Disaster Medical Operations — Part 2

CERT Basic Training
Unit 4
Fall 2019
For online course

- Slide deck is a subset of FEMA CERT slides
- Slides are for in-class companion to the online CERT basic training course provided by the University of Utah
- The complete FEMA CERT slide deck is available here - https://www.fema.gov/media-library/assets/documents/27669

WC CERT – Medical (Volunteer) Intake Form

WC CERT MED OPS Intake Log
Name and initials of CERT volunteers working in Medical Operations

Name:  __________ Initials: __________
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If you volunteer in Med Ops you need to sign in on this form before you start seeing victims. You will be initiating a lot of forms and this sheet matches your initials with your name, in case any questions arise about any of your documentation.
Medical Intake Form (Victims)

- Available identifying information
- Description (age, sex, body build, estimated height)
- Clothing
- Injuries

Head to Toe Assessment - HTTA

- HTTA done ONLY in MED OPS
  - SAR (Search & Rescue) – RPMs and treat only 3 killers
  - Transport – RPMs and focused assessment
    - Did victim status change?
    - Does anything need splinting?
  
  https://www.youtube.com/watch?v=P3MUhF48zi8

Conducting Head-to-Toe Assessment

- Identify self
- Respect privacy
- Talk to victim
- Ask about and score pain (scale: 0 -10)
- Look for medical identification!!!
- Look, listen, and feel
- Check own hands for victim bleeding
- Check color, feeling, warmth in all extremities
- If you suspect a spinal injury in unconscious victims, treat accordingly
Let’s Practice Head to Toe Assessment

1. RPM – treat the 3 killers immediately
2. Head
3. Neck
4. Shoulders
5. Chest/Back
6. Arms
7. Abdomen
8. Pelvis
9. Legs

Scribe/FOG can help you remember what to do
Closed-Head, Neck, Spinal Injuries

- **DO NO HARM**
- Suspect head/neck/spine injury if
  - Unconscious or altered mental status
  - Severe pain directly over the spine
  - High impact, fall or impact/blow close to head
  - See FEMA manual Unit 4 DMO part 2 for other signs
- **Move victim only if needed**
  - Minimize movement of head and neck
  - Allow position of comfort if victim fully awake
  - Work with partner to maintain head and neck alignment, keep spine in straight line

Splinting guidelines (& demo & practice)

- Splint before moving the victim
- Check PMS (pulse, movement, sensation) below injury before splinting
- Don’t use injured part as the template
- Splint in the position you find it/position of comfort
  - *Don’t try to realign bones or joints*
- Remove jewelry (if possible. Bag/tag)
- Support & immobilize areas above & below injury
- Fill voids to stabilize & provide comfort
- Reassess PMS after splinting

Cleaning and Bandaging

- Clean by irrigating with clean, room temperature water
  - No hydrogen peroxide (or other remedies)
- Irrigate but do not scrub
BURN SEVERITY

- Critical Burns
  - A burn covering more than one body part or covering a large percentage of the person’s total body area
  - Burns involving head, neck, hands, feet or groin
  - Burns in those younger than 5 years or older than 60 years (unless very minor)
  - Burns caused by electricity, chemicals, nuclear explosion or radiation

- Hypothermia is a risk if burn area is large

BURNS - TREATMENT

To care for any type of burn remember 3 simple steps

STOP
COOL
COVER

After sizing up the scene

STOP
the burning
by eliminating the cause of the burn
if it is safe to do so.
Next

**COOL**
the burn with cool or cold clean running water (if possible) for at least 10 minutes.

Finally

**COVER**
the burn loosely with a dry sterile dressing. If fingers involved, place gauze between the fingers.

**BURNS - Treatment DON'Ts**

- When treating a burn victim, **DO NOT**:
  - Use ice
  - Apply antiseptics, ointments, or other remedies
  - Remove shreds of tissue, break blisters, or remove adhered particles of clothing.
**Nosebleed**

- Control nasal bleeding:
  - Pinch nostrils firmly
  - Have victim sit with head forward, NOT back
- Ensure that airway remains open
- Keep victim calm

**Frostbite Treatment**

- Treat hypothermia
- Immerse injured area in warm (NOT hot) water - thawing complete when tissue soft, red/purple
- Do NOT allow part to re-freeze
- Do NOT attempt to use massage
- Wrap affected body parts in dry, sterile dressing

**Symptoms of Heat Exhaustion**

- Cool, moist, pale or flushed skin
- Heavy sweating
- Headache
- Nausea or vomiting
- Dizziness
- Exhaustion
- **NOT CONFUSED**
Symptoms of Heat Stroke

- Hot, red skin
- Lack of perspiration
- **CHANGES IN MENTATION** (including new confusion)
- Rapid, weak pulse and rapid, shallow breathing

Treatment of severe heat injury

- Remove from heat to cool environment
- Cool body
  - If heat stroke suspected, immediate immersion in cool bath or immediate evaporative cooling – before arranging transport to hospital
- Sports drink (not salt tablets) or water – slowly enough to avoid vomiting
- No food or drink if victim is experiencing vomiting, abdominal cramping, or is losing consciousness

Nosebleed

- Control nasal bleeding:
  - Pinch nostrils firmly
  - Have victim sit with head forward, NOT back
- Ensure that airway remains open
- Keep victim calm
Treat Bites and Stings

- If a bite or sting is suspected, and the situation is a non-emergency (no indication of anaphylaxis)
  - If stinger is present remove it by scraping off with edge of credit card or other stiff, straight-edged object
  - Wash site thoroughly with soap and water
  - Place ice (wrapped in a towel) on site for 10 minutes on/10 minutes off.
  - It is ok to draw a border around the reddened area so that you can monitor any reaction.

Anaphylaxis

- Severe allergic reaction – food, insect stings, medications, latex
- Itching, hives
- Short of breath, wheezing
- Swollen face, throat or tongue
- Nausea, vomiting
- Dizziness, confusion, weakness, weak pulse
- Ask victim if they have an Epi-Pen & hand it to victim if available

CERT members do not administer medications

- CERT members do not administer medications, including over-the-counter products such as aspirin.
- CERT members can assist victims in administering their own medications (e.g., Epi-pen).
HOMEWORK (see handout from class)

Watch videos –
- HTTA -
  https://www.youtube.com/watch?v=P3MUhF48zi8&t=35e

- Assist with Epi-pen (Red Cross)
  https://www.youtube.com/watch?v=Ask5kh97veU