

Thank you, Justin!

Welcome to the chapter review where we will quickly brush through all the lessons we have seen so far.

So, let's get started.

Review: Lesson 1

- A consistent nationwide framework
- Enables different organizations to work together
- Consistent and effective
- 6 components
  - Preparedness
  - Communications and Information Management
  - Resource management
  - Command and management
  - Supporting technologies
  - Ongoing maintenance and management



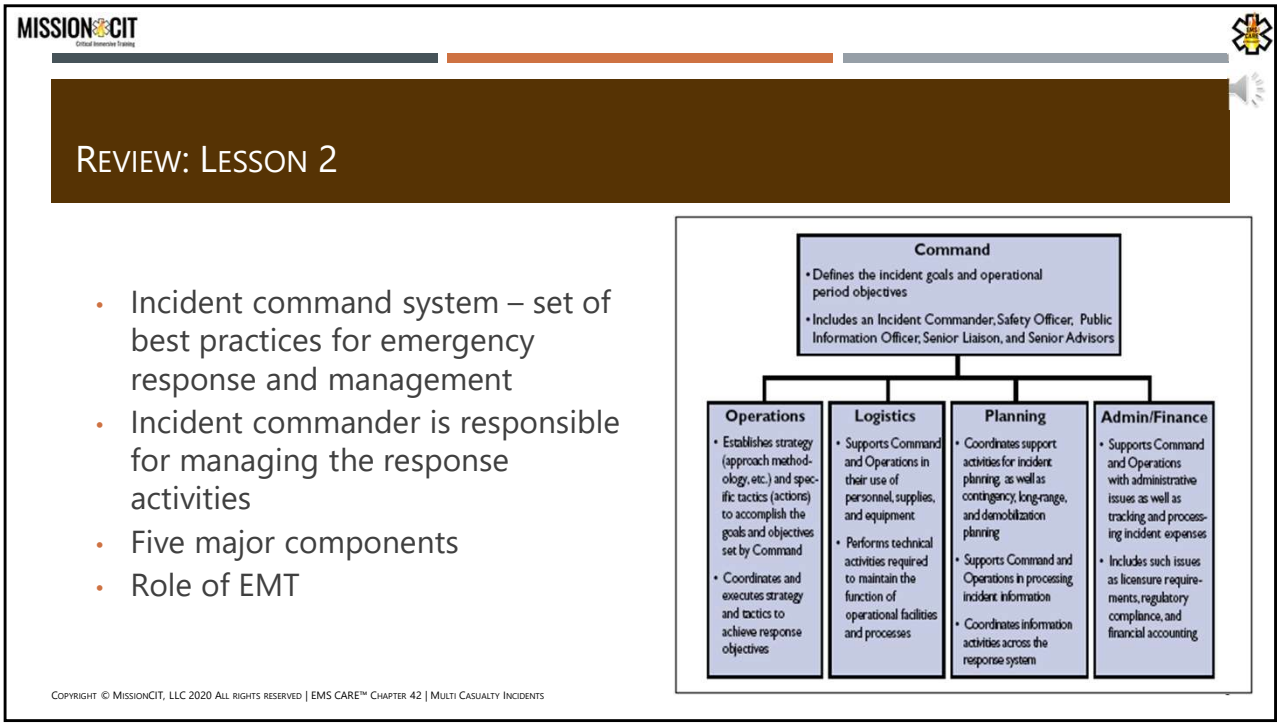
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In the first lesson, we saw what the national incident management system is. This is a consistent nationwide framework to enable governments at all levels, non-governmental organizations, and the private sector to work together during incidents, with an aim to mitigate, respond, prevent, or recover from them.

The consistency of the framework helps everyone to provide an efficient and effective response to incidents, regardless of size, location, and complexity.

N I M S has the following components.

- Preparedness
- Communications and Information Management
- Resource Management
- Command and Management
- Supporting technologies
- Ongoing Maintenance and Management



The second lesson was all about the incident command system, a flexible, yet standardized mechanism that facilitates coordination and collaboration among many local agencies that are involved in emergency response and management.

It is a set of best practices that is both interdisciplinary and flexible to meet the following challenges.

- Meet the needs of incidents of any size and kind
- Allow personnel from a variety of agencies to meld into a common management structure

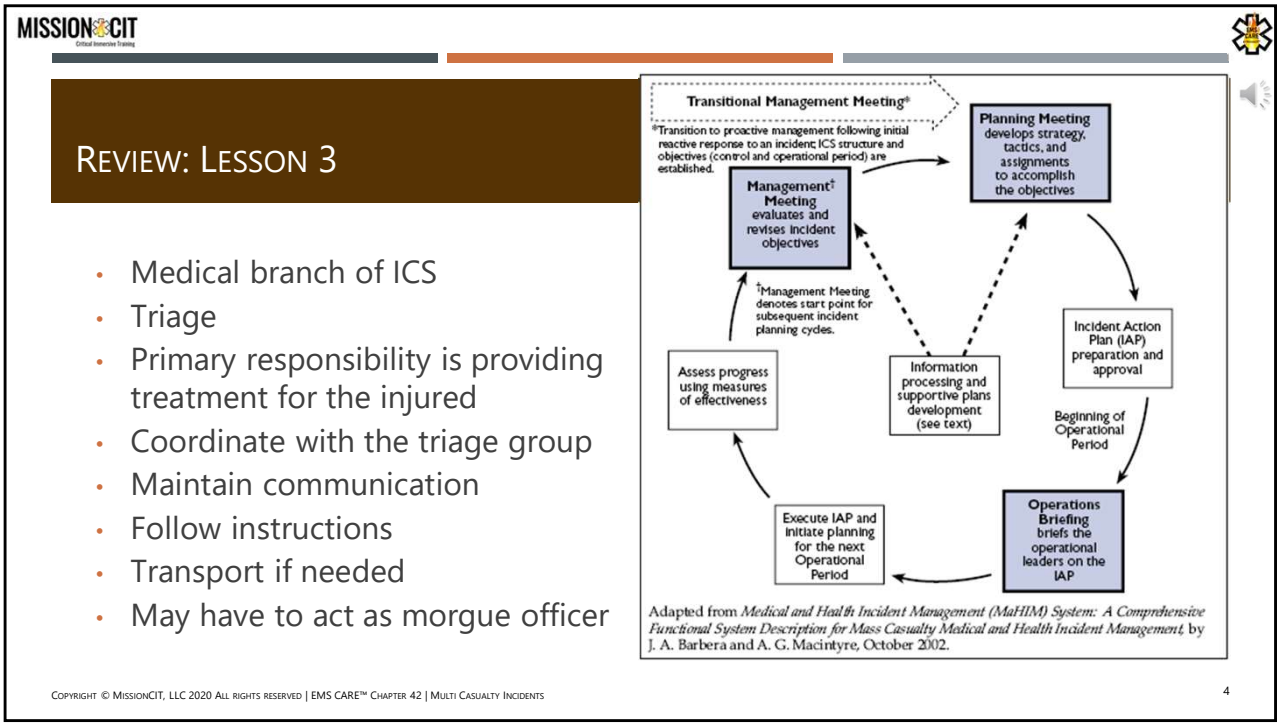
- Provide logistical and administrative support to operational staff.
- Be cost effective by avoiding duplication of efforts.

A central commander called the incident commander is responsible for managing the response activities. This commander is responsible for,

- Assigning personnel
- Deploying equipment
- Obtaining additional resources as required
- Coordinating with participating partners
- Delegating emergency management responsibilities as required
- Always has the overall picture of the disaster situation

I C S has five major components, and they are:

- Command
- Operations
- Planning
- Logistics
- Finance/administration



Next, we focused on the medical branch of I C S because this is where EMTs play a big role.

Triage is an important responsibility and this is the process by which you determine the priority of treatment for patients, depending on the severity of their condition or the chances of recovery with or without treatment. In other words, it is the process of deciding the order of treatment for patients.

In this role, you will have to provide primary treatment for patients such as CPR and assess the wound or the condition of the injured, including its location in the

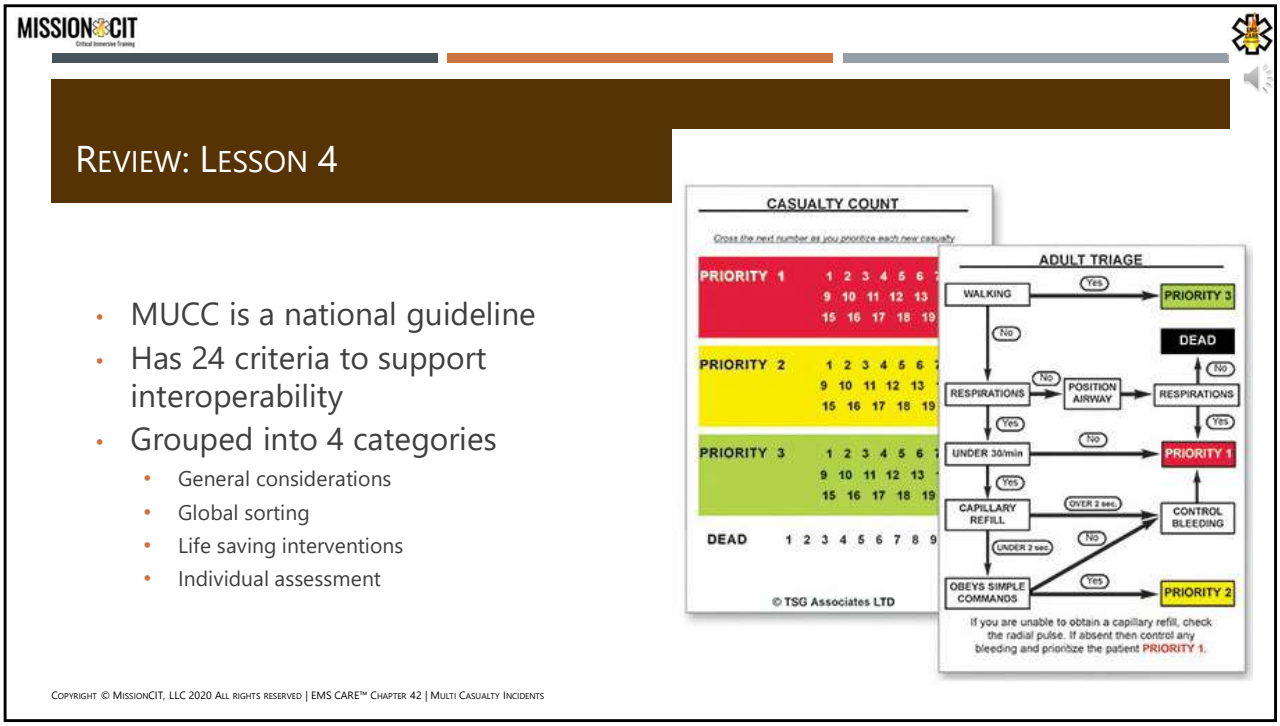
body and the severity. You have to coordinate with the triage group to move patients to different categories of emergency based on their condition.

Besides, you also have to maintain communication with the medical group supervisor to get inputs and follow the instructions.

You’re responsible for reassessing the patient and doing a secondary assessment to provide appropriate care for the patients. Provide transportation as needed.

Be aware of special circumstances where you have to extricate patients and provide appropriate care for them.

Finally, you may act as the morgue officer, and in this role, you’re responsible for ensuring that all dead bodies are placed in the morgue. Also, he or she is responsible for tracking the ID of the dead and keeping them confidential.



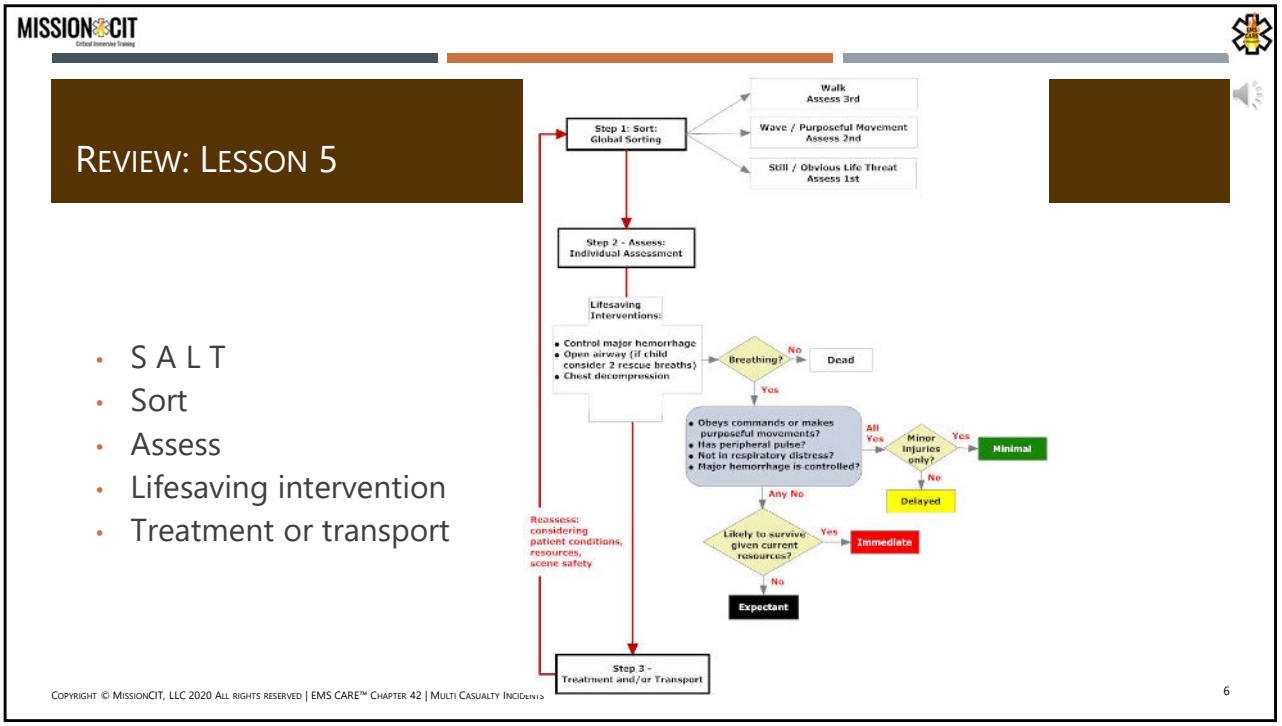
The next lesson was about the Model Uniform Core Criteria or M U C C. is a national guideline that recommends 24 criteria for mass casualty incidents. Every triage system formulated by the local or state departments must follow this guideline. These were developed to support interoperability between the different agencies. Every triage system must meet the 24 criteria of M U C C.

The criteria are grouped into four broad categories, and they are:

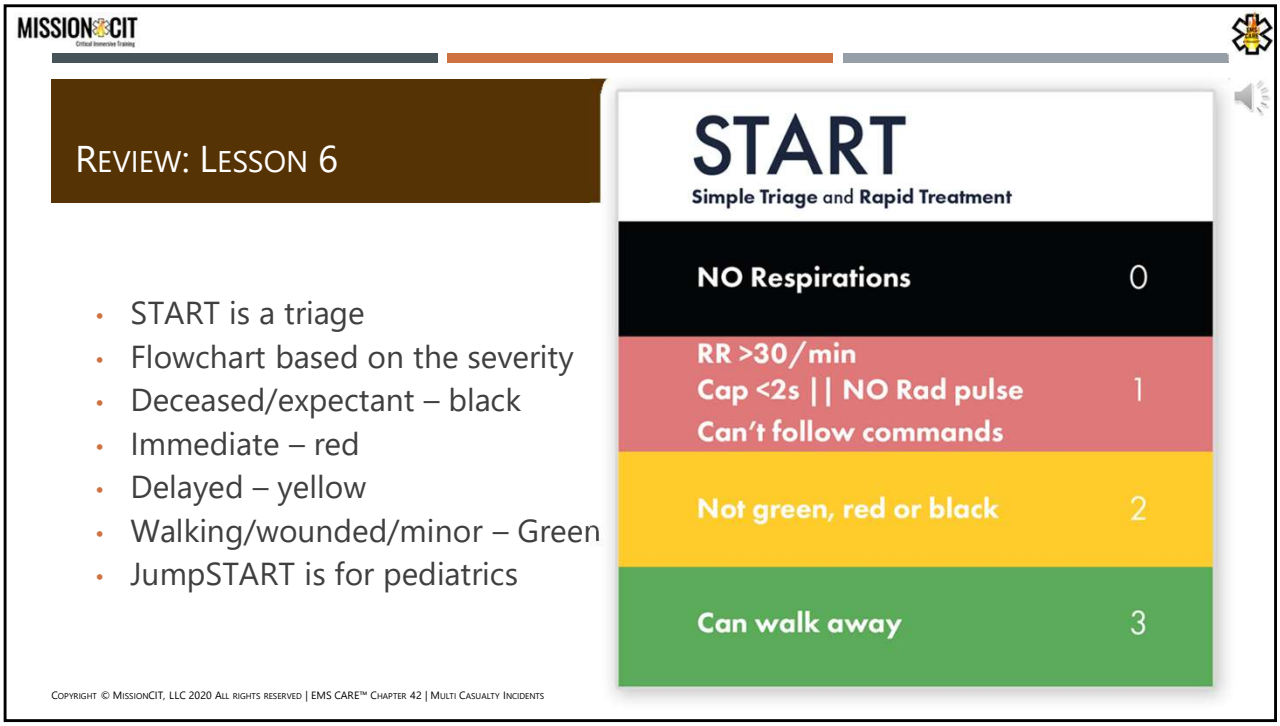
- General considerations – Relates to how the triage

system should be developed to make it broad and universal

- Global sorting – Determines how patients must be sorted to provide the best possible care
- Lifesaving interventions – These criteria talk about how and when life saving interventions must be applied.
- Individual assessment – These criteria talk about how individuals must be assessed, treated, and transported.



S A L T stands for Sort, Assess, Lifesaving intervention, and treatment or transport. This four-step process helps first responders to manage mass casualty incidents, use scientific experts and opinions to develop a standard guideline, and use the M U C C framework to bring order to chaos and help improve patient outcomes.



Another triage process that we talked about is the START flowchart. START is a triage system used by first responders to classify a patient based on the severity of injury in a mass casualty incident.

In this method, first responders evaluate the condition of a patient and assign that person to one of these four categories.

- Deceased/expectant is denoted by black. Here expectant means someone alive, but has no chance of survival with the currently available resources.

- Immediate is denoted by red. This means the patient is in a life-threatening situation and can survive with the appropriate intervention.
- Delayed is denoted by yellow and this means, the patient requires treatment but is not in a life threatening situation
- Walking/wounded/minor is denoted by green and means that the patient has minor injuries and may not require treatment at all.

Jump START is a modified form of this triage system and is designed for pediatric patients. It is similar except that children with a respiratory rate of under 15 or over 45, no peripheral pulse, and inappropriate mental status are given the highest priority.

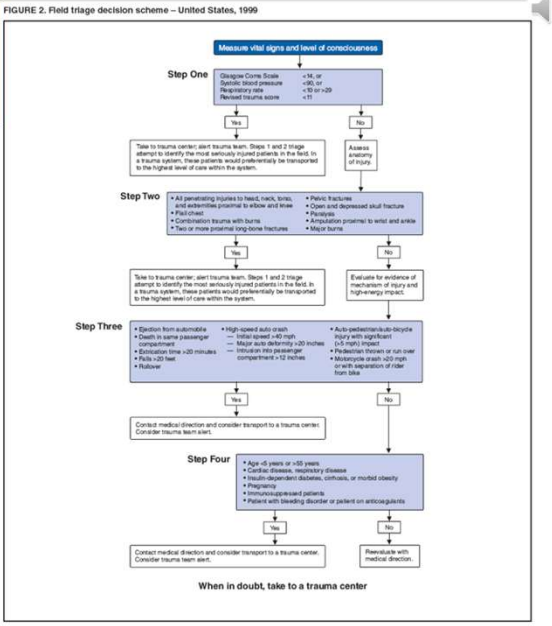
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REVIEW: LESSON 7

- CDC Triage – transportation
- Assess the vital signs
- Assess the anatomy of injury
- Assess the mechanism of injury
- Assess special patient or system considerations

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FIGURE 2. Field triage decision scheme – United States, 1999



SOURCE: Adapted from American College of Surgeons. Resources for the optimal care of the injured patient. Chicago, IL: American College of Surgeons; 1999.

The next lesson was all about the CDC Triage. The main goal of this triage is to ensure that the injured patients are transported to a trauma center that is best equipped to handle them.

In the first step, you assess the vital signs. If a person has less than 14 in the Glasgow coma scale, less than 90 mmHg of systolic pressure, and has a respiratory rate of less than 10 or greater than 29, they must be transported to the highest level of care within the trauma system. For infants aged less than a year, the respiratory rate measure should be less than 20 for

immediate transportation.

The second step is to assess the anatomy of the injury.

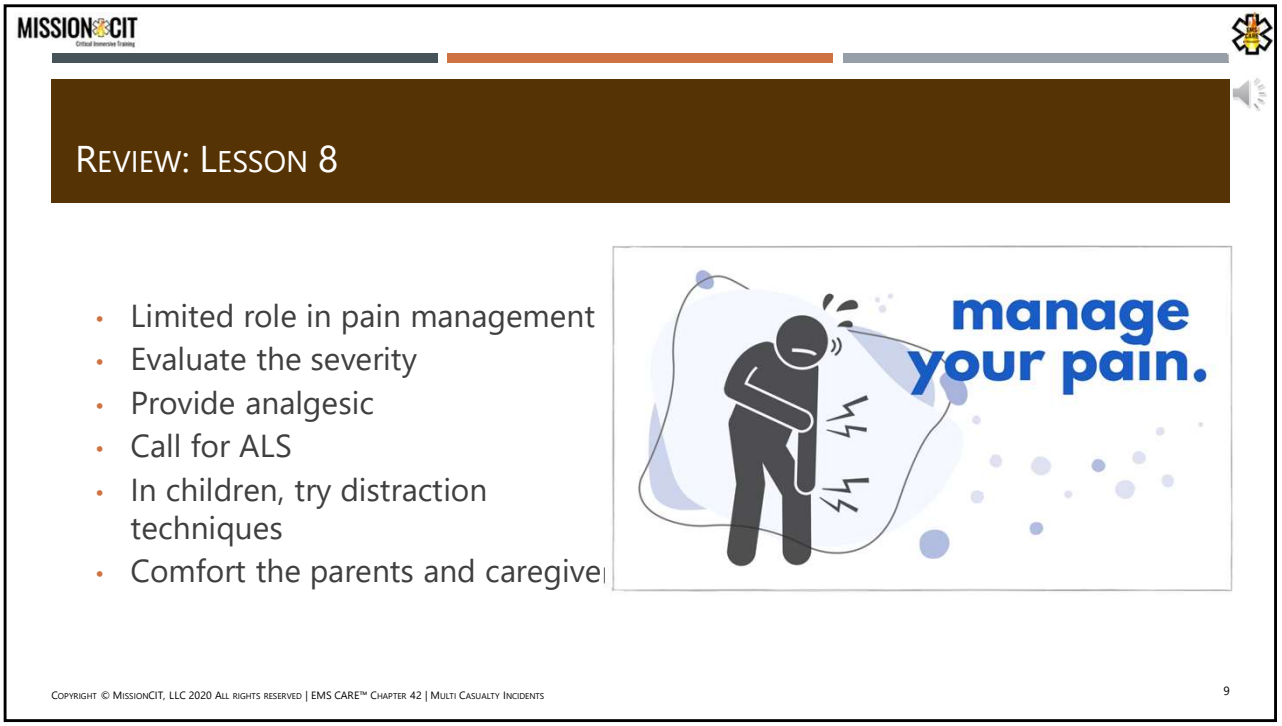
Transport a person to the trauma center if there are penetrating injuries to the head, neck, torso, and extremities close to the elbow and knee, a flail chest, two or more long bone fractures, crushed or mangled extremity, amputation close to the wrist or ankle, pelvic fracture, open or depressed skull fracture, and paralysis.

The third step is to assess the mechanism of injury and the evidence of high energy impact.

In the case of falls, adults must have fallen from more than 20 feet in height which is typically about two stories. For children, it must be greater than 10 feet or about two to three times the height of the child. In a high-risk auto crash, the intrusion must be greater than 12 inches of the occupant site or greater than 18 inches on any site. The ejection must be total or partial from the automobile, a possible death in the same passenger compartment, and the vehicle telemetry data must be consistent with the patient's injury.

In motorcycle crashes, the speed must have been more than 20 miles per hour while in pedestrians or cycles, the impact must be from a vehicle speeding at more than 20 miles per hour.

The last step is to assess any special patient or system considerations to decide on emergency transport.



In the last lesson, we talked about pain management.

When you see an adult in pain, quickly evaluate the cause of the pain as this can give you a good idea of the intensity. Use your judgment here because people tend to be more scared than in pain.

If you think that the patient is in considerable pain and will need help, give an analgesic, and call for A L S. On the other hand, if there is more fear than pain, consider giving an analgesic, and provide emotional support and comfort.

When it comes to children, evaluate the source and severity of the pain. Again, if it’s serious, reach out to A L S right away. Else, comfort the child and try to provide distractions, so the child can forget the pain.

More importantly, provide emotional support to the parents and caregivers, and assure them that the child will be fine, provided the pain is minor.

With this, we have completed the chapter review and you may proceed to take the quiz.