

Instructor Guide to Unit Five:
Disaster Medical part 2

1. The goal of this unit is to provide participants with steps to take appropriate sanitation measures to protect public health, perform head-to-toe patient assessments, to establish a medical treatment area, and employ basic first aid treatments for minor injury.
2. This is the content for Unit Five:

a. Unit 4 Review	5 minutes
b. Public Health Considerations	5 minutes
c. Five functions of disaster medical	5 minutes
d. Evaluate survivors with head to toe assessment	35 minutes
e. Basic First Aid	70 minutes

Unit five is scheduled for 2 hours.

Time spent on each unit can be maneuvered by dropping content and referring to its placement in the take-home materials. This permits flexibility on the part of the instructor and encourages participants to question or discuss course matters. It also holds the instructor to the time limit for the unit without expecting participants to stay overtime or to have instructors who follow to give up their time.

3. Supplies needed for Unit Five:
 - a. LCD projector
 - b. Computer linked to LCD projector
 - c. Computer disk containing Unit Five power point presentation
 - d. Instructor Guide for Unit Five
 - e. Participant's Manual for CERT
 - f. Medical treatment area; colored tarps or flags, splinting material, gloves, masks, basic medical supplies such as gauze, tape, triangle bandage, and documentation.
4. Instructional staffing requirements:
 Two instructors are required for this unit. Team teaching is encouraged as well as having a subject matter expert such as a nurse, firefighter, or doctor present to help address medical questions.
5. Creative Contributions
 In the column to the right of each of the slides in this unit, there is space to take notes on teaching techniques that are fun, funky, and innovative. Use the classroom time in this train-the-trainer course to share ideas on how to reach people with different learning styles. Seal good ideas, generate some yourself, and utilize other's ideas as a foundation to develop new training techniques that benefit all course participants!

Community Emergency Response Training
Unit 5: Disaster Medical Operations
Part 2



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Unit 4 Review

The "Killers":

- Airway obstruction
- Excessive bleeding
- Shock

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



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Unit 4 Review

Triage involves:

- Rapid assessment.
- Rapid treatment.



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Unit 5 Introduction

Topics:

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



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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.



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Public Health Considerations

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



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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.



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Maintaining Sanitation

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



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Functions of Disaster Medical Operations

- Triage
- Treatment
- Transport
- Morgue



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Five: Triage, Treatment, Transport, Morgue, and Supply



Establish Treatment Areas

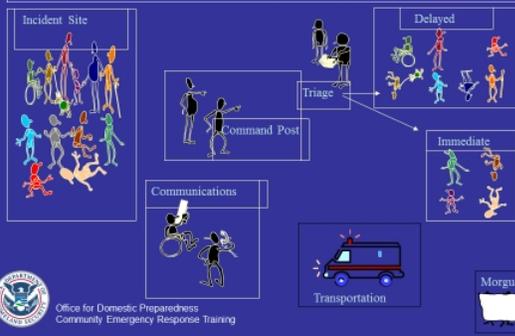
The site selected should be:

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



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Establishing Treatment Areas



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Indicators of Injury

- Bruising
- Swelling
- Severe pain
- Disfigurement

Provide immediate treatment for life-threatening injuries!



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Conducting Victim Assessment

A head-to-toe assessment:

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



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Head-to-Toe Assessment

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



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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



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Exercise

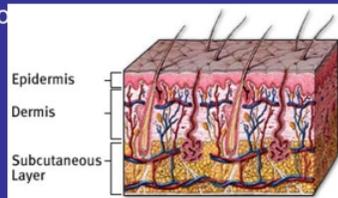
- Conducting head-to-toe assessments
- After the rescuers have made at least two observed head-to-toe assessments, the victim and rescuers should change roles



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Layers of Skin

- Epidermis
- Dermis
- Subcutaneous



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Classification of Burns

- First degree
- Second degree
- Third degree



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Wound Care

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



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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.



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Treating Amputations

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



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Treating Impaled Objects

Impaled Objects:

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



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Treating Fractures, Dislocations, Sprains, and Strains

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



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Treating an Open Fracture

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



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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.



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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



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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.



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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



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Symptoms of Hypothermia

At later stages, hypothermia will be accompanied by:

- Slurred speech.
- Unpredictable behavior.
- Listlessness.



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6. Announcements before the participants are dismissed:

If your CERT class continues the same day, take your break and return to this classroom.

Or

If your CERT class continues another day (next week or next month) Your **Homework Assignment** is to read Unit Six: Search and Rescue.

