHC-HWCs (e.g., RTAs, burns, obstetric emergencies, snake bites).

#### Outcome:

Participants recognize the importance of preparedness based on real local patterns.

### 2. Case Analysis (Sub-Session 1.2) – “Golden Hour Failures”

#### Instructions:

Share a short case where a delay in stabilization or referral led to complications (e.g., RTA victim arriving late at DHQ).

#### Outcome:

Participants identify gaps and propose PHC-level actions that could have improved survival.

### 3. Policy Reflection Activity (Sub-Session 1.3)

#### Instructions:

Ask groups to map PHC services in their districts to the Essential Package of Health Services.

#### Outcome:

Participants understand how emergency care is part of UHC and routine service delivery.

### 4. Team Coordination Role-Play (Sub-Session 1.5)

#### Instructions:

One participant acts as MO leading an emergency response team. Others act as staff receiving a trauma case.

## Outcome:

Participants learn how communication, delegation and triage decisions improve outcomes.

## Key Learning Points

1. PHC in KP operates in high-risk settings, where emergencies and disasters frequently disrupt services.
2. Strengthened PHC emergency capacity reduces mortality, especially during the critical first hour.
3. PHC facilities play a frontline role in stabilization, triage, communication and referral.
4. Integration with national and provincial health priorities ensures continuity of essential services during crises.
5. Medical Officers are central to emergency preparedness, combining clinical, managerial and public health functions.

## Follow-Up for Facilitators

- Provide handouts summarizing referral pathways, essential emergency drugs/equipment and local district disaster profiles.
- Encourage participants to apply learning by conducting at least one drill within their PHC facility after the training.
- Collect feedback on challenges faced in emergency preparedness to inform future training sessions.

## Closing Remarks

- Reinforce that preparedness is a core part of quality primary healthcare, not an optional service.
- Motivating PHC teams to strengthen their systems will contribute significantly to saving lives and improving resilience in KP communities





## CHAPTER ONE

### INTRODUCTION TO DISASTERS AND THEIR IMPACT ON HEALTH



## SESSION 1.1

### UNDERSTANDING DISASTERS AND HUMANITARIAN EMERGENCIES

#### Introduction

Over the past two decades, disasters and humanitarian crises have increased significantly across the world. These events—whether natural or caused by human actions—disrupt the lives, health and livelihoods of millions of people. When communities are unable to cope with the impact of such events using their own resources, the situation becomes a humanitarian crisis and requires external support.

In many regions, especially low- and middle-income countries, disasters affect health systems, social services, education and the economy. The effects are even more severe when conflict and natural disasters occur together, leading to what is known as Complex Humanitarian Emergencies (CHEs). These emergencies cause mass displacement, food insecurity, disease outbreaks and increased health needs for both displaced and host communities.

Disaster preparedness at the PHC level is not only about knowing the hazards—it is about ensuring resilient health facilities, trained staff, coordinated communication and strong community engagement. When PHC workers understand how disasters unfold and how emergencies affect health services, they are better equipped to save lives, reduce suffering and support recovery.

This session introduces the basic concepts of disasters, types of emergencies and the global and national frameworks guiding disaster response—including the roles of key UN agencies such as WHO, UNICEF, UNFPA, UNHCR, IOM, WFP, OCHA and others who work alongside governments during major crises.

## **Context for Trainees**

The trainees are PHC health workers who routinely manage emergencies at the community level. However, they often do not fully understand how disasters unfold, how they are classified, or how these events disrupt PHC service delivery. Many health workers treat disasters as sudden events (e.g., floods, epidemics) rather than processes influenced by hazards, vulnerabilities, exposure and preparedness. A clearer understanding of basic disaster concepts helps PHC staff improve coordination, reporting, preparedness and early response.

## **Purpose of the Session**

The objective of this session is to strengthen participants' understanding of what disasters are, the different types of emergencies they may encounter in KP and key terminology used by NDMA/PDMA, humanitarian agencies and health authorities.

The session will also clarify why PHC facilities play a central role during emergencies and how improved understanding supports better preparedness and response.

## **Training Equipment and Materials**

Whiteboard, markers, flip charts, projector (if available), hazard cards, local disaster examples, case studies for group work.

## **Objectives of the Session**

By the end of this session, participants will be able to:

- Define “disaster” and “humanitarian crisis” in simple terms.
- Differentiate between natural, man-made and complex emergencies.
- Explain key disaster concepts: hazard, risk, vulnerability, exposure, resilience, capacity and preparedness.
- Describe how disasters affect PHC facilities, staff, supplies and communities.
- Identify major UN agencies and their roles during emergencies in Pakistan.

**Session Duration:** 90 minutes

### Session Plan

Content	Methodology	Quick Response
<b>Knowledge Assessment</b>	Brainstorming, Q&A, quick concept check.	Gauge initial understanding to adjust session flow.
<b>Objectives of the Session</b>	Co-participation: Trainees read and comment on the objectives.	Invite participants to share expectations.
<b>What Are Disasters?</b>	Trainer explanation, examples from KP, local case sharing.	Ask: “What recent disaster affected your district?”
<b>Types of Disasters</b>	Small-group sorting activity using hazard cards (natural, man-made, complex).	Ask volunteers to justify their categorization.
<b>Key Terminology (Hazard, Risk, Vulnerability, Exposure, Resilience, Capacity, Preparedness)</b>	Interactive lecture using flip-chart keywords; examples from KP.	Rapid-fire definitions by trainees.
<b>How Disasters Affect PHC Services</b>	Discussion using real PHC examples (flooded BHUs, epidemic surges).	Ask trainees to list disruptions they have seen.
<b>Role of UN Agencies in Emergencies</b>	Trainer presentation with simple agency roles; matching exercise.	Quick match: “Which agency supports food? Which supports health?”
<b>Evaluation</b>	Q&A with post-test questions.	Immediate feedback.
<b>Session Summary</b>	Trainer summarizes key concepts; responds to questions.	Recap with 5 core takeaways.

## A. Facilitator Talking Points (Aligned with Each Content Segment)

### 1. Understanding Disasters

#### Key Messages:

- ✓ A disaster is not just an event—it becomes a disaster when communities cannot cope.
- ✓ Disasters overwhelm local capacity and require external support.
- ✓ Humanitarian crises emerge when large populations simultaneously face threats to health, safety and livelihoods.

#### Trainer Prompts:

“What comes to your mind when you hear the word disaster?”

“Which disasters disrupted PHC services in your district?”

### 2. Types of Disasters

#### Simplified Categories for PHC Workers:

##### Types of Emergencies and Their Examples

Category	Examples
Natural Emergencies	<ul style="list-style-type: none"><li>• Earthquakes</li><li>• Floods</li><li>• Droughts</li><li>• Landslides</li><li>• Epidemics</li></ul>
Man-Made Emergencies	<ul style="list-style-type: none"><li>• Conflict/violence</li><li>• Fires</li><li>• Industrial accidents</li><li>• Transport accidents</li></ul>
Complex Emergencies	<ul style="list-style-type: none"><li>• Combination of conflict + natural disaster + mass displacement</li><li>• Humanitarian crisis requiring long-term response</li></ul>

#### Trainer Tips:

Use local examples from KP (e.g., 2022 floods, Displacement from Malakand).

### 3. Key Disaster Management Concepts for PHC

Term	Definition	Examples / Notes
<b>Hazard</b>	Something that can cause harm. A hazard becomes a disaster only when it meets vulnerability.	Flood, epidemic, earthquake, chemical spill.
<b>Risk</b>	The likelihood that a hazard will cause damage.	<i>Formula:</i> Risk = Hazard × Vulnerability × Exposure
<b>Vulnerability</b>	Weaknesses that increase the impact of hazards.	Poverty, poor housing, chronic illness, remote areas, weak PHC systems.
<b>Exposure</b>	People, facilities or services located in harm's way.	A PHC facility built in a flood-prone zone.
<b>Resilience</b>	The ability of the PHC system or community to continue functioning during and after a crisis.	Maintaining essential services during a flood or epidemic.
<b>Capacity</b>	Skills, resources and systems that reduce disaster impact.	Staff skills, supplies, trained volunteers, emergency plans.
<b>Preparedness</b>	Actions taken before an emergency to reduce impact.	Planning, stockpiling supplies, training, drills and simulations.

#### Trainer Prompts

- “Which PHC vulnerabilities increase risk during floods?”
- “Which capacities helped your district during an epidemic?”

#### 4. Why Understanding Disasters Matters for PHC

Table: Ways Disasters Impact Health Services

Impact Area	Description
Infrastructure Damage	• Damages buildings, roads, medical supplies and equipment
Service Disruption	• Interrupts routine services such as immunization, antenatal/maternal care and outpatient services
Increased Patient Load	• Surge in injuries, infectious diseases, dehydration, malnutrition and trauma cases
Human Resource & Communication Challenges	• Staff shortages, exhaustion and breakdown of communication or coordination systems

Trainer Notes:

Use the 2022 flood example: BHUs became evacuation/referral points. Staff helped prevent disease outbreaks. Facilities with preparedness plans responded better.

#### 5. Roles of UN Agencies

Agency	Main Role in Emergencies
WHO	Health coordination, outbreak response, technical guidelines, essential medical supplies.
UNICEF	WASH services, nutrition support, vaccines, child protection activities.
UNFPA	Maternal and reproductive health services, distribution of reproductive health kits.
WFP	Food assistance, emergency rations, logistics and supply chain support.
UNHCR	Protection and shelter support for refugees and displaced populations.
IOM	Displacement management, camp coordination and support to mobile populations.
OCHA	International humanitarian coordination and leadership during major emergencies.



## Trainer Prompts

“Which agency supported your district during the last flood or epidemic?”

### Key National & Provincial Stakeholders in Response (Pakistan / Khyber Pakhtunkhwa)

Stakeholder / Agency	Main Role in Emergencies
National Disaster Management Authority (NDMA)	Leads national disaster response, coordination, policy development and disaster risk reduction.
Provincial Disaster Management Authority (PDMA) – KP	Coordinates disaster preparedness and response at provincial level, manages relief operations and logistics.
Deputy Commissioner (DC) / District Administration	Leads district-level response, coordinates all departments, oversees evacuation, relief and early recovery actions.
Health Department, Government of Khyber Pakhtunkhwa	Provides emergency health services, surveillance, medical teams, supplies and coordination with PHC facilities.
Directorate General Health Services (DGHS), KP	Technical leadership, emergency health coordination, disease surveillance, resource mobilization and guidance to districts.
Rescue 1122	Search and rescue, pre-hospital care, evacuations, ambulance services and emergency response.
Pakistan Meteorological Department (PMD)	Weather alerts, flood forecasts, early warning for storms, rainfall and heatwaves.
District Health Offices (DHOs)	Manage PHC preparedness, deploy staff, ensure surveillance, coordinate with facilities and lead field response.
Local Government & Municipal Bodies	Support evacuation, sanitation, debris removal, water supply and restoration of essential services.
Law Enforcement Agencies (Police / FC)	Security, crowd control, support in evacuations and maintaining order during emergencies.

## B. Group Activity: Applying Disaster Concepts in PHC Settings

### Training Module Activity: Disaster and Emergency Preparedness in KP

Objective: Strengthen understanding of hazards, vulnerabilities, risks and PHC roles during emergencies.

#### Scenario 1: Flooding in a Mountainous District

##### Background:

A PHC is located near a river in Swabi. Heavy rains have caused flash floods. Access roads are blocked, staff cannot reach the facility and displaced families are seeking shelter.

Table: Key Skills and Discussion Questions for Emergency Preparedness

Category	Details
Key Skills	<ul style="list-style-type: none"><li>• Identifying hazards and vulnerabilities</li><li>• Assessing risks</li><li>• Recognizing impacts on PHC services</li><li>• Discussing immediate preparedness actions</li></ul>
Discussion Questions	<ul style="list-style-type: none"><li>• What are the hazards, vulnerabilities and exposures in this scenario?</li><li>• Which PHC services are likely to be disrupted?</li><li>• What should the PHC team prepare in advance?</li></ul>

##### Conclusion

Understanding disasters is essential for effective PHC preparedness and response. By knowing hazard types, key terminology and the health impacts of emergencies, PHC workers can make informed decisions, protect communities and maintain essential services during crises.

## SESSION 1.2

### IMPACT OF DISASTERS ON HEALTH SYSTEMS



## SESSION 1.2

### IMPACT OF DISASTERS ON HEALTH SYSTEMS

#### 1. Introduction

Primary Health Care (PHC) facilities are frequently the first point of contact for communities affected by natural disasters, conflicts, displacement or complex emergencies. In regions like Khyber Pakhtunkhwa (KP), Pakistan—characterized by mountainous terrain, recurrent floods, earthquakes, conflict-affected populations and large refugee/IDP presence—PHC resilience is essential for reducing morbidity, mortality and long-term socio-economic losses.

Complex Humanitarian Emergencies (CHEs) refer to situations where large-scale disaster, conflict or insecurity lead to mass displacement, breakdown of health and social systems, increased mortality and prolonged humanitarian needs. These crises place enormous strain on PHC systems, weaken institutional capacity and overwhelm resources.

#### . Session Overview

Session Title: Impact of Disasters on Health Systems

Module: Emergency & Disaster Preparedness in PHC Settings

Duration: 90 minutes

Methodologies:

- Interactive presentation
- Guided discussion
- Group work
- Scenario-based problem solving

Purpose:

To help PHC staff understand how disasters and complex humanitarian emergencies (CHEs) affect populations, communities and health systems—so they can respond effectively and strengthen facility preparedness.

## 2. Key Messages for Facilitators

- Disasters disrupt health services directly (injuries, deaths) and indirectly (diseases, malnutrition, mental health issues).
- Complex emergencies involve multiple overlapping crises—conflict, displacement, natural hazards, institutional breakdown.
- PHC facilities are the first point of contact and often become overwhelmed.
- CHEs weaken all six WHO health system building blocks.
- Disasters significantly impact SDGs and long-term development.
- Strong PHC preparedness and community engagement reduce mortality and accelerate recovery.

## 3. Session Flow for Facilitator

Segment	Method
Introduction & Warm-up	Discussion
Lecture Part 1: Understanding CHEs	Presentation
Lecture Part 2: Health impacts	Presentation
Lecture Part 3: Health system impacts	Presentation
Lecture Part 4: SDGs impact	Presentation
Discussion: PHC role in crises	Group discussion
Scenario-Based Group Activity	Group work
Wrap-up	Recap

### 4.1 Introduction

“Primary Health Care facilities are the first entry point for communities during disasters. In KP, where we face floods, earthquakes, conflict, displacement and terrain challenges, PHC resilience becomes a lifeline.

Today, we will explore how disasters impact individuals, host communities and the entire health system—and why this understanding is essential for preparedness.”

Ask participants:

- “What types of disasters has your district experienced recently?”
- “How did your facility respond?”

Make quick notes on a flipchart.

## 4.2 Understanding Complex Humanitarian Emergencies

“Complex Humanitarian Emergencies are prolonged crises where multiple shocks overlap—conflict, natural disasters, political instability, weak governance and population displacement. These crises cause large-scale suffering, strain national systems and require multi-sectoral response.”

Explain characteristics:

- Mass displacement (refugees and IDPs)
- High insecurity and violence
- Collapse of social services
- Restricted access for responders
- Prolonged duration

Important distinction:

- Refugees = crossed international borders
- IDPs = displaced within the country, often with fewer protections

Ask participants:

- “What challenges do IDPs face compared to refugees?”
- “How do these challenges appear in your PHC catchment area?”

### 4.3 General Consequences of Disasters on People and Communities

“Disasters impact people physically, emotionally and socially. They also create tensions within host communities.”

Highlight effects on displaced individuals:

- Malnutrition
- Injury and illness
- Disease outbreaks
- Water and sanitation issues
- Interrupted schooling
- GBV risks
- Loss of income
- Mental health problems

Highlight effects on host communities:

- Pressure on health and education systems
- Competition over resources
- Social tensions
- Environmental degradation
- Increased disease burden

Facilitator tip:

Use a real example from KP (2010 floods, conflict displacement in Swat, Afghan refugee influx).

### 4.4 Public Health Consequences of Emergencies

Explain direct vs indirect impacts:

#### *Direct Impacts*

- Physical injuries

- Burns, fractures, trauma
- Violence or weapon-related injuries
- Attacks on health facilities
- Increased GBV

### *Indirect Impacts*

- Food insecurity leading to malnutrition
- Decreased immunization → outbreaks
- Poor WASH → diarrhea, skin infections
- Interrupted MNCH and chronic disease care
- Mental health conditions

Key facilitator note:

“Indirect effects are often deadlier than the initial disaster. Most deaths in emergencies occur *after* displacement—due to preventable diseases and lack of basic services.”

## 4.5 Impact on the Health System

Walk participants through the table. Emphasize that each “building block” becomes weaker.

### *Governance*

- Disrupted coordination
- Weak regulatory oversight

### *Financing*

- Funding gaps
- Dependency on donors

### *Health Workforce*

- Staff shortages
- Burnout and insecurity



- Disruption of routine services (EPI, MNCH)

#### *Medical Supplies*

- Supply chain disruptions
- Stockouts
- Cold chain failures

#### *Infrastructure*

- Damaged facilities
- Unsafe buildings

#### *Service Delivery*

- Overcrowded PHCs
- Reduced access for chronic conditions
- Increased communicable diseases

Ask participants:

“Which building block was most affected in your district during recent emergencies?”

#### *4.6 Impact of Disasters on SDGs (10 min)*

Disasters slow progress on nearly all SDGs. PHC staff must understand how crises affect development.

*Table: Disaster Impact on SDGs*

SDG	Goal Title	Direct Impact	Indirect Impact
SDG 1	No Poverty	Loss of livelihoods, assets	Long-term poverty, financial instability
SDG 2	Zero Hunger	Crop/livestock damage	Food insecurity, malnutrition
SDG 3	Good Health	Injury, outbreaks	Mental health issues, reduced service access
SDG 4	Quality Education	Schools damaged or used as shelters	Higher dropout, learning gaps
SDG 5	Gender Equality	Increased GBV	Reduced access to reproductive health
SDG 6	Clean Water	Water systems damaged	Long-term shortages, waterborne disease
SDG 7	Clean Energy	Power disruptions	Slower recovery, poor facility readiness
SDG 8	Economic Growth	Job losses, market collapse	Higher unemployment
SDG 9	Infrastructure	Roads, bridges destroyed	Reduced economic productivity
SDG 10	Inequalities	Vulnerable suffer more	Wider socio-economic gaps
SDG 11	Sustainable Cities	Building collapse, displacement	Overcrowded shelters
SDG 12	Consumption	Waste accumulation	Unsustainable coping behaviors
SDG 13	Climate Action	Extreme climate events	Slower adaptation progress
SDG 14	Life Below Water	Marine pollution	Reduced fish stocks
SDG 15	Life on Land	Land degradation	Biodiversity loss
SDG 16	Strong Institutions	Weak governance, conflict	Lower rule of law
SDG 17	Partnerships	Disrupted coordination	Reduced investments

## 4.7 Discussion: PHC Preparedness

Ask:

- “What can PHC facilities do to reduce disaster impacts?”

Expected responses:

- Stockpiling essentials
- Updating facility emergency plans
- Coordination with district EOC
- Community engagement
- Surveillance strengthening

Summarize:

“Prepared PHC systems save lives before, during and after emergencies.”

## 5. Scenario-Based Group Activity

Scenario Brief (read aloud):

“Conflict in a neighboring district causes 3,000 IDPs to arrive in your union council within 48 hours. A temporary camp has been set up 2 km from your PHC. Your facility has one doctor, one LHV, two LHVs, limited medicines and only one functional water source. Children report diarrhea, pregnant women have not received ANC, there are no latrines and tensions with the host community are rising.”

### Activity Instructions for Facilitator

1. Divide participants into 4 groups.
2. Give each group a flipchart and markers.
3. Assign the four tasks:
  - Identify immediate health risks.
  - List 5 urgent actions within 24–72 hours.
  - Suggest staff re-organization.
  - Identify gaps in supplies, MNCH, WASH, surveillance.

4. Allow 20 minutes for discussion.
5. Groups present for 10 minutes total (2–3 min each).
6. Facilitate a short reflection.

### Facilitator Probing Questions

Use these to deepen analysis:

- “What are the top 3 threats to child health in this scenario?”
- “What MNCH services cannot be delayed?”
- “Which part of your facility’s preparedness plan would activate first?”
- “How can the PHC manage host–IDP tensions?”
- “Which partners would you coordinate with in the first 48 hours?”

### 6. Wrap-Up

Summarize:

- Disasters deeply affect individuals, communities and health systems.
- PHC facilities play a central role in early response and continuity of care.
- Understanding impacts supports better preparedness and resilience.
- Collaboration with community, EOC and partners is essential.

## SESSION 1.3

### DISASTERS AND SUSTAINABLE DEVELOPMENT GOALS (SDGs)



## Session 1.3: Disasters and Sustainable Development Goals (SDGs)

### Facilitator Tips

- Keep the discussion interactive by asking participants to share real disaster experiences from KP.
- Use simple language when explaining SDGs to ensure everyone understands the link with PHC.
- Encourage participants to reflect on how disasters affected their own facility's performance and services.
- Use local examples (2022 floods, Swat earthquakes, seasonal landslides) to make the discussion relevant.
- Reinforce how PHC can practically contribute to SDG progress even in emergency settings.

### Session Objectives

By the end of this session, participants will be able to:

1. Understand the link between disasters, sustainable development and the SDGs.
2. Identify SDGs most closely associated with disaster risk reduction, health and PHC.
3. Explain how disasters negatively impact SDG progress, especially in KP.
4. Describe how PHC workers contribute to resilience and SDG targets during emergencies.
5. Identify practical actions PHC staff can take to support SDG-focused disaster preparedness.

### Materials Needed

- Projector and screen
- Flipcharts, markers, sticky notes
- Printed handouts on SDGs and disaster impacts
- Copies of Table 2.5: Impact of Complex Emergencies on SDGs
- SDG posters (optional)
- Cards for group brainstorming

## Session Plan

Activity	Details	Facilitator Notes
<b>Introduction &amp; Icebreaker</b>	<ul style="list-style-type: none"> <li>- Welcome participants and introduce the session.</li> <li>- Ask: <i>“Which disaster in KP impacted your facility or community the most?”</i></li> <li>- Connect responses to the importance of SDGs.</li> </ul>	Use an open, energetic tone. Encourage everyone to think about real experiences.
<b>Understanding Disasters &amp; Development</b>	<ul style="list-style-type: none"> <li>- Present how disasters reverse progress in health, poverty reduction, education and WASH.</li> <li>- Share examples from KP (2022 floods, earthquakes, landslides).</li> </ul>	Use visuals or photos for impact. Keep examples short and relatable.
<b>SDGs Directly Linked to Disasters</b>	<ul style="list-style-type: none"> <li>- Introduce SDG 3, SDG 11, SDG 13.</li> <li>- Explain SDG 3.d (health system resilience).</li> <li>- Discuss how health systems collapse when preparedness is weak.</li> </ul>	Use SDG posters if available. Ask: <i>“Which SDG do you think your PHC supports the most?”</i>
<b>Impact of Complex Emergencies on SDGs (Table 2.5)</b>	<ul style="list-style-type: none"> <li>- Present Table 2.5 and walk participants through key impacts on SDGs like poverty, hunger, health, education, gender, inequality, sustainable cities, climate action, peace and partnerships.</li> </ul>	Highlight that every SDG is affected by disasters, not just SDG 3. Use real examples from hosting IDPs.
<b>PHC Contributions to SDGs During Disasters</b>	<ul style="list-style-type: none"> <li>- Explain PHC roles: early warning, triage, outbreak control, ANC/EPI continuity, WASH promotion, community coordination, equity and protecting vulnerable groups.</li> <li>- Give examples from KP’s flood response in Chitral, DI Khan and Swat.</li> </ul>	Emphasize that PHC is <i>the first line of defense</i> . Ask for examples from participants.
<b>Group Discussion – SDG Challenges in PHC</b>	<ul style="list-style-type: none"> <li>- Facilitate group conversation on challenges such as poor infrastructure, lack of emergency supplies, displacement, disease outbreaks and limited staff.</li> <li>- Ask: <i>“Which SDG is most at risk in your catchment area?”</i></li> </ul>	Encourage participation from quieter members. Summarize common themes.

<b>Conclusion &amp; Action Steps</b>	<ul style="list-style-type: none"> <li>- Summarize the role of PHC in supporting SDGs during emergencies.</li> <li>- Share 3–4 actionable steps: strengthen preparedness plans, improve surveillance, ensure emergency stocks, community awareness on climate/disasters.</li> <li>- Encourage commitment to implementing at least one improvement.</li> </ul>	Reinforce that strengthening PHC resilience directly accelerates SDG progress.
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### Activity: SDGs and Disasters in Your Community

To help participants identify how disasters have affected SDGs in their communities and how PHC can respond.

#### Instructions for Participants

In the table below, review each SDG-related question and mark whether the situation in your catchment area applies to Few, Half, or Most of the population. Base your answers on your experience, community data and local disasters (floods, landslides, displacement, outbreaks).

Table: Assessing SDG Impacts in Your Area

SDG-Related Question	Few	Half	Most
Has poverty increased in your community following recent disasters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are families facing food insecurity or crop loss due to floods/landslides?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have health services been disrupted (EPI, ANC, NCDs) during emergencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have displaced families settled in your catchment area in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do women face safety or GBV risks in emergency shelters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is access to safe water and sanitation limited after disasters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do school closures or overcrowding affect children's education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are climate-related diseases (dengue, diarrhea, heatstroke) increasing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are vulnerable groups (elderly, disabled, poor) unable to access PHC during emergencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Group Reflection Prompts

Ask participants to discuss any 3 questions and identify:

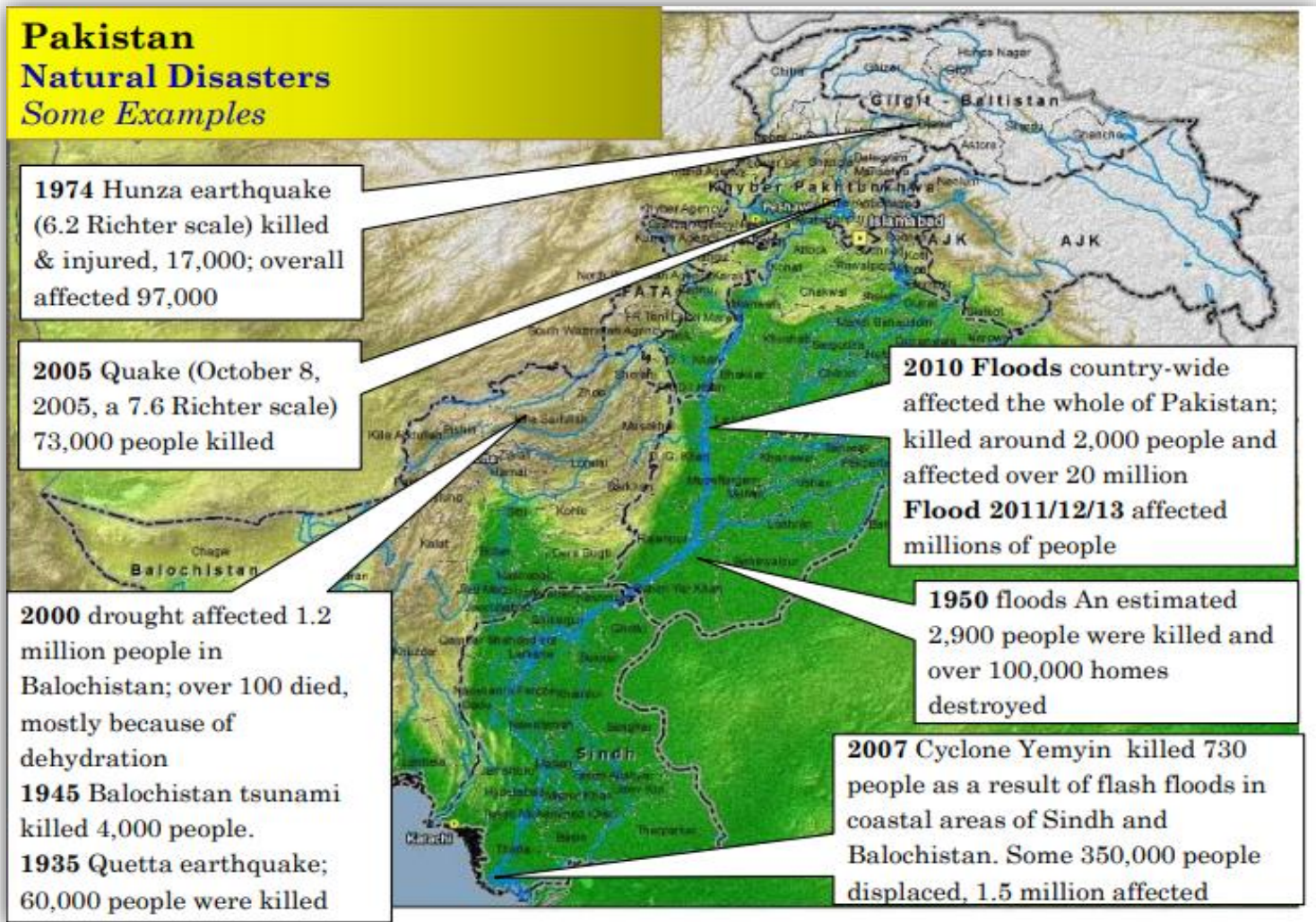
- Why this SDG is affected
- What the PHC facility can do to support improvement
- Which partners (DHO, PDMA, community leaders, NGOs) can help

## Reflection Questions

1. Which SDG is most affected by disasters in your catchment area—and why?
2. What can your PHC facility do to strengthen health system resilience (SDG 3.d)?
3. What challenges does your community face during floods, earthquakes or disease outbreaks?
4. What actions can PHC take to improve climate preparedness (SDG 13.1, 13.3)?
5. How will you ensure equity and access for vulnerable groups during emergencies?

## SESSION 1.4

### DISASTERS AND THEIR IMPACT ON THE HEALTH SYSTEM OF PAKISTAN



## Session 1.4

### Disasters and Their Impact on the Health System of Pakistan

#### 1. Session Overview

This session helps participants understand how disasters affect Pakistan's health system—especially at the PHC level—and why strengthening preparedness and resilience is essential. Based on Pakistan's disaster history, the session explains damages to infrastructure, interruptions in essential services, workforce challenges, supply chain gaps and the impact on vulnerable populations.

#### 2. Learning Objectives

By the end of this session, participants will be able to:

1. Describe Pakistan's major disasters and their health-system impacts.
2. Explain how disasters disrupt PHC service delivery.
3. Identify common disruptions to essential services and their consequences.
4. Discuss human resource and supply chain challenges during emergencies.
5. Analyze which groups are most vulnerable and why.
6. Link PHC preparedness to health system resilience.

#### 3. Competencies Developed

- Understanding of health system vulnerabilities
- Ability to interpret disaster impacts at PHC level
- Risk-informed decision-making
- Recognition of critical service disruptions
- Systems thinking during emergencies

#### 4. Session Materials

- PowerPoint slides
- Flip charts, markers
- Printed Table 1 & Table 2 (group copies)
- Projector
- Case study handout: “Disruption of PHC Services During the 2022 Floods”

#### 5. Detailed Session Plan

##### A. Introduction

###### Facilitator Talking Points

- “Pakistan is among the top disaster-prone countries in the world. Almost every year we face floods, outbreaks, heatwaves or earthquakes.”
- “These disasters do not create new weaknesses—they expose what was already fragile.”
- “In this session, we will explore how disasters impact our health system, with a special focus on Primary Health Care.”

###### Activity – Quick Poll

- Ask participants: “Which disaster affected your district the most in the last 5–10 years?”
- Note responses on a flip chart.

##### B. Pakistan’s Disaster Context

###### Facilitator Talking Points

- Briefly describe the major national emergencies: 2005 Earthquake, 2010 floods, 2022 floods, dengue outbreaks, COVID-19.
- Highlight that *every* event had long-lasting effects on the health sector.
- Emphasize KP-specific vulnerability: mountains, weather systems, refugees/IDPs and road access issues.

## Method

- Present Table 1 and discuss one disaster at a time.
- Ask: “What challenges did your facility face during these events?”

## Key Emphasis

- Infrastructure damage
- Overwhelmed services
- Disease outbreaks
- Surveillance failures

## C. Impact on Health System Components

### 1. Damage to Health Infrastructure

#### Talking Points

- BHUs and RHCs experience structural damage.
- Even undamaged buildings lose water, power, communication systems.
- Access roads blocked—health workers cannot reach facilities.
- KP’s terrain increases vulnerability due to landslides, flash floods.

### 2. Disruption of Essential Health Services

Use Table 2.

#### Facilitator Talking Points

- “Routine services are the first to collapse.”
- “Maternal and child health suffers immediately—no ANC, no safe delivery, no PNC.”
- “Cold chain breakdown leads to vaccine shortages → measles, polio outbreaks.”
- “Chronic disease patients (hypertension, diabetes) deteriorate quickly without medicines.”
- “Mental health needs rise but services are unavailable.”

## Activity

- Ask groups: “Which service in Table 2 is most vulnerable in your facility?”
- 2-minute discussion + quick share.

### 3. Human Resource & Supply Chain Challenges

#### Talking Points

- Staff displacement
- Inability to reach work due to road damage
- Exhaustion and burnout
- Poor PPE supply during outbreaks (e.g., COVID-19)
- Delays in medicines, vaccines, lab kits, emergency stocks
- Breakdown of referral pathways—no transport, road blockages

#### Facilitator Note:

Connect this section to real examples—COVID oxygen shortages, dengue diagnostic kit shortages, flood-related medicine disruption.

### 4. Impact on Vulnerable Populations (5 minutes)

#### Talking Points

- Pregnant women: no ANC, unsafe delivery, no transport
- Newborns & children: malnutrition, immunization gaps
- Elderly & chronically ill: medication interruptions
- Persons with disabilities: inaccessible shelters, mobility issues
- Refugees & IDPs: overcrowding, poor sanitation
- Low-income households: loss of livelihood → worse health outcomes

#### Prompt:

“Which vulnerable group increased in your district after the recent floods?”

## D. Implications for PHC – Why PHC Fails or Survives

### Talking Points

- PHC is the first point of contact → highest surge in demand.
- Lack of preparedness plans increases service collapse.
- No emergency stockpiles → immediate shortages.
- Weak community linkages → misinformation spreads.
- Poor communication with referral hospitals → delays and deaths.
- But prepared PHC facilities save lives by early triage, early treatment, rapid surveillance, community coordination.

### Facilitator Emphasis

“PHC preparedness is the backbone of health system resilience.”

## E. Group Activity – Case Study

Case Study: Disruption of PHC Services During 2022 Floods (provided).

Task for Groups (write on flip chart):

1. Which services were disrupted?
2. Which vulnerable groups suffered the most?
3. Which PHC gaps contributed to the situation?
4. What should be in the facility preparedness plan to reduce future impact?

### Facilitator Role

- Support groups with hints (service disruption, HR shortages, supplies, surveillance).
- Encourage linking answers with Table 2.

### Debrief

Highlight common challenges across groups.

## F. Summary & Key Messages

### Facilitator Talking Points

- “Disasters repeatedly expose weaknesses in infrastructure, governance, surveillance and supply chains.”
- “PHC suffers the most, but it also has the greatest potential to protect communities if prepared.”
- “Preparedness is not optional—it is a survival requirement for PHC facilities.”

### Key Messages to Reinforce

- Disasters affect every component of the health system.
- Essential services collapse if PHC lacks preparedness.
- Vulnerable populations experience the worst outcomes.
- Strengthening PHC is critical for resilience and achieving UHC/SDGs.

## G. Closing Question (Optional, for reflection)

“If a major flood happened tomorrow, what is the one thing your facility would struggle with the most?”



## MODULE TWO

### FIRST AID MANAGEMENT IN EMERGENCIES

#### AT PRIMARY HEALTHCARE LEVEL



## SESSION 2.1

### FIRST AID MANAGEMENT IN EMERGENCIES AT PHC LEVEL

#### 1. Session Overview

This session builds the essential knowledge and skills needed by PHC staff to perform First Aid during emergencies and disasters. It covers the principles of First Aid, scene size-up, the START triage system, the role of PHC staff in emergency response, coordination with CERT teams and common lifesaving interventions that can be performed using PHC-level resources. The session blends theory with hands-on practice and group activities.

#### 2. Learning Objectives

By the end of the session participants will be able to:

1. Explain the principles and aims of First Aid at the PHC level.
2. Conduct an effective scene size-up in PHC-based emergencies.
3. Apply START Triage categories (Green, Yellow, Red, Black).
4. Perform basic lifesaving interventions (bleeding control, airway management, shock care, immobilization).
5. Identify roles of PHC staff vs CERT members in emergencies.
6. Use PPE and follow IPC measures to ensure personal and patient safety.
7. Coordinate safe referral and communication during emergencies.

#### 3. Competencies Developed

- Rapid patient assessment
- Triage and priority-setting
- Decision-making during mass casualties
- Team coordination and communication
- Safe First Aid practices (PPE, IPC compliance)
- Stabilization and referral

#### 4. Required Materials

- PowerPoint slides for Section Two
- First Aid kit (bandages, splints, gloves, masks)
- Triage tags or colored cards (Green, Yellow, Red, Black)
- Flip charts & markers
- Printed scenario sheet for group activity
- PPE demonstration items
- START triage flowchart handouts

#### 5. Detailed Session Plan

##### A. Introduction: Importance of First Aid in PHC Emergencies (10 min)

###### Facilitator Talking Points

- “PHC is often the first facility where disaster victims arrive—sometimes before EMS or hospital support is available.”
- “Your ability to give immediate lifesaving First Aid can mean the difference between life and death.”
- “This session prepares you to respond confidently and safely.”

###### Icebreaker

Ask:

“What was the last emergency case you handled and what was the first thing you did?”

##### B. Understanding First Aid in PHC Settings

###### Talking Points

- Define First Aid: immediate care to stabilize, prevent deterioration and prepare for referral.
- Explain the link between community First Aid (CERT) and facility-based First Aid (PHC staff).
- Emphasize PHC's bridging role: *between community responders and formal medical care.*

## Reflection

Ask participants:

“What resources do you currently have at your PHC that support First Aid?”

## C. Principles and Aims of First Aid

### Talking Points

The three core aims of First Aid:

1. Save life – control bleeding, open airway, assist breathing.
2. Prevent further harm – proper handling, avoiding unsafe actions.
3. Promote recovery – reassurance, comfort, early stabilization.

Quote to reinforce:

“Take care of the person, not just the wound.”

### Facilitator Note

Link aims with real PHC examples (e.g., asthma attack, fractures, burns).

## D. Role of PHC Staff in First Aid & Emergency Response

### Talking Points

Walk participants through the responsibilities table:

- Rapid assessment (primary assessment: airway, breathing, circulation)
- Initiating START triage
- Quick lifesaving management (bleeding control, immobilization, shock care)
- Timely referral and documentation
- Coordination with ambulance, CERT, VDMCs
- Ensuring personal safety (PPE, IPC)

## Facilitator Question

“During a mass casualty event in your facility, which role becomes the most difficult to manage and why?”

## E. Activity: “What Happens First?”

### Objective

To reinforce understanding of scene size-up, triage and prioritization.

### Method

1. Divide participants into 3 groups.
2. Give a scenario:
  - *Example:* “A vehicle accident near your PHC brings 12 injured persons at once.”
3. Each group lists their first 10 actions.
4. Groups present; facilitator leads comparison and analysis.

### Debrief Questions

- What safety issues did you consider?
- How did you organize triage?
- What resources were required?
- What is the difference between CERT and PHC roles?

### Outcome

Participants recognize critical early steps and importance of structured emergency response.

## F. Scene Size-Up for PHC Staff

### Talking Points

Emphasize the steps:

1. Ensure personal safety + PPE
2. Identify hazards: fire, electricity, violence
3. Estimate number of victims
4. Request additional support
5. Activate emergency protocol
6. Establish triage and treatment zones

### Facilitator Note

Use local examples—power line fallen near facility, gas leak, crowd violence.

## G. Roles of PHC Staff vs CERT Teams

Use the table provided.

### Your Talking Points

- CERT: first on-site; PHC: first *facility-based* responders.
- CERT: basic triage; PHC: clinical reassessment.
- CERT: initial help; PHC: stabilizing care and referrals.
- CERT: community mobilization; PHC: coordination with EMS/hospitals.

Ask:

“How many of you have worked with CERT or VDMC teams in your area?”

## H. START Triage System

### Talking Points

Explain START steps clearly:

1. Respiration – Are they breathing? Need to open airway?
2. Perfusion – Capillary refill >2 seconds? Bleeding?
3. Mental Status – Can they follow commands?

### Triage Categories

- Green – Minor
- Yellow – Delayed
- Red – Immediate
- Black – Deceased/Expectant

Use triage tags or colored cards.

### Practice

Give 4 scenarios and ask participants to call out the triage category.

## I. First Aid Priorities at PHC Level

### Talking Points

Sequence of care:

1. Ensure safety
2. Apply PPE
3. Activate emergency plan
4. START triage
5. Provide lifesaving interventions
6. Prepare for referral
7. Document clearly

## Examples of Lifesaving Interventions

- Airway positioning
- Bleeding control
- Pressure bandages
- Splinting
- Shock prevention
- Assisted ventilation if trained
- Burn cooling
- Seizure safety

## Facilitator Note

Emphasize that PHC First Aid uses *simple tools* but *saves lives*.

## J. Summary & Key Takeaways

### Talking Points

- First Aid bridges the gap between injury and advanced care.
- Scene size-up ensures safety for staff and patients.
- START triage saves time and lives during mass casualty events.
- PHC workers must coordinate with CERT and EMS for effective response.
- Safe practice (PPE, IPC) is non-negotiable.

## K. Closing Reflection Question

“If a mass casualty incident occurred at your PHC today, what is the one improvement that would make your response more effective?”



## SESSION 2.2

### INITIAL ASSESSMENT BY THE FIRST RESPONDER (DRABC)

#### 1. Session Overview for Facilitator

This session trains participants—PHC staff and CERT members—on performing an immediate initial assessment using the DRABC protocol. Emphasis is placed on scene safety, rapid identification of life-threatening conditions and practical application through hands-on simulation.

#### 2. Learning Objectives

By the end of the session, participants should be able to:

1. Explain the DRABC steps during an initial emergency assessment.
2. Identify immediate life-threatening conditions using ABC principles.
3. Demonstrate correct sequence and techniques for checking danger, responsiveness, airway, breathing and circulation.
4. Recognize the importance of personal safety and victim consent.
5. Apply DRABC in a simulated real-life scenario.

#### 3. Session Breakdown (Facilitator Steps + Talking Points)

##### A. Introduction

##### Facilitator Instructions

- Welcome participants.
- Briefly explain why early assessment matters.
- Ask 1–2 volunteers to share any emergency experience.

## Talking Points

- “The first few minutes of an emergency are critical. What you do—or don’t do—directly influences survival.”
- “PHC staff and CERT members are often the first to reach a victim. DRABC helps you respond safely and systematically.”
- “Our goal today is to make sure you can perform DRABC confidently, even under pressure.”

## B. Importance of Initial Assessment

### Facilitator Instructions

- Use a flipchart or slide to summarize Airway–Breathing–Circulation priorities.
- Link DRABC to the concept of the “Golden Minute/Golden Hour.”

## Talking Points

- “Emergencies can happen anywhere—home, road, PHC facility, community gatherings.”
- “Your first job is to stabilize, not diagnose.”
- “The ABCs focus on what kills fastest:
  - Airway obstruction
  - Breathing failure
  - Uncontrolled bleeding”
- “Hypoxia for more than 4 minutes can lead to irreversible brain damage.”

## C. DRABC Step-by-Step Explanation

Use the DRABC table. Give each step with demonstration using a mannequin or volunteer.

### 1. D – Danger

#### Facilitator Demonstration

Walk around the mock scene, look around, stop participants from rushing in.

## Talking Points

- “Your safety comes first—never become the second victim.”
- “Check for fire, electricity, traffic, crowds, weapons, collapsing structures.”
- “If unsafe, either remove the danger (if possible) or remove the victim.”

## 2. R – Response

### Facilitator Demonstration

Approach victim → tap shoulders → shout name or “Are you okay?”

## Talking Points

- “Assess responsiveness using AVPU: Alert, Voice, Pain, Unresponsive.”
- “If unresponsive, immediately move to airway assessment.”

## 3. A – Airway

### Facilitator Demonstration

Show correct head-tilt, chin-lift technique.

## Talking Points

- “Unconscious victims often have airway blocked by their tongue.”
- “Check for vomit, blood, secretions, or foreign bodies.”
- “If trauma suspected, avoid excessive neck movement—stabilize cervical spine.”

## 4. B – Breathing

### Facilitator Demonstration

Lean over victim for Look–Listen–Feel (10 seconds max).

## Talking Points

- “Look for chest movement.”
- “Listen for breathing sounds.”
- “Feel for air on your cheek.”
- “If breathing normally—place in recovery position.”

## 5. C – Circulation & Compressions

### Facilitator Demonstration

Show chest compressions on mannequin.

## Talking Points

- “Look for severe bleeding—pooling blood or spurting wound.”
- “Control bleeding using direct pressure.”
- “If no breathing or abnormal breathing, begin CPR.”
- “CPR: 30 compressions + 2 rescue breaths OR continuous compressions at 100/min.”
- “Continue until help arrives or victim shows signs of life.”

## D. Safety and Infection Prevention

### Talking Points

- “Always use gloves and any PPE available.”
- “Avoid contact with blood if possible.”
- “Do not move the victim unless necessary (e.g., fire, risk of collapse).”
- “Protect the spine when trauma suspected.”

## E. Hands-On Simulation Activity

- Divide participants into small groups (3–4).
- Create a simple mock scene using mats or chairs.
- Assign one volunteer per group as the “victim.”

## Instructions to Participants

Each participant must perform:

1. Danger assessment
2. Response check
3. Airway opening
4. Breathing check
5. Circulation check
6. CPR (if needed)
7. Recovery position (if appropriate)
8. Calling for help

## Facilitator Role

- Walk between groups.
- Observe sequence and technique.
- Correct errors immediately and encourage teamwork.

## Key Observation Points

- Did they check for danger first?
- Did they use AVPU correctly?
- Did they open the airway properly?
- Did they limit breathing check to 10 seconds?
- Was CPR technique correct?
- Did they communicate clearly?

## Debrief Discussion

Ask:

- “What step was most challenging?”
- “What did you learn about staying calm?”
- “Where did your team struggle with sequence?”

#### 4. Technical Reference: Initial Airway Assessment Table

Include the table below as a facilitator reference.

Question	What to Check	Simple Explanation
<b>Is the patient conscious?</b>	Use AVPU scale	Quickly assesses level of consciousness
<b>Is the airway obstructed?</b>	Check for tongue, vomit, secretions, trauma	Unconscious victims often block their airway
<b>Is cervical spine stable?</b>	Look for trauma signs, mechanism of injury	Always protect the neck in trauma

#### 5. Key Takeaways

- Always check for danger first.
- DRABC ensures a systematic, life-saving approach.
- Airway and breathing issues kill within minutes—act fast.
- CPR is crucial when victim is not breathing.
- PPE and infection control protect both you and the victim.
- Practice builds speed and confidence.

#### 6. Reflection Questions (Use in Closing Discussion)

1. What part of DRABC do you feel most confident performing?
2. What part still feels challenging and why?
3. How will you apply DRABC in your PHC or community setting?
4. How can you improve your speed and calmness during an emergency?
5. How will you prioritize victims if there are multiple casualties?

## SESSION 2.3

### CARDIO PULMONARY RESUSCITATION (CPR) AT PHC LEVEL

#### 1. Session Overview for Facilitator

This session equips PHC staff and trained community volunteers (CERT members) with practical skills to perform CPR using the CAB sequence (Compressions → Airway → Breathing). Participants will understand when CPR is needed, how to assess the victim and practice life-saving techniques safely.

#### 2. Session Objectives

By the end of this session, participants will be able to:

1. Explain the importance of CPR in emergencies and disasters.
2. Recognize and follow the CAB sequence for CPR.
3. Perform chest compressions with correct hand placement, depth and rhythm.
4. Open and maintain the airway using head tilt–chin lift.
5. Deliver effective rescue breaths.
6. Adapt CPR for adults, children and infants.
7. Apply infection prevention and personal safety measures during CPR.

### 3. Session Plan

Activity	Details	Facilitator Notes
<b>Introduction &amp; Icebreaker</b>	Welcome participants, outline objectives and briefly discuss past experiences with CPR or emergencies.	Encourage sharing real-life experiences. Create a safe, supportive atmosphere.
<b>Assessing the Victim</b>	Explain how to check pulse (carotid, femoral, radial) and breathing. Determine if victim is in cardiac arrest.	Demonstrate pulse check for 6 seconds and multiplication to get bpm. Reinforce that CPR is only required if unresponsive, no pulse, no normal breathing.
<b>CAB Sequence Overview</b>	Introduce Compressions → Airway → Breathing. Show steps with slides or flipchart.	Highlight rationale for CAB (compressions first) and importance of early intervention. Stress rate, depth and recoil during compressions.
<b>Practical Demonstration</b>	Demonstrate: <ul style="list-style-type: none"> <li>• Hand placement, compression depth &amp; rate</li> <li>• Head tilt–chin lift for airway</li> <li>• Rescue breaths</li> <li>• Two-person coordination (optional)</li> </ul>	Use mannequin. Repeat demonstration slowly, emphasizing safety, timing and observation of chest rise.
<b>Hands-On CPR Relay Drill</b>	<ul style="list-style-type: none"> <li>- Divide into groups of 4–5.</li> <li>- Set up mannequins at stations.</li> <li>- Each participant performs 2-minute CPR cycle (30 compressions + 2 breaths).</li> <li>- Rotate roles within the group: compressions, airway, breathing, observer.</li> <li>- Debrief technique, rhythm, hand placement and communication.</li> </ul>	Observe each participant; correct errors immediately. Encourage counting aloud, proper recoil and correct breaths. Stress PPE and safe practice.



#### 4. Detailed CAB Steps for Facilitator

##### C – Compressions

- Place heel of one hand on the center of chest, interlace fingers.
- Depth: 5–6 cm (2 inches).
- Rate: 100–120/min.
- Allow full chest recoil.
- Continue cycles of 30 compressions; switch rescuers every 2 minutes if available.

##### A – Airway

- Place victim on firm surface on back.
- Kneel beside shoulders/neck.
- Head tilt–chin lift to open airway.
- Look, listen, feel for breathing  $\leq 10$  seconds.
- Gasping is not normal breathing.

##### B – Breathing

- Mouth-to-mouth (or mouth-to-nose if mouth injured).
- Pinch nostrils, seal mouth, give 2 breaths.
- Watch chest rise; repeat head tilt–chin lift if necessary.
- Resume 30 compressions after 2 breaths.

##### Adaptations for Age Groups

- Children: one-hand compressions.
- Infants: two-finger technique.

#### 5. Safety and Infection Prevention

- Always wear gloves; use CPR mask if available.
- Minimize contact with bodily fluids.
- Ensure scene is safe before starting CPR.

## 6. Key Takeaways

1. CAB Sequence Saves Lives: Compressions → Airway → Breathing.
2. Proper Technique Matters: Hand placement, depth and breaths are critical.
3. Rapid Response: Early CPR significantly improves survival.
4. Adapt to Age Groups: Correct technique for children and infants.
5. Safety First: PPE and infection control cannot be neglected.
6. Practice Builds Confidence: Regular drills ensure readiness.

## 7. Reflection Questions

1. Which step of CPR did you find most challenging?
2. How confident are you in identifying when CPR is required?
3. What measures can you take to ensure your own safety during CPR?
4. How would you manage multiple victims requiring CPR simultaneously?
5. How can you educate your colleagues or community members about CPR?

## SESSION 2.4

### MANAGING SHOCK AND UNCONSCIOUS PATIENTS AT PHC LEVEL

#### 1. Session Overview for Facilitator

Shock and unconsciousness are life-threatening conditions that can occur during emergencies, accidents, or disasters. Early recognition and proper first aid—including positioning, circulation support and airway maintenance—are critical for survival. This session equips PHC staff and trained community volunteers (CERT members) to identify shock, provide immediate interventions and safely manage unconscious patients until professional help arrives.

#### 2. Session Objectives

By the end of this session, participants will be able to:

1. Identify the common signs and symptoms of shock and unconsciousness.
2. Recognize the common causes of shock in emergencies.
3. Perform initial first aid for shock, including proper leg elevation.
4. Apply the recovery position safely for unconscious but breathing patients.
5. Maintain airway patency and patient comfort.
6. Reassure and monitor the patient until professional responders arrive.

### 3. Session Plan

Activity	Details	Facilitator Notes
<b>Introduction &amp; Icebreaker (5 min)</b>	Welcome participants, outline objectives and ask about any experiences with unconscious or shock patients.	Encourage sharing of experiences to set context. Emphasize importance of rapid recognition and safe handling.
<b>Understanding Shock (10 min)</b>	Explain what shock is, its causes and how it affects circulation and vital organs. Present common signs: - Rapid, weak pulse - Shallow, fast breathing - Pale, cold, sweaty skin - Grey/blue lips - Restlessness or anxiety	Use visuals or real-life examples. Ask participants to identify signs from sample scenarios.
<b>Initial First Aid for Shock (10 min)</b>	Teach Lower Head – Raise Legs technique: 1. Help patient lie down. 2. Elevate legs above heart level. 3. Loosen clothing and reassure patient.	Demonstrate safely with mannequin or volunteer. Stress checking for spinal injuries before moving patient.
<b>Recovery Position (15 min)</b>	Demonstrate step-by-step: 1. Position arms. 2. Bend nearest leg. 3. Roll patient carefully to side. 4. Keep airway open using hand under chin. 5. Maintain stability to prevent rolling onto face.	Have participants practice in pairs. Provide corrective feedback on positioning and safety.
<b>Hands-On Drill: Shock and Recovery Position (20–25 min)</b>	Divide participants into small groups. Each group: - Practices helping a “shock patient” lie down and elevate legs. - Rotates to practice recovery position. - Discuss challenges in real emergencies.	Observe and guide technique, airway maintenance and safety. Reinforce clear communication and patient reassurance.

## 4. Key Techniques for Facilitator

### Shock Management

- Ensure scene safety before approaching patient.
- Elevate legs ~12–18 inches (30–45 cm) to improve blood flow to vital organs.
- Loosen tight clothing and reassure patient.
- Monitor for changes in pulse, breathing, or consciousness.

### Recovery Position

- Protect airway: tilt head slightly backward.
- Support head and neck during roll.
- Bend top leg to stabilize body.
- Hand under chin keeps airway open.
- Regularly monitor breathing and pulse while waiting for professional help.

## 5. Safety and Infection Prevention

- Always check for potential spinal or head injuries before moving patient.
- Wear gloves and other PPE if blood or bodily fluids are present.
- Avoid unnecessary movements that could worsen injury.
- Communicate clearly with patient and team throughout the procedure.

## 6. Key Takeaways

1. Early Recognition Saves Lives: Identify shock signs quickly.
2. Circulation Support: Leg elevation helps restore blood flow to vital organs.
3. Airway Maintenance: Recovery position keeps airway open and prevents aspiration.
4. Reassurance Matters: Calm the patient to reduce stress and anxiety.
5. Safety First: Always consider spinal injuries and environmental hazards before intervention.

## 7. Reflection Questions

1. How would you identify shock in a patient at the PHC or community level?
2. What precautions must you take before elevating a patient's legs?
3. Why is the recovery position preferred for unconscious but breathing patients?
4. How would you assist a patient with suspected spinal injury while providing first aid for shock?
5. How can you train community members to respond safely to shock emergencies?

## SESSION 2.5

### MANAGING CHOKING EMERGENCIES AT PHC LEVEL

#### 1. Session Overview for Facilitator

Choking is a life-threatening emergency caused by airway obstruction. Rapid recognition and intervention are critical to prevent hypoxia, brain injury, or death. This session equips PHC staff and trained community volunteers (CERT members) with skills to manage choking in adults, children and infants, including back blows, abdominal thrusts (Heimlich maneuver) and appropriate modifications. Participants will also learn when to transition to CPR if the victim becomes unconscious.

#### 2. Session Objectives

By the end of this session, participants will be able to:

1. Identify the signs of choking in adults, children and infants.
2. Perform first aid for conscious choking in adults using back blows and abdominal thrusts.
3. Apply modified choking interventions for children and infants.
4. Recognize when to start CPR if the choking victim becomes unconscious.
5. Ensure safe handling of choking victims while minimizing risk of injury.

### 3. Session Plan

Activity	Details	Facilitator Notes
<b>Introduction &amp; Icebreaker (5 min)</b>	Briefly discuss previous experiences with choking emergencies. Highlight urgency of rapid response.	Encourage participants to share personal experiences. Emphasize the “golden minutes” in choking situations.
<b>Recognizing Choking (10 min)</b>	Signs to observe: - Inability to cough, speak, or breathe - Clutching the throat - Cyanosis (bluish lips or face) in severe cases	Use demonstration or volunteer to show signs. Ask participants to identify signs in short role-play scenarios.
<b>Adult Choking Interventions (15 min)</b>	Stepwise approach for conscious adults: 1. Back Blows: Bend forward, 5 firm blows between shoulder blades. 2. Abdominal Thrusts (Heimlich Maneuver): Place fist above navel, cover with other hand, 5 upward thrusts. 3. Repeat until object expelled, victim can breathe, or becomes unconscious. 4. If unconscious, start CPR and check mouth for visible object.	Demonstrate on adult mannequin. Emphasize safe hand placement and avoiding injury. Stress repeated sets until resolution.
<b>Child &amp; Infant Choking Interventions (15 min)</b>	Children (<5 years): Follow adult procedure with caution; use less force. Infants: Place prone across forearm, 5 back blows, Turn supine, 5 chest thrusts with 2 fingers - Only remove visible object; do not blind sweep	Demonstrate on pediatric/infant mannequins. Emphasize gentle handling, age-appropriate force and monitoring. Highlight differences from adult technique.
<b>Hands-On Drill: Choking Rescue (20–25 min)</b>	Participants practice: Adult back blows and abdominal thrusts, Infant back blows and chest thrusts, Transition to CPR if victim becomes unconscious	Divide participants into small groups. Observe and provide feedback on hand placement, force and sequence. Rotate roles for full practice experience.



## 4. Key Techniques for Facilitator

### Adult Conscious Choking

1. Back Blows: 5 firm blows between shoulder blades.
2. Abdominal Thrusts: 5 upward thrusts above navel.
3. Repeat sets until object expelled or victim becomes unconscious.

### Child/Infant Modifications

- Reduce force; children's bones are still forming.
- Infant: prone across forearm, 5 back blows, then 5 chest thrusts using 2 fingers.
- Only remove visible object in mouth; never sweep blindly.

### Transition to CPR

- If victim loses consciousness, start CPR immediately.
- Check mouth for obstruction before breaths.

## 5. Safety and Infection Prevention

- Do not place fingers in mouth unless object is visible.
- Avoid excessive force on children and infants.
- Maintain personal safety and use PPE if bodily fluids are present.
- Ensure victim is supported and stable during interventions.

## 6. Key Takeaways

1. Immediate Action Saves Lives: Rapid intervention is critical for airway obstruction.
2. Back Blows and Abdominal/Chest Thrusts: Core techniques for conscious victims.
3. Adapt Technique for Age: Use gentler modifications for children and infants.
4. CPR for Unconscious Victims: Begin CPR if victim loses consciousness.
5. Safety First: Only remove objects visible in mouth; protect victim from injury.

## 7. Reflection Questions

1. What are the main signs of choking in adults, children and infants?
2. How do back blows and abdominal/thoracic thrusts expel a foreign object?
3. Why is it important to modify technique for children and infants?
4. When should you switch from choking intervention to CPR?
5. How can you teach families or community members to respond safely to choking emergencies?

## SESSION 2.6

### WOUNDS AND INJURIES – CONTROLLING BLEEDING

#### 1. Session Overview for Facilitator

Bleeding is a common and potentially life-threatening condition in trauma and emergency situations. Prompt and correct first aid can prevent shock, severe complications, or death. This session focuses on recognizing different types of bleeding, applying immediate life-saving measures and stabilizing trauma patients at the PHC level. Participants will learn structured approaches to evaluation, pressure application, bandaging, elevation and tourniquet use for catastrophic bleeding.

#### 2. Session Objectives

By the end of this session, participants will be able to:

1. Recognize critical injuries based on mechanisms, injury patterns and changes in vital signs.
2. Apply a structured and sequential approach to the evaluation and stabilization of trauma patients (A, B, C, D, E).
3. Demonstrate first aid procedures required to control bleeding.
4. Understand the importance of timely, informed and safe transfer to higher-level care.

### 3. Session Plan

Activity	Details	Facilitator Notes
<b>Introduction</b>	Present global and local statistics on trauma and bleeding. Explain the concept of the “golden hour” and importance of rapid response.	Emphasize survival depends on immediate intervention. Ask participants for examples from their experience with trauma patients.
<b>Recognizing Bleeding</b>	Explain internal vs. external bleeding: - Internal: chest, abdomen, pelvis trauma, fractures, medical conditions. - External: visible cuts or tears. Types of external bleeding: - Arterial (spurting, high pressure) - Venous (flowing, low pressure) - Capillary (oozing, low pressure)	Use visual aids or short videos to differentiate bleeding types. Ask participants to identify bleeding types in case scenarios.
<b>Initial Actions to Control Bleeding</b>	Discuss four main interventions: 1. Apply Direct Pressure 2. Elevate the bleeding body part 3. Apply Bandages 4. Indirect Pressure / Tourniquet (last resort)	Demonstrate each technique clearly. Stress sequence: direct pressure → elevation → bandage → tourniquet if uncontrolled.
<b>Demonstration: Direct Pressure &amp; Elevation</b>	Show proper method of applying pressure with dressing. Demonstrate lifting extremities above heart level.	Emphasize continuous pressure for 10–30 minutes. Discuss risks if bleeding is uncontrolled.
<b>Demonstration: Bandaging</b>	Show how to secure dressing with pressure bandage after bleeding slows.	Demonstrate wrapping without compromising circulation. Discuss signs of poor circulation.
<b>Demonstration: Tourniquet &amp; Indirect Pressure</b>	Explain when to use tourniquet and correct placement (5 cm above wound). Show indirect pressure points for limbs.	Stress tourniquet is last resort for life-threatening arterial bleeding. Note time applied and do not cover.
<b>Hands-On Activity: Bleeding Control Drill</b>	Participants practice: - Direct pressure on simulated wounds - Elevation of extremities - Bandaging - Tourniquet application on arm/leg mannequins	Divide participants into small groups. Facilitator observes and corrects technique. Rotate roles for full practice.

#### 4. Key Techniques for Facilitator

##### Direct Pressure:

- Use clean cloth/dressing, press firmly.
- If soaked, add another dressing on top; do not remove first.
- Maintain pressure for 10–30 minutes.

##### Elevation:

- Lift bleeding limb above heart level to reduce blood flow and pain.

##### Bandaging:

- Apply firm pressure bandage over dressing once bleeding slows.

##### Indirect Pressure / Tourniquet:

- Use for severe arterial bleeding uncontrolled by direct pressure.
- Apply 5 cm above wound; never cover tourniquet.
- Record exact application time.

#### 5. Safety and Infection Prevention

- Always wear gloves and use PPE where available.
- Avoid direct contact with blood; follow infection control precautions.
- Support injured limb to prevent further damage.
- Monitor victim for shock signs; maintain airway and circulation.

#### 6. Key Takeaways

1. Immediate Action Saves Lives: Early bleeding control is critical.
2. Know Bleeding Types: Arterial, venous, capillary—each requires appropriate response.
3. Structured Approach: Direct pressure → elevation → bandage → tourniquet.
4. Tourniquet as Last Resort: Only for life-threatening arterial bleeding.
5. Continuous Monitoring: Assess circulation, vital signs and signs of shock.

6. Timely Transfer: Ensure rapid referral to higher-level facility after stabilization.

## 7. Reflection Questions

1. How can you differentiate arterial, venous and capillary bleeding?
2. When should a tourniquet be applied and what precautions must be taken?
3. How do direct pressure, elevation and bandaging work together to control bleeding?
4. What are the key signs that a bleeding patient is developing shock?
5. How would you prioritize bleeding control in a scenario with multiple casualties?

## SESSION 2.7

### FRACTURES, DISLOCATION AND SPRAINS

#### 1. Session Overview for Facilitator

Musculoskeletal injuries such as fractures, dislocations and sprains are common in accidents, disasters and daily emergencies. Prompt recognition and proper first aid reduce pain, prevent further damage and improve recovery. This session equips PHC-level responders and CERT members with practical knowledge and techniques to safely manage these injuries until professional care is available.

#### 2. Session Objectives

By the end of this session, participants will be able to:

1. Differentiate between fractures, dislocations and sprains.
2. Identify types of fractures (open and closed).
3. Apply basic immobilization techniques for injured limbs.
4. Use slings and supports for upper and lower limb injuries.
5. Minimize movement and provide comfort to injured patients.

### 3. Session Plan

Activity	Details	Facilitator Notes
<b>Introduction</b>	Discuss the prevalence of musculoskeletal injuries in accidents and disasters. Highlight the importance of immediate first aid.	Ask participants to share experiences handling fractures or sprains in their communities.
<b>Definitions &amp; Differentiation</b>	Explain injury types: <ul style="list-style-type: none"> <li>- Fracture: Break in bone; closed or open</li> <li>- Dislocation: Bone displaced from joint; partial or complete</li> <li>- Sprain: Ligament stretch or tear; no bone displacement</li> </ul>	Use diagrams or visual aids. Ask participants how they would recognize each type in a patient.
<b>First Aid Principles</b>	<ol style="list-style-type: none"> <li>1. Immobilization</li> <li>2. Pain reduction</li> <li>3. Avoid manipulation</li> <li>4. Monitor distal circulation</li> <li>5. Seek professional help</li> </ol>	Emphasize: never try to relocate a dislocated joint. Stress patient comfort and safety.
<b>Immobilization Techniques</b>	Describe splints, supports and slings: <ul style="list-style-type: none"> <li>- Fractures: Splints or padded supports</li> <li>- Dislocations: Support joint as found, immobilize</li> <li>- Sprains: Rest, compression, elevation (R-I-C)</li> </ul>	Demonstrate step-by-step. Discuss improvised materials if professional equipment unavailable.
<b>Demonstration: Slings and Splints</b>	Triangular bandage sling for upper limb injuries. Splinting arm, forearm and leg fractures using sticks, rolled cloth, or other materials.	Demonstrate proper positioning and secure but not tight bandaging. Highlight checking distal circulation after immobilization.
<b>Hands-On Practice: Injury Immobilization Drill (20 min)</b>	Participants practice: <ul style="list-style-type: none"> <li>-Making triangular bandage slings</li> <li>-Splinting simulated fractures</li> <li>-Elevating and supporting sprains</li> </ul>	Divide into small groups. Rotate roles: first responder and patient. Facilitator observes technique, corrects errors and reinforces safety.



#### 4. Practical Tips for Facilitator

- Always check for circulation, sensation and movement beyond the injured site.
- Ensure the immobilized limb is comfortable, secure, but not tight enough to cut off circulation.
- Reinforce the R-I-C principle for sprains: Rest, Ice, Compression, Referral.
- Stress that professional medical evaluation is always necessary for fractures and dislocations.

#### 5. Key Takeaways

1. Immobilization is critical for all musculoskeletal injuries.
2. Never attempt to relocate a dislocated joint unless professionally trained.
3. Support, comfort and minimize movement to prevent further injury.
4. Monitor distal circulation and signs of compromise.
5. Proper first aid reduces pain, prevents complications and saves lives.

#### 6. Reflection Questions

1. How can you differentiate between a fracture, dislocation and sprain in an emergency?
2. Why is it dangerous to try to relocate a dislocated joint?
3. How would you improvise a splint if professional equipment is unavailable?
4. What are the key considerations when applying a triangular bandage sling?
5. How would you monitor the patient after immobilization to ensure safety?

## SESSION 2.8

### MANAGEMENT OF SPINAL INJURIES AT PHC LEVEL

#### 1. Session Overview for Facilitator

Spinal injuries are life-threatening emergencies that can result from road traffic accidents, falls from heights, or building collapses. Improper handling can lead to permanent paralysis or severe disability. This session equips PHC-level responders and CERT members with the knowledge and practical skills to recognize, stabilize and safely manage spinal injury victims until professional medical help arrives.

#### 2. Session Objectives

By the end of this session, participants will be able to:

1. Identify signs and situations that indicate a spinal injury.
2. Apply correct first aid principles to minimize further damage.
3. Demonstrate safe patient positioning and immobilization techniques.
4. Execute safe transfer methods for spinal injury patients, including the log roll.
5. Understand precautions when the patient is wearing a helmet.

### 3. Session Plan

Activity	Details	Facilitator Notes
<b>Introduction</b> (5 min)	Discuss spinal injuries, high-risk situations and potential complications of improper handling.	Ask participants to share any experiences managing spinal injuries.
<b>Definition &amp; Causes</b> (5 min)	<ul style="list-style-type: none"> <li>- Spinal injury: Any injury to backbone or spinal cord.</li> <li>- High-risk situations: Road traffic accidents, falls from height, building collapses.</li> </ul>	Show diagrams of spinal anatomy and common injury sites.
<b>First Aid Principles</b> (10 min)	<p>Key actions:</p> <ol style="list-style-type: none"> <li>1. Only move if life is in danger or patient is unconscious.</li> <li>2. Maintain spine alignment on firm surface.</li> <li>3. Stabilize neck first.</li> <li>4. Maintain open airway while keeping neutral spine.</li> <li>5. Head neutral, feet together, pelvis aligned.</li> <li>6. Use spine board or improvised hard board.</li> <li>7. Move carefully only if necessary.</li> <li>8. Do not remove helmet unless life-threatening or CPR needed.</li> </ol>	Emphasize mal movement and neutral alignment. Reinforce calling for ambulance or professional help immediately.
<b>Practical Demonstration</b> (10 min)	<ul style="list-style-type: none"> <li>- Demonstrate neutral spine positioning.</li> <li>- Apply cervical collar.</li> <li>- Show log roll technique with spine board or improvised board.</li> </ul>	Highlight hand placement, coordination among responders and safety of patient.
<b>Hands-On Practice: Spinal Injury Handling Drill</b> (15 min)	<p>Participants divided into groups: patient, responders, observer. Each group practices:</p> <ul style="list-style-type: none"> <li>- Neutral spine positioning</li> <li>- Application of cervical collar</li> <li>- Log roll technique</li> <li>- Observers provide feedback on alignment, safety, coordination</li> </ul>	<p>Rotate roles to ensure all participants practice safely.</p> <p>Correct errors in real-time and emphasize teamwork.</p>

#### 4. Key Takeaways

1. Spinal injuries require mal movement to prevent permanent damage.
2. Neutral alignment of head, neck and pelvis is essential.
3. Cervical collars should be applied promptly to stabilize the neck.
4. Helmets should only be removed in life-threatening situations.
5. Safe transfer techniques such as log roll are critical for patient safety.

#### 5. Reflection Questions

1. What are the key signs that indicate a spinal injury?
2. Why is keeping the spine in neutral alignment critical?
3. When is it acceptable to remove a helmet from a spinal injury patient?
4. How would you improvise a spine board if one is unavailable?
5. What are the main risks of moving a spinal injury patient improperly?

## SESSION 2.9

### MANAGEMENT OF BURN INJURIES AT PHC LEVEL

Session Duration: 30 minutes

#### 1. Session Overview for Facilitator

Burns and scalds are common injuries in the community, particularly among children. Injuries can range from minor superficial burns to life-threatening deep burns. Prompt, correct first aid reduces pain, prevents infection and minimizes long-term complications. This session equips PHC-level responders and CERT members with practical skills to manage burn injuries effectively at the community level.

#### 2. Session Objectives

By the end of this session, participants will be able to:

1. Identify different types and severity levels of burn injuries.
2. Apply immediate first aid to cool and protect burn injuries.
3. Demonstrate safe covering and dressing of burn wounds.
4. Understand precautions to prevent further injury or infection.
5. Recognize when to refer patients to higher-level care.

### 3. Session Plan

Activity	Details	Facilitator Notes
<b>Introduction</b>	Discuss common burn causes, risk groups (especially children) and importance of prompt first aid.	Encourage participants to share experiences with burn cases in their community.
<b>Types and Severity of Burns</b>	<ul style="list-style-type: none"> <li>- Superficial (First-degree): Red, painful, no blisters.</li> <li>- Partial-thickness (Second-degree): Red, blistered, very painful.</li> <li>- Full-thickness (Third-degree): White or charred, may be painless, serious injury.</li> <li>- Fourth-degree: Involves muscle/bone, no pain.</li> </ul>	Use diagrams or images to illustrate burn depths. Highlight visual differences between burn types.
<b>Causes of Burns</b>	Thermal, electrical, chemical, inhalation.	Show examples of common household and industrial sources.
<b>First Aid Actions</b>	<ul style="list-style-type: none"> <li>- Cool the burn: Run cool water 10–20 min.</li> <li>- Remove constrictive items: Rings, belts, watches.</li> <li>- Cover burn: Sterile, non-stick dressing.</li> <li>- Avoid home remedies: No butter, oils, toothpaste.</li> <li>- Pain management: Analgesics if available.</li> <li>- Monitor for shock: Keep patient lying down, warm.</li> <li>- Refer if severe: Deep, extensive, chemical, electrical, facial burns.</li> </ul>	Emphasize that immediate cooling is the most important step. Stress no ice or home remedies.
<b>Special Considerations</b>	<ul style="list-style-type: none"> <li>- HABCDE priorities: Assess trauma, secure airway, prevent hypothermia, fluid resuscitation, pain relief.</li> <li>- Airway burns: Facial burns, singed hair, carbonaceous sputum, hoarse voice, stridor.</li> </ul>	Explain signs of airway compromise. Discuss importance of early referral to burn centers.
<b>Assessment of Burns</b>	<ul style="list-style-type: none"> <li>- Surface Area: Rule of Nines (adults), Lund &amp; Browder (children), Palmar method.</li> <li>- Depth: First-degree (superficial), Second-degree (partial thickness), Third-degree (full thickness).</li> </ul>	Show TBSA charts and emphasize assessment for referral decisions.

<b>Practical Activity: Burn Care Drill</b>	<p>Objective: Practice immediate cooling, covering and reassurance.</p> <p>Instructions:</p> <ol style="list-style-type: none"> <li>1. Demonstrate cooling technique on mannequin or volunteer using water spray/wet cloth.</li> <li>2. Participants practice covering burns with sterile or clean dressing.</li> <li>3. Discuss scenarios for mild vs severe burns and referral decisions.</li> </ol>	<p>Monitor technique, ensure safe practice.</p> <p>Provide feedback on speed, safety and patient reassurance.</p>
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#### 4. Key Takeaways

1. Immediate cooling is the most important first aid step for burns.
2. Protect burns with a clean, loose dressing to prevent infection.
3. Never use home remedies that may worsen injury.
4. Monitor for shock, especially in extensive burns.
5. Severe burns require urgent referral to higher-level facilities.
6. Airway assessment is critical in facial, neck, or inhalation burns.

#### 5. Reflection Questions

1. What is the first step you should take for any burn injury?
2. Why should ice or home remedies not be used on burns?
3. How do you determine whether a burn requires referral to a hospital?
4. What precautions should be taken to prevent infection in burn patients?
5. How would you manage a child with a scald from hot water at home?

## SESSION 2.10

### DEHYDRATION AND HEAT STROKE MANAGEMENT AT PHC LEVEL

#### 1. Session Overview for Facilitator

Dehydration and heat stroke are common emergencies in hot climates or disaster-affected areas. Dehydration occurs when fluid loss exceeds replacement, which can progress to heat exhaustion and heat stroke. Heat stroke is a life-threatening condition characterized by body temperature exceeding 40°C (104°F), altered mental status and organ dysfunction. Prompt recognition and immediate first aid are essential to prevent severe complications or death.

#### 2. Session Objectives

By the end of this session, participants will be able to:

1. Recognize the signs and symptoms of dehydration and heat stroke.
2. Administer immediate first aid for dehydration and heat stroke.
3. Implement preventive measures to reduce risk in community settings.
4. Know when to escalate care and refer patients to higher-level facilities.



### 3. Session Plan

Activity	Details	Facilitator Notes
<b>Introduction</b>	Explain common causes of dehydration and heat stroke, especially in hot climates or during disasters.	Ask participants if they have observed heat-related illnesses in their communities. Highlight the importance of early intervention.
<b>Dehydration</b>	<p>Causes: Excessive sweating, diarrhea, vomiting, fever, inadequate fluid intake.</p> <p>Signs &amp; Symptoms: Dry mouth, thirst, reduced urine output, weakness, dizziness, confusion.</p> <p>First Aid Actions: Encourage oral fluids (water, ORS), monitor vital signs, avoid caffeinated or sugary drinks, seek medical attention if severe.</p>	Emphasize that oral rehydration is first-line for conscious patients. Show ORS packets if available.
<b>Heat Stroke</b>	<p>Definition: Body fails to regulate temperature; Signs &amp; Symptoms: Hot dry skin or profuse sweating, rapid pulse, dizziness, confusion, fainting, nausea.</p> <p>First Aid Actions: Move patient to cool area, remove excess clothing, cool with wet clothes or immersion, rehydrate if conscious, monitor vital signs, seek emergency help immediately.</p>	Stress that heat stroke is life-threatening and requires urgent referral. Demonstrate fanning or wet cloth cooling techniques.
<b>Practical Activity: Heat Emergency Drill</b>	<p>Objective: Practice recognizing and managing dehydration and heat stroke.</p> <p>Instructions:</p> <ol style="list-style-type: none"> <li>1. Simulate scenarios with participants acting as patients showing dehydration or heat stroke.</li> <li>2. Practice moving patient to shade, cooling, encouraging rehydration.</li> <li>3. Discuss warning signs that require urgent referral.</li> </ol>	Observe participants' techniques and provide feedback. Reinforce proper hydration and cooling steps.
<b>Discussion and Reflection</b>	Discuss preventive measures: adequate water intake, rest, shaded areas, monitoring at-risk individuals during hot weather.	Encourage participants to share community-based prevention strategies.

#### 4. Key Takeaways

1. Early recognition of dehydration prevents progression to heat stroke.
2. Immediate priorities: cool the body and rehydrate the patient.
3. Heat stroke is a medical emergency; urgent referral is critical.
4. Prevention is essential: hydration, rest and shade during heat exposure.
5. Continuous monitoring of vital signs and mental status is crucial.

#### 5. Reflection Questions

1. What are the early warning signs of dehydration?
2. How can dehydration progress to heat stroke?
3. What are the first steps to manage a patient with heat stroke?
4. When should you escalate care and refer a patient with dehydration or heat stroke?
5. How can communities prevent heat-related illnesses during summer or emergencies?

## SESSION 2.11

### SNAKEBITE MANAGEMENT AT PHC LEVEL

Session Duration: 30 minutes

#### 1. Session Overview for Facilitator

Snakebites are a medical emergency, particularly in rural areas where venomous snakes such as Cobra, Viper and Krait are common. The severity depends on the type of snake, victim's age and health, bite location and timeliness of first aid. Prompt recognition, appropriate first aid and safe transport can prevent serious complications or death. This session equips PHC-level responders and CERT members with practical skills to respond effectively to snakebite emergencies.

#### 2. Session Objectives

By the end of this session, participants will be able to:

1. Identify the signs and symptoms of snakebite.
2. Apply appropriate first aid techniques to minimize venom spread.
3. Avoid harmful interventions commonly practiced in the community.
4. Safely transport and refer the victim to a health facility.

### 3. Session Plan

Activity	Details	Facilitator Notes
<b>Introduction</b>	Explain epidemiology of snakebites in rural communities and importance of timely intervention.	Ask participants about local snakes and experiences in snakebite cases. Emphasize high-risk groups: children, farmers and outdoor workers.
<b>Recognizing Snakebite</b>	Signs & Symptoms: Bite marks (two punctures), local swelling, pain, redness, neurological signs (numbness, dizziness, blurred vision), cardiovascular (tachycardia), respiratory difficulty, GI symptoms (nausea, vomiting), sweating or fever.	Show diagrams of bite marks and common local snake species if available. Stress early recognition of systemic symptoms.
<b>First Aid Actions</b>	Stepwise Actions: 1. Stay calm and reassure victim. 2. Wash wound gently with soap and water. 3. Remove constrictive items. 4. Apply pressure & immobilization 5. Transport safely (stretcher if possible). 6. Recovery position if vomiting occurs. 7. Call for help and monitor patient until professional care arrives.	Demonstrate application of pressure immobilization bandage. Emphasize importance of mal movement to slow venom spread.
<b>Unsafe Practices (“Do Not”)</b>	Actions to Avoid: Ice, cutting wound, suction, tourniquet, burning, herbs or black stone, traditional healers, capturing the snake.	Discuss myths in the community and explain physiological reasons why these interventions are harmful.
<b>Practical Activity: Snakebite Response Drill</b>	Objective: Practice assessment, first aid and safe transport. Instructions: 1. Simulate snakebite scenario. 2. Identify symptoms and apply pressure immobilization.	Provide mannequins or volunteers for simulation. Observe participants and correct technique. Emphasize communication and calming the patient.

	3. Practice safe transport techniques. 4. Discuss common unsafe practices and myths.	
<b>Discussion &amp; Reflection</b>	Reinforce early first aid, immobilization, referral and community education.	Encourage participants to share how they would educate their communities on preventing snakebite fatalities.

#### 4. Key Takeaways

1. Early first aid and calm behavior prevent venom spread and reduce complications.
2. Immobilization and mal movement of the affected limb are critical.
3. Harmful interventions such as cutting, suction, or applying ice must never be done.
4. Rapid referral to a health facility is essential for survival.
5. Community awareness and education reduce fatalities and delays in care.

#### 5. Reflection Questions

1. What are the first signs that indicate a snakebite requires urgent medical attention?
2. How does pressure immobilization help in managing snakebite?
3. Which common community practices should be avoided and why?
4. How would you transport a snakebite victim safely to the PHC or hospital?
5. How can community awareness reduce snakebite fatalities?

## SESSION 2.12

### DROWNING MANAGEMENT AT PHC LEVEL

Session Duration: 30 minutes

#### 1. Session Overview for Facilitator

Drowning is a life-threatening emergency caused by submersion in water or other liquids, leading to respiratory compromise and hypoxia. Survival depends on rapid rescue and immediate first aid, especially restoration of breathing and circulation. PHC-level responders and community volunteers must be trained to recognize drowning, perform effective CPR and provide post-rescue care to reduce morbidity and mortality.

#### 2. Session Objectives

By the end of this session, participants will be able to:

1. Recognize the signs of drowning and respiratory distress.
2. Perform effective CPR and rescue breaths for drowning victims.
3. Place a recovered victim in the correct recovery position.
4. Understand the priorities of care for water-related emergencies.

### 3. Session Plan

Activity	Details	Facilitator Notes
<b>Introduction</b>	Explain the importance of rapid response in drowning incidents, including the risk of hypoxia, cardiac arrest and secondary complications.	Ask participants about any local drowning incidents.  Discuss high-risk groups (children, swimmers, flood-affected populations).
<b>Initial Assessment</b>	Check: <ul style="list-style-type: none"> <li>• Responsiveness (shout, gently shake)</li> <li>• Airway obstruction and presence of water</li> <li>• Breathing and circulation</li> </ul>	Demonstrate proper approach to safely assess a drowning victim.  Emphasize avoiding panic and checking quickly.
<b>Drowning First Aid – CPR Sequence</b>	Stepwise Actions: <ol style="list-style-type: none"> <li>1. Give 5 initial rescue breaths to provide oxygen.</li> <li>2. Administer 30 chest compressions at 100–120 per minute.</li> <li>3. Alternate 2 rescue breaths with 30 compressions until professional help arrives or victim recovers.</li> <li>4. Place in recovery position if spontaneous breathing resumes.</li> </ol>	Demonstrate on mannequin, highlighting differences from standard cardiac arrest CPR (rescue breaths first). Stress correct compression rate, hand placement and airway maintenance.
<b>Additional Drowning Care</b>	<ul style="list-style-type: none"> <li>• Remove wet clothing, keep victim warm to prevent hypothermia.</li> <li>• Monitor vital signs until emergency services arrive.</li> <li>• Ensure safe transport to a health facility if needed.</li> </ul>	Discuss hypothermia risks and emphasize constant observation of airway and breathing.
<b>Practical Activity: Drowning Rescue Drill</b>	Objective: Practice CPR and post-rescue procedures. <ol style="list-style-type: none"> <li>1. Simulate a drowning scenario using a mannequin or volunteer.</li> <li>2. Practice 5 rescue breaths followed by 30 chest compressions.</li> <li>3. Place the victim in recovery position once spontaneous breathing resumes.</li> <li>4. Discuss challenges such as performing CPR in wet environments or on uneven surfaces.</li> </ol>	Rotate participants so everyone practices both rescue breaths and compressions. Provide feedback on technique, timing and safety.

#### 4. Key Takeaways

1. Rapid rescue and immediate first aid are critical for drowning survival.
2. Initial rescue breaths before chest compressions are vital to oxygenate lungs.
3. Recovery position prevents airway obstruction after spontaneous breathing resumes.
4. Continuous monitoring, warmth maintenance and professional referral are essential.
5. Preparation and training of PHC staff and community responders improve outcomes in water-related emergencies.

#### 5. Reflection Questions

1. What are the immediate steps to take when reaching a drowning victim?
2. Why is it important to give initial rescue breaths before chest compressions in drowning?
3. How does the recovery position help a victim after regaining breathing?
4. What precautions can prevent hypothermia after a drowning incident?
5. How can PHC staff and community responders prepare for water-related emergencies?