



SAFETY FUNCTION ACTION SURVIVOR CONCERNS / STRATEGIES & TACTICS APPLIED

Provider _____ Location _____ Disaster _____
 Date _____ Start Time _____ Stop Time _____ Total Time _____
 Survivor: Child Adolescent Adult Family Group
 Survivor Name _____ Age _____ ID _____

SURVIVOR ISSUES

STRATEGIES & TACTICS APPLIED

SAFETY

SAFEGUARD

- | | |
|--|---|
| <input type="checkbox"/> Immediate danger of harm | <input type="checkbox"/> Protect / remove survivor from danger |
| <input type="checkbox"/> Ongoing threat of harm | <input type="checkbox"/> Protect survivor / reduce threat |
| <input type="checkbox"/> Post-disaster physical hazards | <input type="checkbox"/> Protect survivor from hazards |
| <input type="checkbox"/> Exposure to scenes of trauma or loss | <input type="checkbox"/> Remove survivor from traumatic scenes |
| <input type="checkbox"/> Lack of safe shelter, displacement | <input type="checkbox"/> Assist in providing shelter during impact and seeking shelter after impact |
| <input type="checkbox"/> Inaccurate perception of danger or threat | <input type="checkbox"/> Enhance survivor's perception of safety |
| <input type="checkbox"/> Threat of harm to self or others | <input type="checkbox"/> Protect survivor/refer as necessary |
| <input type="checkbox"/> High-risk behavior | <input type="checkbox"/> Protect survivor/refer as necessary |
| <input type="checkbox"/> Substance abuse, self-medication | <input type="checkbox"/> Protect survivor/refer as necessary |

SUSTAIN

- | | |
|---|--|
| <input type="checkbox"/> Safe, clean water and nutritious foods | <input type="checkbox"/> Assist with access to water and food |
| <input type="checkbox"/> Clothing and hygiene needs | <input type="checkbox"/> Assist with clothing, personal hygiene needs, a place to shower |
| <input type="checkbox"/> Disruption of utilities and services | <input type="checkbox"/> Assist with access to power, heating, air conditioning, sanitation |
| <input type="checkbox"/> Medical care needs | <input type="checkbox"/> Provide First Aid. Provide or assist survivors to access medical care |
| <input type="checkbox"/> Rest area, bedding | <input type="checkbox"/> Assist with physical comfort, bedding and a place to rest |
| <input type="checkbox"/> Repair supplies and tools | <input type="checkbox"/> Procure disaster recovery supplies and equipment |

FUNCTION

COMFORT

- | | |
|--|--|
| <input type="checkbox"/> Fear, anxiety, distress | <input type="checkbox"/> Assist with calming |
| <input type="checkbox"/> High levels of stress | <input type="checkbox"/> Assist with relaxation, stress management |
| <input type="checkbox"/> Emotional overwhelm, strong emotions | <input type="checkbox"/> Stabilize and comfort |
| <input type="checkbox"/> Anger and/or agitation | <input type="checkbox"/> Maintain calm, respectful approach to help defuse anger |
| <input type="checkbox"/> Disoriented, disconnected from "here and now" | <input type="checkbox"/> Stabilize and orient |
| <input type="checkbox"/> Extreme exposure to disaster or trauma | <input type="checkbox"/> Provide presence, empathy and comfort |
| <input type="checkbox"/> Loss of property or possessions | <input type="checkbox"/> Comfort survivor who has sustained loss |
| <input type="checkbox"/> Severe harm to loved one or loss of loved one | <input type="checkbox"/> Support grieving survivor |

CONNECT

- | | |
|--|---|
| <input type="checkbox"/> Family unit, friends or neighbors arriving together | <input type="checkbox"/> Keep families and groups together and intact |
| <input type="checkbox"/> Survivor separated from loved one | <input type="checkbox"/> Assist survivor to locate or reunite with missing loved one |
| <input type="checkbox"/> Child separated from parent or caregiver | <input type="checkbox"/> Assist in locating parent or caregiver |
| <input type="checkbox"/> Lack of available support network | <input type="checkbox"/> Connect survivor to yourself, other personnel or other survivors |
| <input type="checkbox"/> Survivor isolating away from others | <input type="checkbox"/> Connect survivor to yourself, other personnel or other survivors |

ACTION

ADVISE (INFORM)

- | | |
|---|---|
| <input type="checkbox"/> Lack of information about the disaster | <input type="checkbox"/> Inform survivor about disaster, what to expect and what to do |
| <input type="checkbox"/> Distress due to lack of information about the disaster | <input type="checkbox"/> Inform survivor about the disaster |
| <input type="checkbox"/> Need information on disaster services | <input type="checkbox"/> Provide information on disaster services |
| <input type="checkbox"/> Need validation for strong reactions | <input type="checkbox"/> Provide information about the range of common survivor reactions |
| <input type="checkbox"/> Need information on coping skills | <input type="checkbox"/> Advise about adaptive coping skills |
| <input type="checkbox"/> Need information on social support | <input type="checkbox"/> Provide information on giving / receiving support |
| <input type="checkbox"/> Need information on stress reactions | <input type="checkbox"/> Advise about common stress reactions |
| <input type="checkbox"/> Need information on sleep problems | <input type="checkbox"/> Advise about approaches to achieve restful sleep |
| <input type="checkbox"/> Need information on substance use | <input type="checkbox"/> Advise about substance use in disasters |

ACTIVATE

- | | |
|--|--|
| <input type="checkbox"/> Guidance on steps toward disaster recovery | <input type="checkbox"/> Provide guidance on "first steps" to recovery |
| <input type="checkbox"/> Actions for personal / family disaster recovery | <input type="checkbox"/> Engage survivors actively in self-help and recovery tasks |
| <input type="checkbox"/> Actions to build self-esteem and a sense of community | <input type="checkbox"/> Provide opportunities for survivors to help each other |
| <input type="checkbox"/> Linkage to disaster recovery services | <input type="checkbox"/> Refer to disaster recovery services |
| <input type="checkbox"/> Need for medical or psychosocial services | <input type="checkbox"/> Refer for medical services or psychosocial support |
| <input type="checkbox"/> Job loss or disruption | <input type="checkbox"/> Refer for job, vocational help |
| <input type="checkbox"/> School loss or disruption | <input type="checkbox"/> Refer for academic, school help |
| <input type="checkbox"/> Financial difficulties | <input type="checkbox"/> Refer for financial help |

