Disaster Medical Operations — Part 1

CERT Basic Training
Unit 3
Assumptions

- Need for CERT members to learn disaster medical operations is based on two assumptions:
  - Number of victims could exceed local capacity for treatment
  - Survivors will assist others
    - They will do whatever they know how to do
    - They need to know lifesaving first aid or post-disaster survival techniques
Importance of Quick Action

● Phase 1: Death within minutes, result of severe trauma
● Phase 2: Death within several hours, result of excessive bleeding
● Phase 3: Death in several days or weeks, result of infection
CERT Training

- Treatment for life-threatening conditions
  - Airway obstruction, bleeding, shock
- Treatment for other, less urgent conditions

Provide greatest good for greatest number by conducting simple triage and rapid treatment
START

- STart = Simple Triage
  - Victims sorted based on priority of treatment

- stART = And Rapid Treatment
  - Rapid treatment of injuries assessed and prioritized in first phase
Unit Objectives

- Identify “killers”
- Apply techniques for opening airway, controlling bleeding, and treating for shock
- Conduct triage under simulated disaster conditions
Unit Topics

- Treating life threatening injuries
- Triage
Three “Killers”

- Emergency medicine “killers”
  - Airway obstruction
  - Bleeding
  - Shock

- First priority of medical operations:
  - Open airway
  - Control excessive bleeding
  - Treat for shock
How to Approach a Victim

- Be sure victim can see you
- Identify yourself
  - Your name and name of your organization
- Request permission to treat, if possible
- Respect cultural differences
Open the Airway

Diagram showing the human respiratory system with labels for Nasal Cavity, Pharynx, Larynx, Trachea, Bronchus, Epiglottis, Diaphragm, Pleural Cavity, Right Lung, and Left Lung.
Open vs. Obstructed Airway

Tongue

Open Airway

Conscious

Tongue

Obstructed Airway

Unconscious
Head-Tilt/Chin-Lift Method
Types of Bleeding - 1

● Arterial bleeding
  ▪ Bleeding from artery spurts

● Venous bleeding
  ▪ Bleeding from vein flows

● Capillary bleeding
  ▪ Bleeding from capillaries oozes
Types of Bleeding - 2

- Arterial
- Capillary
- Venous
Control Bleeding

- 3 main methods for controlling bleeding:
  - Direct pressure
  - Elevation
  - Pressure points
Pressure Points

- **Brachial Pressure Point**: just above the elbow
- **Femoral Pressure Point**: in the upper thigh
- **Popliteal Pressure Point**: behind the knee
Shock

- Result of ineffective circulation of blood
- Remaining in shock will lead to death of:
  - Cells
  - Tissues
  - Entire organs
Recognizing Shock

- Main signs of shock
  - Rapid and shallow breathing
  - Capillary refill of greater than 2 seconds
  - Failure to follow simple commands, such as “Squeeze my hand”

- Symptoms of shock are easily missed… pay careful attention to your patient!
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

REMEMBER:
CERT SIZEUP IS A CONTINUOUS PROCESS
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

- **Immediate (I):** Victim has life-threatening injuries (airway, bleeding, or shock)
- **Delayed (D):** Injuries do not jeopardize victim’s life; treatment can be delayed
- **Minor (M):** Walking wounded and generally ambulatory
- **Dead (DEAD):** No respiration after two attempts to open airway
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
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
Triage Process
Step 4: Triage Evaluation

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

- No team plan, organization, or goal
- Indecisive leadership
- Too much focus on one injury
- Treatment (rather than triage) performed
Unit Summary

- You should now be able to:
  - Identify 3 “killers”
  - Apply techniques for opening the airway, controlling bleeding, and treating for shock
  - Conduct triage under simulated disaster conditions
1. Read unit to be covered in next session
2. Bring necessary supplies for the next session
3. Wear appropriate clothes for the next session