

Community Emergency Response Training

Unit 5: Disaster Medical Operations

Part 2



Unit 4 Review

The “Killers”:

- Airway obstruction
- Excessive bleeding
- Shock

All “immediates” receive airway control, bleeding control, and treatment for shock.



Unit 4 Review

Triage involves:

- Rapid assessment.
- Rapid treatment.



Unit 5 Introduction

Topics:

- Public health concerns
- Organization of disaster medical operations
- Establishing treatment areas
- Conducting head-to-toe assessments
- Treating injuries



Unit 5 Objectives

- Take appropriate measures to protect public health.
- Perform head-to-toe patient assessments.
- Establish a treatment area.
- Apply splints to suspected fractures and sprains, and employ basic treatments for other wounds.



Public Health Considerations

- Maintain proper hygiene.
- Maintain proper sanitation.
- Purify water (if necessary).



Steps to Maintain Hygiene

- Wash hands frequently using soap and water.
- Wear latex gloves; change or disinfect after each patient.
- Wear a mask and goggles.
- Keep dressings sterile.
- Avoid contact with body fluids.



Maintaining Sanitation

- Control disposal of bacterial sources.
- Put waste products in plastic bags, tie off, and mark as medical waste.
- Bury human waste.



Functions of Disaster Medical Operations

- Triage
- Treatment
- Transport
- Morgue



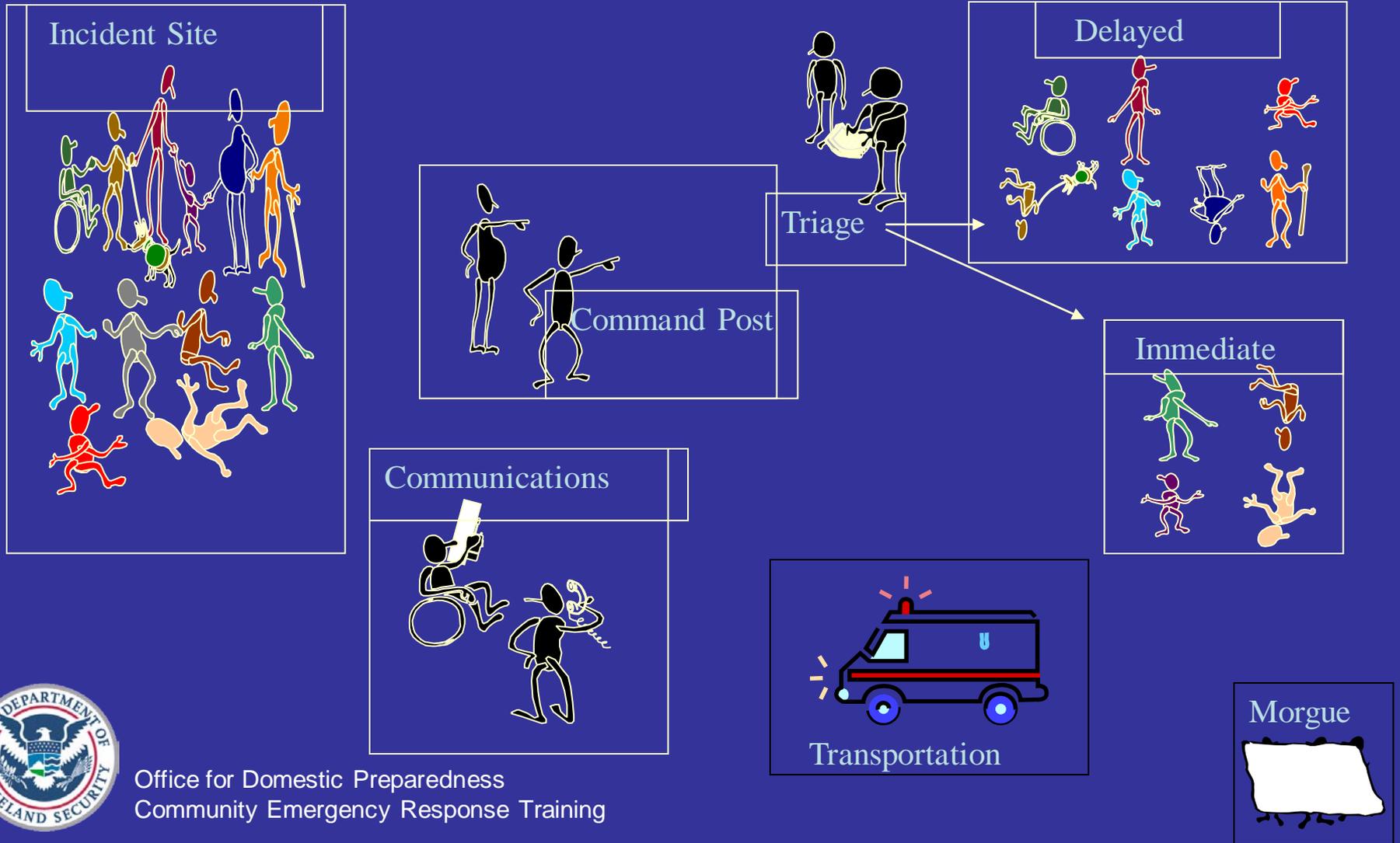
Establish Treatment Areas

The site selected should be:

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



Establishing Treatment Areas



Indicators of Injury

- Bruising
- Swelling
- Severe pain
- Disfigurement

Provide immediate treatment for life-threatening injuries!



Conducting Victim Assessment

A head-to-toe assessment:

- Determines the extent of injuries and treatment.
- Determines the type of treatment needed.
- Documents injuries.



Head-to-Toe Assessment

1. Head
2. Neck
3. Shoulders
4. Chest
5. Arms
6. Abdomen
7. Pelvis
8. Legs
9. Back



Closed-Head, Neck, and Spinal Injuries

- The main objective when CERT members encounter suspected injuries to the head or spine is to do no harm.
- Minimize movement of the head and spine, while treating any other life-threatening conditions.
- Review the 13 possible signs of closed-head, neck and spinal injuries



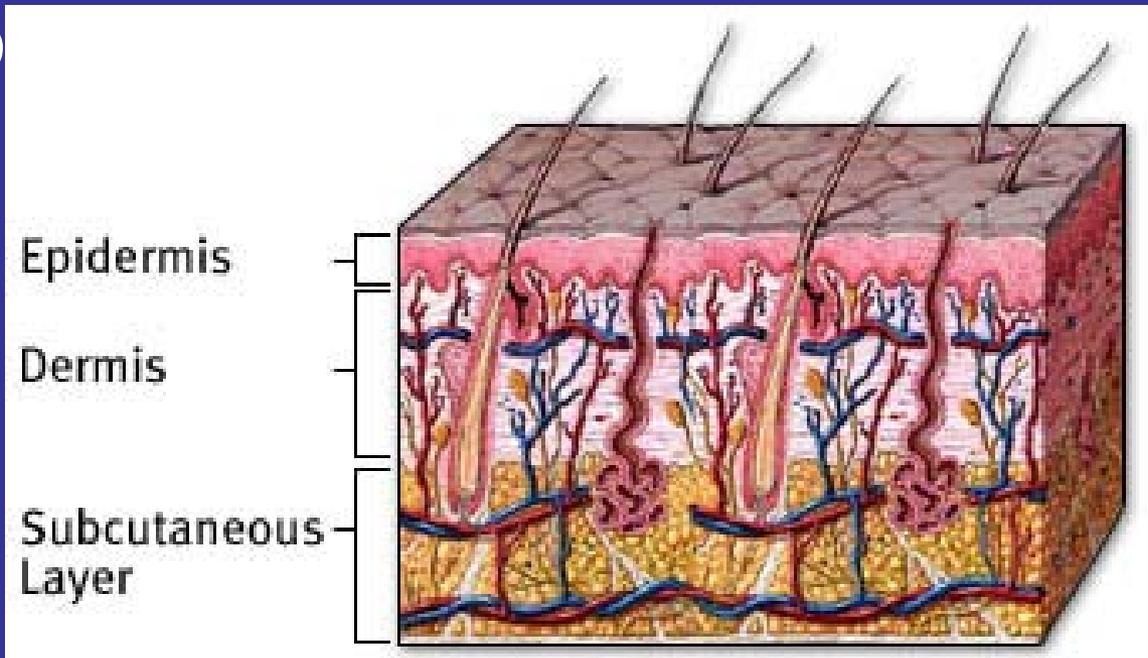
Exercise

- Conducting head-to-toe assessments
- After the rescuers have made at least two observed head-to-toe assessments, the victim and rescuers should change roles



Layers of Skin

- Epidermis
- Dermis
- Subcutaneous



Classification of Burns

- First degree
- Second degree
- Third degree



Wound Care

- Control bleeding
- Prevent secondary infection
- Clean wound—don't scrub
- Apply dressing and bandage



Rules of Dressing

1. In the absence of active bleeding, remove dressing and flush, check wound at least every 4-6 hours.
2. If there is active bleeding, redress over existing dressing and maintain pressure and elevation.



Treating Amputations

- Control bleeding
- Treat for shock
- Save tissue parts, wrapped in clean cloth
- Keep tissue cool
- Keep tissue with the victim



Treating Impaled Objects

Impaled Objects:

- Immobilize.
- Don't move or remove.
- Control bleeding.
- Clean and dress wound.
- Wrap.



Treating Fractures, Dislocations, Sprains, and Strains

- Objective: Immobilize the injury and joints above and below the injury.
- If questionable, treat as a fracture.



Treating an Open Fracture

- Do not draw exposed bones back into tissue.
- Do not irrigate wound.



Treating an Open Fracture

DO:

- Cover wound.
- Splint fracture without disturbing wound.
- Place a moist 4" x 4" dressing over bone end to prevent drying.



Signs of Sprain

- Tenderness at injury site
- Swelling and/or bruising
- Restricted use or loss of use

Immobilize and elevate



Guidelines for Splinting

1. Support the injured area.
2. Splint injury in the position that you find it.
3. Don't try to realign bones.
4. Check for color, warmth, and sensation.
5. Immobilize above and below the injury.



Nasal Bleeding

- Causes:
 - Blunt force
 - Skull fracture
 - Nontrauma-related conditions
- Blood loss can lead to shock.
- Victims may become nauseated and vomit if they swallow blood.



Symptoms of Hypothermia

Primary signs and symptoms:

- A body temperature of 95° Fahrenheit (37° Celsius) or less
- Redness or blueness of the skin
- Numbness accompanied by shivering



Symptoms of Hypothermia

At later stages, hypothermia will be accompanied by:

- Slurred speech.
- Unpredictable behavior.
- Listlessness.





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