Disaster Medical Operations Part II

Unit 4

Unit 3 Review

The “Killers”:

- Airway obstruction
- Excessive bleeding
- Shock
- Burns
- Fractures, dislocations, splinting
- Head-To-Toe Assessment

Do the greatest good for the greatest number of people.

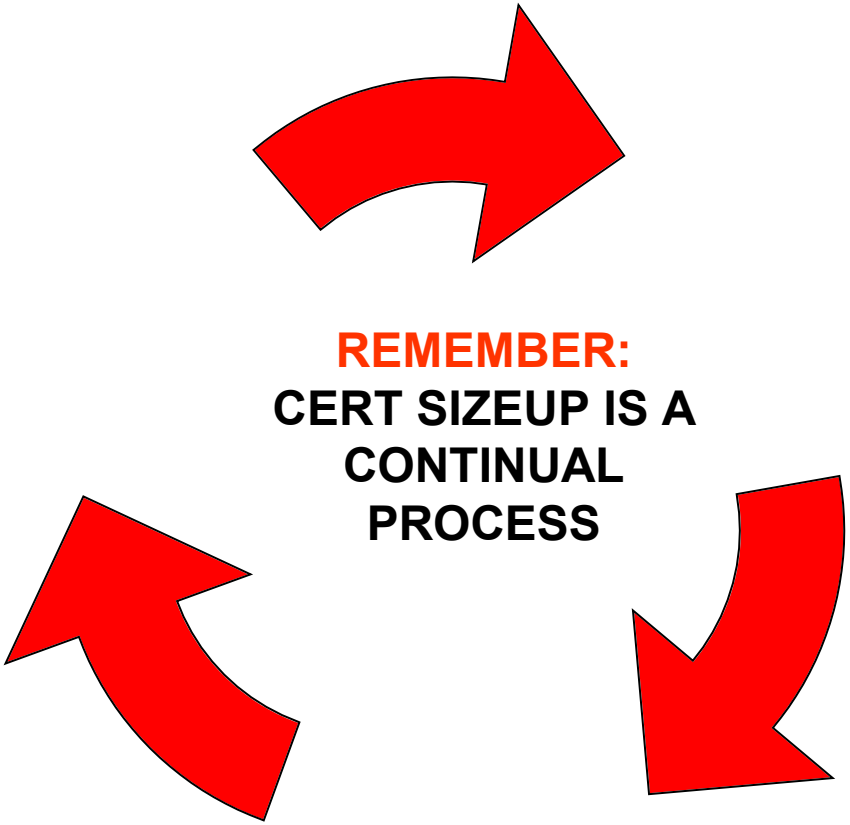
Responding to Mass Casualty Event

- Have a plan
- Follow that plan
- Document your actions throughout



CERT Sizeup

1. Gather Facts
2. Assess Damage
3. Consider Probabilities
4. Assess Your Situation
5. Establish Priorities
6. Make Decisions
7. Develop Plan of Action
8. Take Action
9. Evaluate Progress



Rescuer Safety During Triage

- If hazmat or terrorist event is suspected, CERT members DO NOT respond
  - Evacuate as safely as possible
- ALWAYS wear PPE:
  - Helmet
  - Goggles
  - N95 mask
  - Work gloves
  - Sturdy shoes or boots
  - Non-latex exam gloves



Simple

Triage

And

Rapid

Treatment



S.T.A.R.T

Functions of Disaster Medical Operations

- Triage
- Treatment
- Transport
- Morgue
- Supply



What Is Triage?

- Process for managing mass casualty event
  1. Victims are evaluated
  2. Victims are sorted by urgency of treatment needed
  3. Victims are set up for immediate or delayed treatment

Triage

- French Term meaning “to sort”
- Used when
  - more victims than rescuers
  - limited resources
  - time is critical
- PRIORITIZE FOR TREATMENT (immediate, delayed)
  - Lower priority does not mean the victim won’t be treated

Triage Process

- Step 1: Stop, Look, Listen, and Think
- Step 2: Conduct voice triage
- Step 3: Start where you stand; follow systematic route
- Step 4: Evaluate each victim and tag
- Step 5: Treat “I” victims immediately
- Step 6: Document triage results

Step 4: Triage Evaluation

- Check airway and breathing
- Check circulation and bleeding
- Check mental status



OVERALL PROCESS

1. Rapidly assess injured victims, quickly stabilize them, and prioritize them for treatment
2. Set up treatment areas and provide first aid; assess them more thoroughly
3. Stand by for transport of victims to more advanced care facilities

S.T.A.R.T. VIDEO

VIDEO

Triage Categories

I: Immediate

- **Life-threatening conditions resulting in shock**

D: Delayed

- **Treatment can be delayed (fractures, burns)**
- **Injuries do not jeopardize victim's life**

M: Minor

- **"Walking wounded" (cuts, abrasions)**

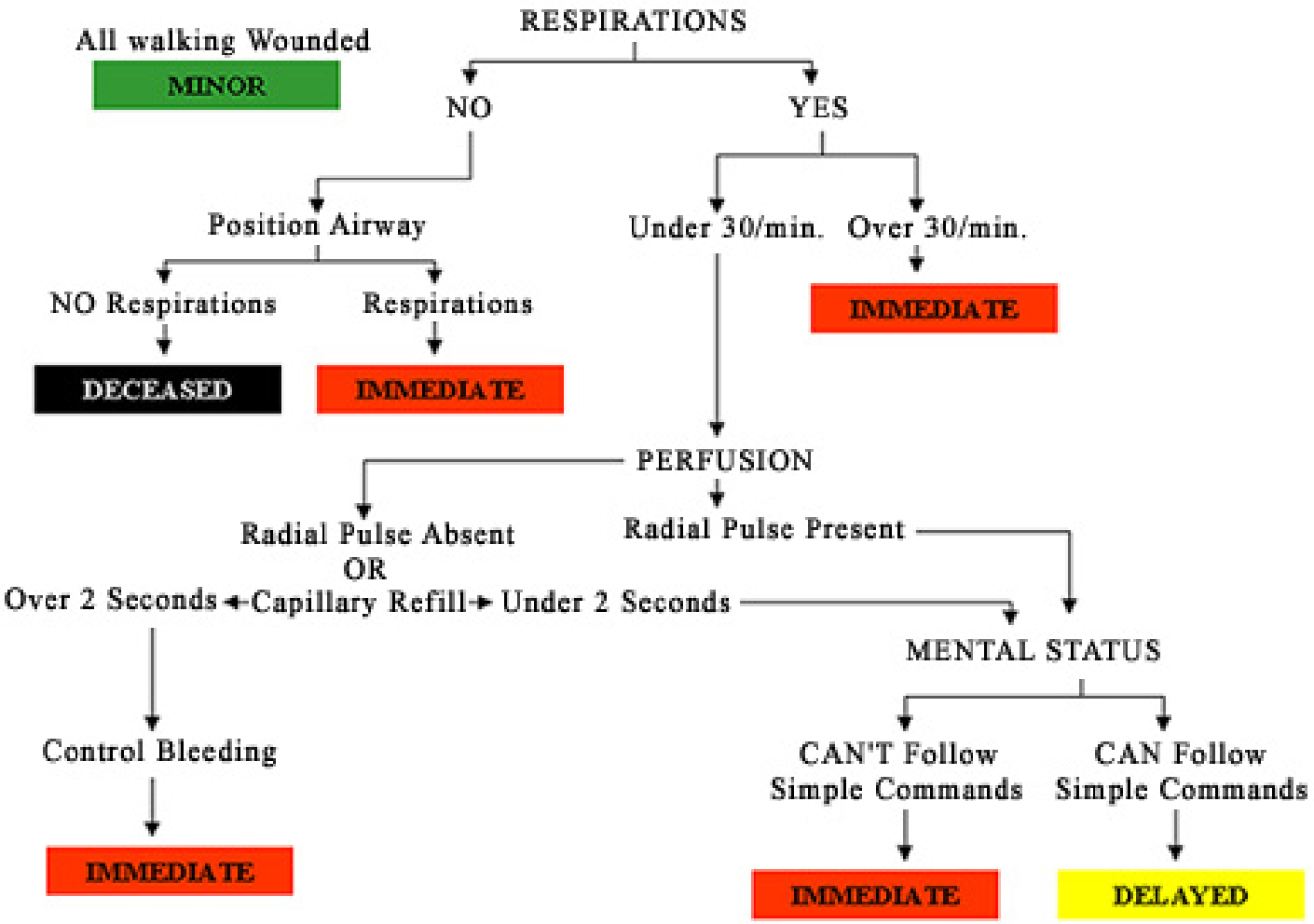
X : Dead

- **No CPR: If breathing cannot be restored on the second try, CERT members must move on the the next victim**

RPM

- Respiration
  - >30bpm = IMMEDIATE
- Perfusion: Capillary Blanche
  - >2sec = IMMEDIATE
- Mental Status
  - Unconscious = IMMEDIATE
  - Can’t follow simple command = IMMEDIATE

Triage Flow Chart

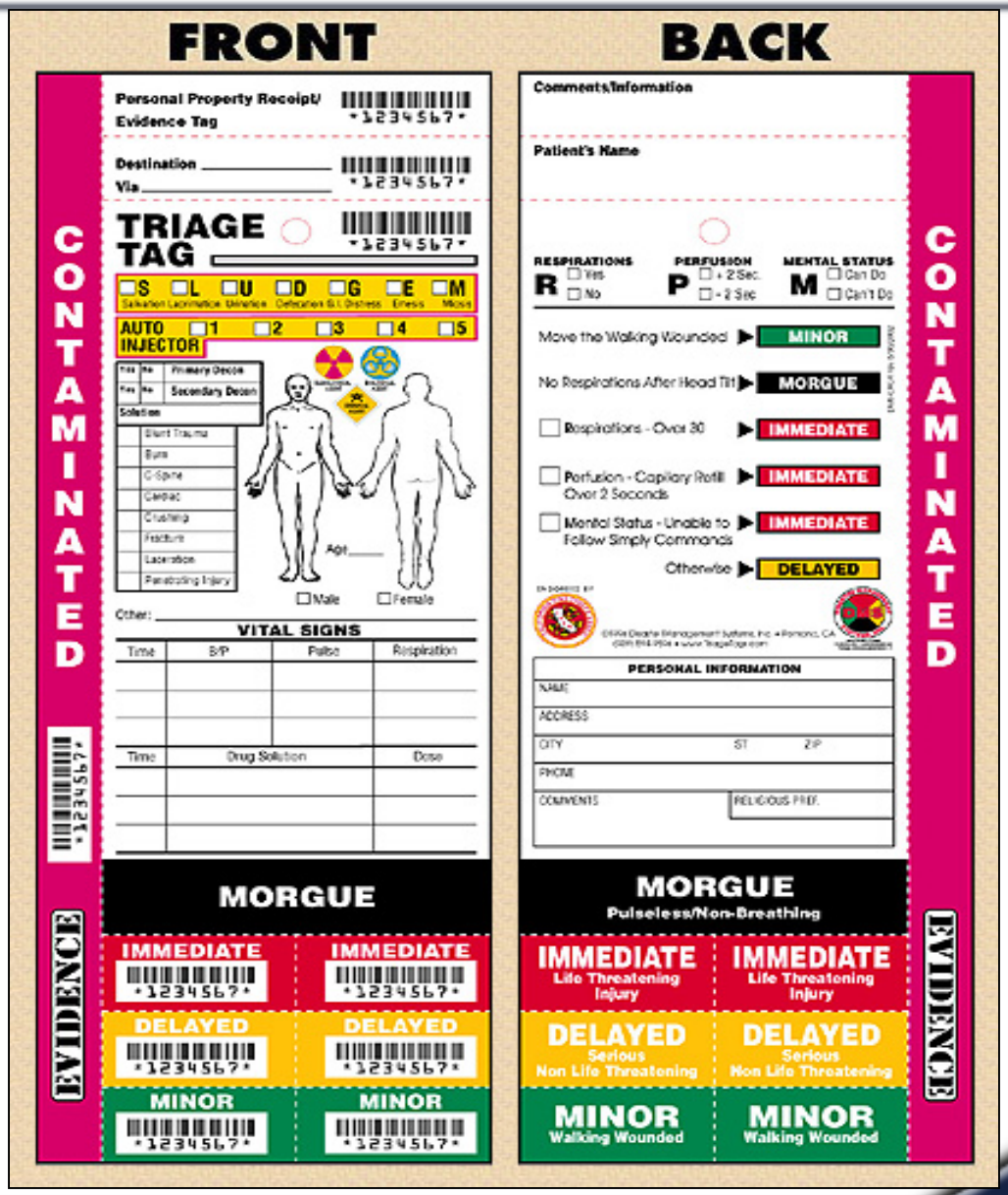


Tagging

I = Immediate

D = Delayed

X = Dead



Triaging







The System

- Make the scene safe to approach
- “Anyone that can hear me, come to the sound of my voice!”
  - Walking Wounded = MINOR
- Systematic and Thorough
  - Start with the first one you find
  - Less than one minute per victim
- Tag or mark
- Document!
- Repeat - Start with IMMEDIATES

Where and When

- Light damage: assess in place
- Moderate damage: move to treatment area first
- Assess and tag everyone
- Both verbal and hands on

Triage Pitfalls

- No team plan, organization, or goal
- Indecisive leadership
- Not marking every victim
- No documentation
- Too much focus on one injury
- Treatment (rather than triage) performed

Most Effective Use of CERT Resources

- To help meet the challenge of limited resources, CERT may need to establish:
  - Decentralized medical treatment location (more than one location)
  - Centralized medical treatment location (one location)


LEATHER · FINDINGS
HOTEL
CLOTHING
POLICE
CAUTION
CAUTION
CAUTION

Establish a Medical Treatment Area

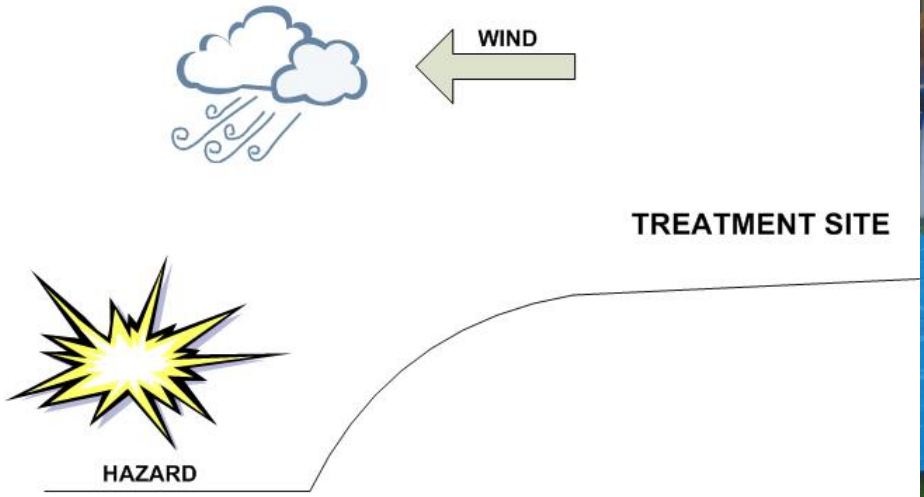
- Select site and set up treatment area as soon as injured victims are confirmed
- When determining best location(s) for treatment area, consider:
  - Safety of rescuers and victims
  - Most effective use of resources



Establish Treatment Areas

The site selected should be:

- In a safe area free of debris.
- Close to (but upwind and uphill from) the hazard.
- Accessible by transportation vehicles.
- Expandable.



The treatment site should be uphill and upwind from the hazard.

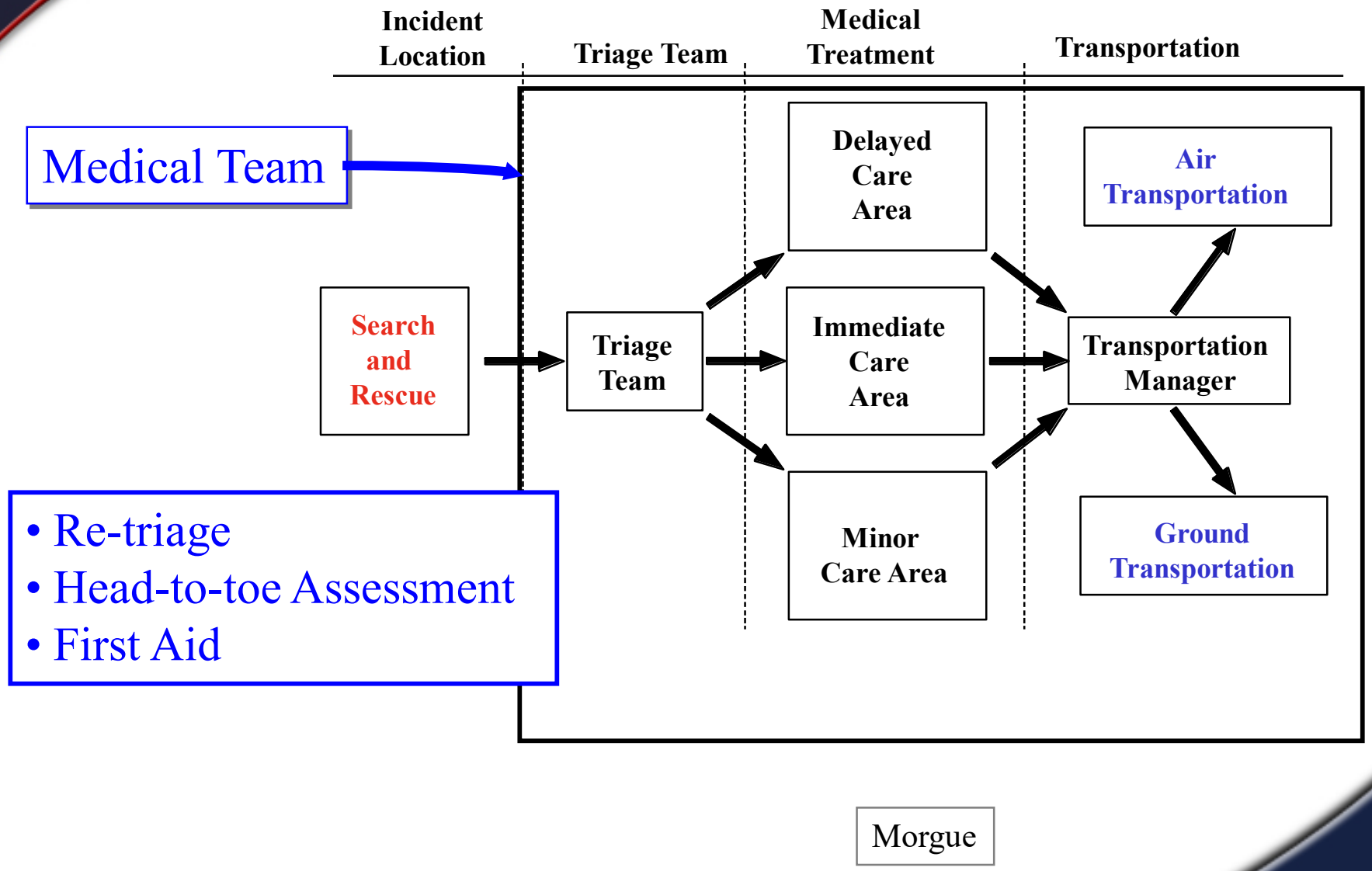


Treatment Area Layout

- Four treatment areas:
  - "I" for Immediate care
  - "D" for Delayed care
  - "M" for Minor injuries/walking wounded
  - "DEAD" for the morgue



Treatment Area Operations



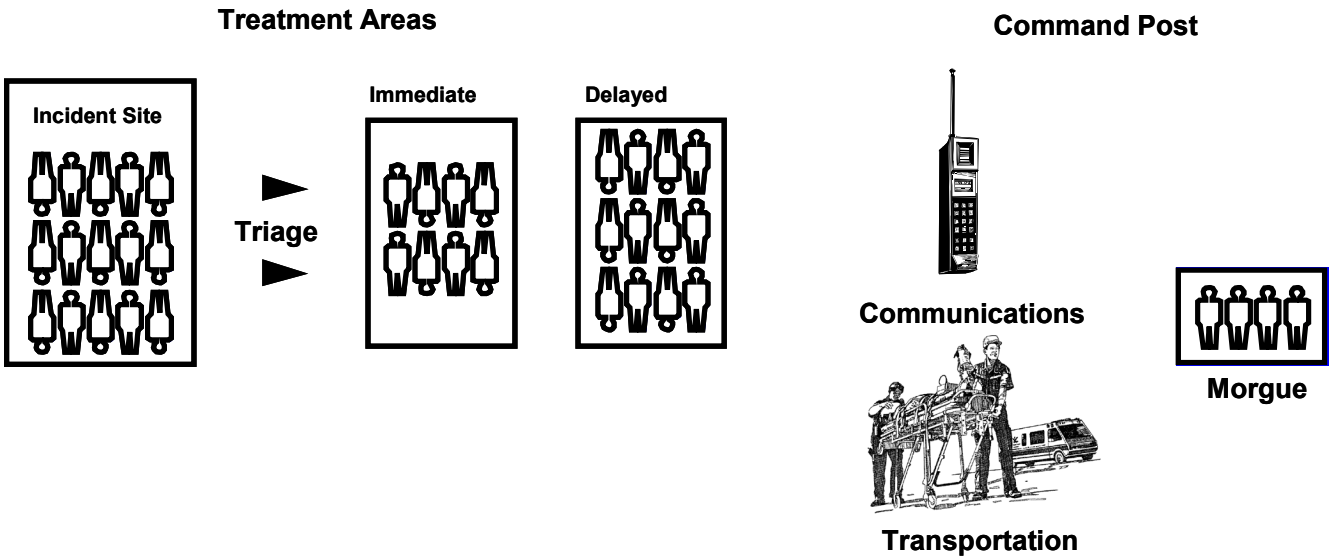
Treatment Area Organization

- Assign treatment leader to each treatment area
- Document thoroughly
  - Available identifying information
  - Description (age, sex, body build, estimated height)
  - Clothing
  - Injuries
  - Treatment
  - Transfer location



Treatment Area Leaders

- One for each category
- Ensure orderly victim placement
  - Victims in treatment area should be placed head-to-toe
- Direct team members in head-to-toe assessments, treatment, documentation
- Coordinate transport

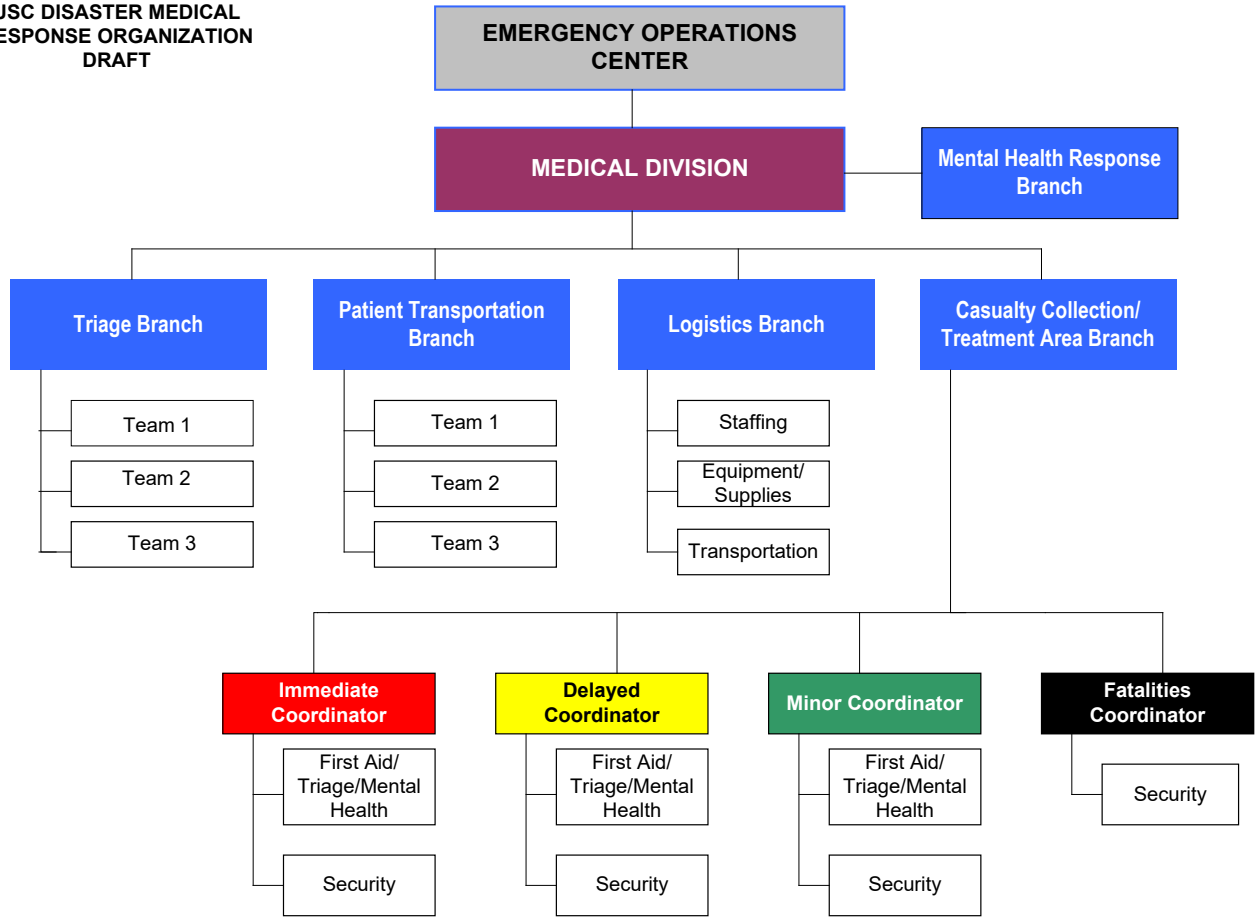


Re-Triage

- Why?
  - *Victim's status can change rapidly!*
  - Moving victim may close airway
  - Bleeding may not be controlled
  - Re-classify victims if necessary



USC DISASTER MEDICAL RESPONSE ORGANIZATION DRAFT



Revised 12/14/06

LET'S PRACTICE

Triage Assessment

- Compound Fracture, Left femur
- Respirations over 30/min
- Radial pulse present
- Awake

IMMEDIATE

Triage Assessment

- 90% Second Degree burns
- Respirations none – repositioned twice
- Radial pulse present
- Unconscious

DECEASED

Triage Assessment

- Impaled stick in arm
- Respirations under 30/min
- Capillary refill under 2 sec.
- Awake
- Walked to you

MINOR

Triage Assessment

- Unable to move legs
- Respirations under 30/min
- Radial pulse present
- Awake

DELAYED

Triage Assessment

- Amputated left arm, bleeding controlled
- Respirations under 30/min
- Capillary refill under 2 seconds
- Awake

DELAYED

Triage Assessment

- Bruise on forehead, blood in ears and nose
- Respirations under 30/min
- Radial pulse present
- Awake and staring

IMMEDIATE

Back Boarding

- Minimize movement of the head, neck, and spine
  - Log-roll with 2 or more persons
  - Cervical collar
    - towels, drapes
  - Backboard
    - door, tabletop





Back Boarding



