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

Medical Intake Form (Victims)

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
**MED OPS DOCUMENTATION FORM**

Used to document individual victim’s status

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**DOCUMENTATION – Don’t forget…**

- Write legibly – use print not script
- Use black or blue ink only
- Press hard
- Don’t make up abbreviations
- Don’t leave blank rows
  - NVI = “no visible injury”
- Make sure you signed the Med Ops Intake sign-in sheet
- De-glove properly before touching pen and clipboard

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**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

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**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

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**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

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**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

BURNS - TREATMENT

After sizing up the scene

STOP

the burning

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

BURNS - TREATMENT

Next

COOL

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

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

Finally

COVER

the burn loosely with a dry sterile dressing

If fingers involved, place gauze between the fingers
**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