CH 15 MFR: Operations:

**Phases of Prehospital Response:**

1. Preparation of the call: Inspection of the supplies and equipment, check AED, vehicle fueled
2. Dispatch:
3. En Route to the Scene: Safety and notify dispatch when arrive. Vehicle has monitoring system
4. Arrival at the Scene: Safety; BSI, hazardous material? Fire, do you need to move the patient
5. Transferring the Patient to the Ambulance: secure patient
6. Post Run Phase: Prepare for next Run

Incident Command System:

Defines a Chain of Command, lines of communication, and organization

 of efforts. Disasters, Mass casualty, or situation requiring numerous resources.

 In each of the sectors a commander directs the activities of personnel: example: Fire,

 Police, EMS, Public works. First person assumes command and transfers it if needed.

Unified Command System: Large scale or multijurisdiction disaster

National Incident Management System (NIMS):

 2004 instituted by the Department of Homeland Security

 Natural disasters, terrorist attacks-includes all responders, and all levels of govt-

 Must be credtialed NIMS

**Major components of NIMS**

1. Command/Management:
2. Incident Command System. (ICS)
3. Multi-agency Coordination (MAC) System: defines the organizational structure of supporting entities
4. Public Information Systems: manages public information-evacuations, notifications, protection
5. Preparedness: Must plan, train, educate, and develop mutual aid
6. Resource Management: trained personnel, heavy equipment, inventory, mobilizing, dispatching, and returning equipment
7. Communications and Information Management: Standardization of all communication, information, and information sharing.
8. Supporting Technology: radios, cell phone, computers, mobile command center- What if power outages, etc.
9. Ongoing Management and Maintenance: NIMS Integration Center created to provide direction and oversight to the NIMS process. They maintain preparedness standards, define training requirements, and review and approve equipment lists that meet national standards.

**Air Medical Considerations:**

 Patients condition, patient needs to be transported to special care facility, remote area.

 Landing Zone: Follow established protocols, one person is in command

 Zone should be 500 ft away

 Dimension 60 x 60 ft for day, 100 x 100 ft for night

 No debris, trees, lines, fences, etc.

 Each corner should be marked with independent light

 Vehicle lights should point in to center of landing zone

 Turn lights off when helicopter makes its final descent.

 Safety: Never approach the helicopter unless directed by the pilot and always approach from

 the from so the pilot can see you. Stay low to ground. If parked on a hill approach from

 the downhill side. Never carry anything over head

**Fundamentals of Extrication:**

Process of safely removing a patient entrapped in a vehicle or other place

 OSHA and NFPA issued guidelines for PPEs and equipment

 Consider hazardous material, fire, power lines, Unstable vehicle

Hazardous Material: 4 levels of training

 Awareness, operations, technician, and specialist

 US DOT: Emergency Response Guide: ERG

 Placard: system to identify hazardous materials being transported.

 Identifies the material as one of the four:

Health, reactivity hazard, flammable hazard, or other specific hazard

 Hazards are color coded and rated numerically from 0-4 where 0 is no hazard

 Look for shipping papers in glove box of vehicle- this will give infor. On material

 At the scene:

 Is scene secure

 Stage upwind and safe distance away

 Binoculars

 Wait for HAZMAT team

 Approach patient only when scene is safe

Mass casualty Incidents:

 Natural disasters

 Terrorism

 High risk Locations: schools, power plants, govt buildings, malls

 WMD

**Weapons of Mass Destruction (WMD):**

 Biological: anthrax, small pox,

 Nuclear/radiological Agents: cant see, smell or feel- “dirty bomb”

 Incendiary Devices: explosives

 Chemical Agents: effect the body and systems: Mnemonic: IMNBC-I am in BC

 Insecticides: inhaled or absorbed

 Metabolic: hinder body to use oxygen: cyanide gas

 Nerve: cardiac arrest: antidote: DuoDote

 Blister: burn and blister- sulfur mustard

 Choking-these you can even find in the home.

 Etiological Agent: microorganisms, bacteria, viruses, fungi, parasites

Emergency First Responder’s Response to Terrorism:

 Number of casualties

 Debris field

 Unusual signs and symptoms

 High risk areas- govt bldgs.,

 Responder casualties

 Severe structural damage

 Unusual odors

 What is the date: is it a signif. Date in history

Triage:

 Sorting and categorizing patients into treatment and transportation priorities.

 Several tagging systems: 4 levels

 Highest priority: Immediate: airway/breathing difficulties,

uncontrolled or severe bleeding,

 Decreased mental status

 Second highest: Delayed: Burns without airway problems, major or multiple extremity

 injuries, back injuries

 lowest priority (Minor) minor extremity injuries, or soft tissue injury

 Deceased