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