Comments on CERT Disaster Medical Operations Videos

Recovery Position

https://www.youtube.com/watch?v=DXafn3jSzGw

In CERT you would ordinarily be placing an unconscious victim in the recovery position with the help of a partner, who stabilizes the head and neck while you perform the actions shown in the video. It is OK for a single rescuer to put a victim in the recovery position, as shown in the video, if head and neck injury is not suspected. The narration says that the recovery position is for victims with “effective circulation,” but it can also be used for shock victims because shock victims are in danger of losing consciousness and becoming unable to protect their airway.

Spine Immobilization

https://www.youtube.com/watch?v=NLtfOXqpl34&t=37s and stop at 1m 27 sec

If you continue watching the rest of this video you may see the victim wearing a cervical collar, which we do not apply as CERTs. Later in the video you also see the team rolling the patient onto a spine board. Their technique is very good, although when the patient was off-center, the team leader should have made it clear what direction the team was to move the patient, e.g., “On three, we will move the patient about 6 inches towards me and a little more towards Joe so he’s better centered. Is everybody ready? One, two, three, shift.”

Finally, here is a transcript of the video, which is a bit hard to hear:

The goal of manual in-line spinal immobilization is to create a unit between the head and the torso canceling out the stabilizing function of the neck. It would be therefore incorrect to simply grasp the head, as it would still be possible to move the head relative to the torso and it would also be wrong to simply grasp the torso without controlling the head as the same (moving the head relative to the torso) would be possible. Instead make sure that you have a firm grasp on the clavicles (shoulder blades) and shoulders of the patient, with the palms of your hands and the distal (far) ends of your forearms on the bony elements of the head. This creates a single unit between the head and the torso. Your elbows should rest on your legs for stability - or on the edge of the gurney or trauma trolley. Log-rolling is a multi-person technique. We’re going to move the patient without interfering with spinal alignment. This can be done either to check the back of the patient or in this case, to transport them onto a trauma board. You need a minimum of four people to safely perform this technique: one to control the c-spine, one to control the lower body and a fourth assistant to slide the board. (He’s describing the ideal. CERTs might be doing a log-roll with as few as two or three rescuers, but one rescuer controlling the head and neck and other(s) doing everything else is essential). We start by setting our positions. The person at the head will have control of the procedure and will maintain manual c-spine immobilization over the C-collar as we have just described (remember, no C-collars in CERT). A second person would grasp the shoulder and the hip and cross arms with the first, grabbing the hip and [lower leg]. The person at the head gives the command to roll and we would listen to her instructions, moving the patient gently in a single motion. (to woman at the head:) When you’re ready... (woman at the head:) We’re going to move on the count of three. One, two, three. The fourth assistant would now slide the board in and check the back. Once the board is tightly tucked in, the procedure is performed in reverse. (woman at the head:) One, two, three. It’s not uncommon for the patient to be slightly off-center. You could now you move the patient laterally (sideways) using a similar one-two-three technique. (woman at the head:) Ready? one, two, three. (Team leader at the head should have made clear that patient was going to be moved to his left and made certain the team was ready to perform the move).