



SPECIAL CONSIDERATIONS

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Thanks Justin!

We now look at some transport ops special considerations. We evaluate the implications of Hazmat with a Medevac, Pediatric patients, and transporting Newborns. We conclude with a case study.

Let's begin!

Special Considerations | Medevacs at HazMat Incidents

- Flight crew should be notified immediately
- Landing zone should be established upwind and
  uphill from the scene
- Exposed patients must be decontaminated before being loaded into the aircraft





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Medical evacuation, often shortened to medevac, is the timely and efficient movement and en route care provided by medical personnel when evacuating wounded patients from the scene of an accident using medically equipped air ambulances.

When HazMat is involved, EMS personnel should notify the flight crew of the situation. Consult the flight crew and incident commander about the best approach and distance from the scene for a medevac. When possible, the landing zone should be uphill and upwind from the HazMat scene.

Lastly, work with fire to properly decontaminate the patients in consideration of their injuries before loading them into the helicopter.

Special Considerations | Pediatric Transport Safety Considerations

- Tightly secure all monitoring devices and other equipment
- Ensure available restraint systems are used our EMT team and other occupants, including the patient
- Transport children who are not patients, properly restrained, in an alternate passenger vehicle whenever possible
- Do not leave monitoring devices and other equipment unsecured in moving EMS vehicles
- Do not allow parents, caregivers, EMTs or other passengers to be unrestrained during transport
- Do not have the child/infant held in the parent's, caregiver's or an EMT's arms or lap during transport
- Do not allow emergency vehicles to be operated by persons who have not completed the DOT NHTSA Emergency Vehicle Operating Course (EVOC), National Standard Curriculum, or its equivalent



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Special care should be taken during the transport of an ill or injured child. The child must be restrained in a manner that minimizes injury in an ambulance crash.

The best location for transporting a pediatric patient is on the ambulance cot. The method of restraint will be determined by various circumstances including the child's medical condition and weight. Two conventional car seat types are the convertible car seat and the restraint device with 5 point harness. The list on this slide includes seven considerations for the safe transport of pediatric patients.

Special Considerations | Newborn Transport

- Ensure newborn remains warm
- Turn heat to maximum in ambulance compartment
- Consider commercial warming device
- Transport newborn in child safety seat

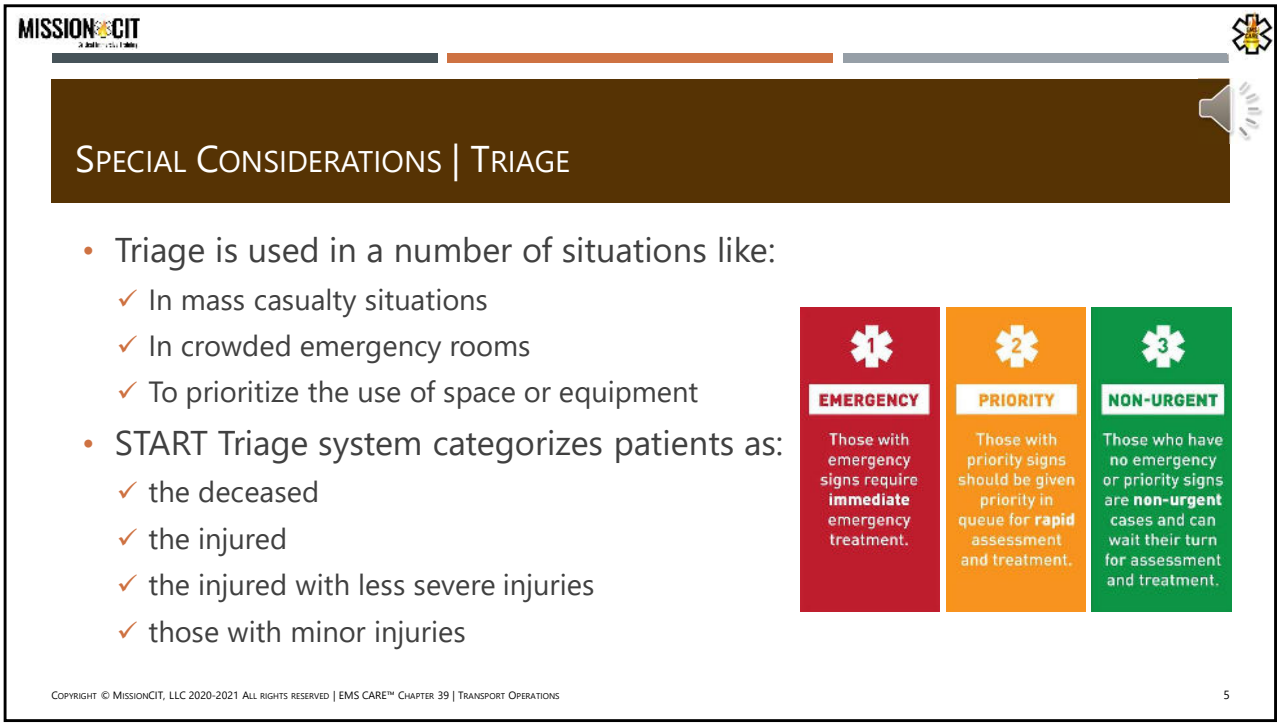


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Medical transport of high-risk and critically ill newborns requires skilled personnel and specialized equipment. Here are some special care instructions for the safe transport of a newborn. You should

1. Ensure the newborn remains warm,
2. Turn heat to the maximum in the ambulance compartment,
3. Consider using a commercial warming device if available, but do not put heat packs directly on the baby's skin, and
4. When possible, transport newborn in a child safety

seat.



Triage is the prioritization of patient care or victims during a disaster based on illness or injury, severity, prognosis, and resource availability. The purpose of triage is to identify patients needing immediate resuscitation; to assign patients to a pre-designated patient care area, thereby prioritizing their care; and to initiate diagnostic or therapeutic measures as appropriate.

Triage is used in a number of situations such as:

- In mass casualty situations

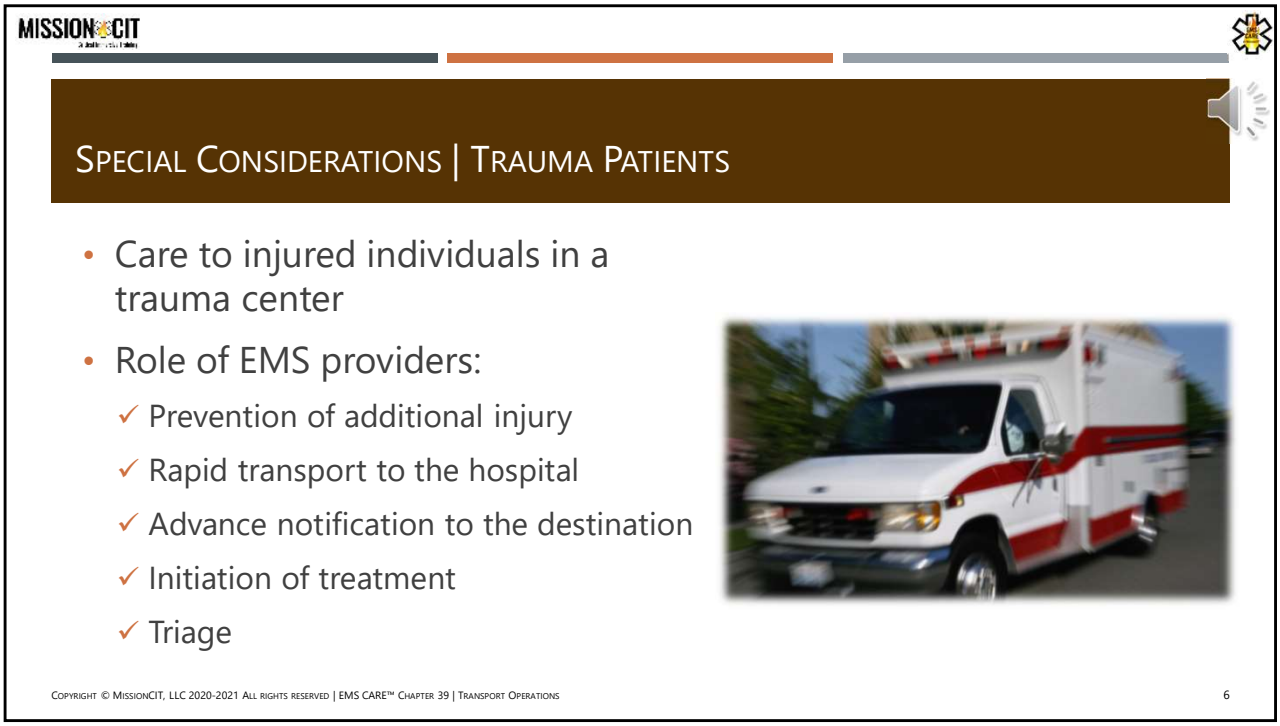
- In crowded emergency rooms and walk-ins
- To prioritize the use of space or equipment such as operating rooms in a crowded medical facility

There are various types of triage systems.
One such example of a triage system is START, which stands for Simple Triage and Rapid Treatment.

- This system categorizes the patients as the deceased, who are beyond help.
- The injured who could be helped by immediate transportation.
- The injured with less severe injuries whose transport can be delayed.
- And those with minor injuries not requiring urgent care.

However, the World Health Organization categorizes patients under 3 triage categories as emergency, priority and non-urgent. It is important to choose one based on your local protocol and adhere to its procedure to maintain an ordered approach.

It is important to choose one based on your local protocol, and adhere to its procedure to maintain an ordered approach.



Traumatic injuries may range from small lesions to life-threatening multi-organ injury. Transferring the trauma patients as soon as possible and considering a prioritized protocol of recognition and treatment can play a significant role in improving survival. It is proposed that giving care to injured individuals in a trauma center can improve their outcome comparing to the ordinary non-trauma centers.

Your role includes prevention of additional injury, rapid transport to the hospital, advance notification to the

destination, initiation of treatment, and triage.

Appropriate transport of injured subjects is of crucial importance. Initial primary assessment, rapid resuscitation, and adequate equipment for patient transport can profoundly improve the outcome and significantly influence the morbidity of injured patients.

Case Study | Fatality Incident Of An EMT

- Contributing factors for the incident:
  - ✓ Potential nonuse of seatbelt
  - ✓ Wet roadway
  - ✓ Loss of vehicle control
- What measures could have saved the officer?



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We now share a fatality incident of an EMT that happened during ground transport. We have all heard stories about someone else. Please don't become that someone else story.

So, in May 2001, an Emergency Medical Technician aged 26 years, died when her ambulance was struck head-on by a pick-up truck at 6:30 a.m.

The EMT had been riding unrestrained in the patient compartment during a non-emergency transport. During

the collision, the EMT struck the front bulkhead of the patient compartment. Unfortunately, she died en route to the hospital from blunt force trauma to the head and chest. The patient and pick-up driver also suffered fatal injuries. The ambulance driver had been driving unrestrained and suffered multiple serious injuries, including a fractured leg.

This was a non-emergency transport. All the EMS personnel should have been restrained along with the patient.

We know this is not so simple, as during specific emergencies or when performing CPR, the EMS personnel in the patient compartment must be standing and not restrained.

NIOSH recommends employers ensure EMS workers use patient compartment vehicle occupant restraints whenever possible and that drivers and front-seat passengers of EMS vehicles use the occupant restraints provided.

With this, we have completed the lessons on transport operations, and in the next, Justin will take you through the chapter review.

Please stay safe, and good studying!