

FUNCTIONS OF DISASTER MEDICAL OPERATIONS

There are five major functions of disaster medical operations:

Triage: The initial assessment and sorting of victims for treatment based on the severity of their injuries

Treatment: The disaster medical services provided to victims

Transport: The movement of victims from incident location to the treatment area

Morgue: The temporary holding area for victims who have died at the treatment area. Those who are tagged as “Dead” during triage are not removed from the incident site.

Supply: The hub for crucial supply procurement and distribution

MAINTAINING HYGIENE

Maintenance of proper personal hygiene is critical even under makeshift conditions.

- **Wash hands frequently** using soap and water. Hand washing should be thorough (at least 15 to 20 seconds of vigorous rubbing on all surfaces of the hand).
Use alcohol-based hand sanitizers — which don't require water — are a good alternative to hand washing. The Centers for Disease Control (CDC) recommends products that are at least 60% alcohol. To use an alcohol-based hand sanitizer, apply about ½ teaspoon of the product to the palm of your hand. Rub your hands together, covering all surfaces, until hands are dry.
- **Wear non-latex exam gloves** at all times. Change or disinfect gloves after examining and/or treating each patient. Under field conditions, individuals can use rubber gloves that are sterilized between treating victims using bleach and water (1 part bleach to 10 parts water).
- **Wear an N95 mask and goggles.**
- **Keep dressings sterile.** Do not remove the overwrap from dressings until use. After opening, use the entire package of dressing, if possible.
- **Thoroughly wash areas that come in contact with body fluids** with soap and water or diluted bleach as soon as possible.

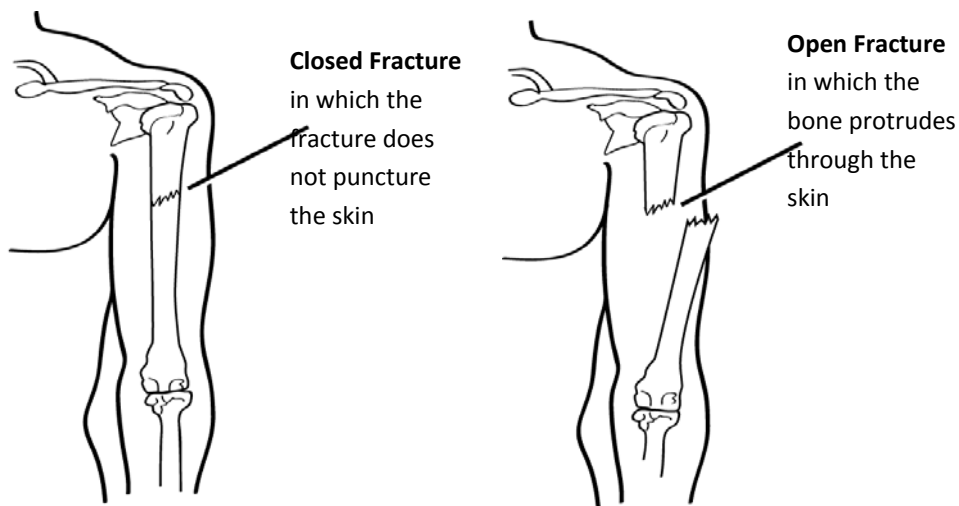
IMPORTANT: thoroughly document the victims in the treatment area, including: name, address, and phone number if victim can talk, description (age, sex, body build, estimated height), clothing, injuries, treatment, transfer location

FRACTURES

A fracture is a complete break, a chip, or a crack in a bone. There are several types of fractures.

A closed fracture is a broken bone with no associated wound. First aid treatment for closed fractures may require only splinting.

An open fracture is a broken bone with some kind of wound that allows contaminants to enter into or around the fracture site.



WHAT TO LOOK FOR IN HEAD-TO-TOE ASSESSMENTS

Use the acronym DCAP-BTLS to remember what to look for when doing a rapid assessment.

- Deformities
- Contusions (bruising)
- Abrasions
- Punctures
- Burns
- Tenderness
- Lacerations
- Swelling

When conducting a head-to-toe assessment, CERT members should look for DCAP-BTLS in all parts of the body. Remember to provide IMMEDIATE treatment for life-threatening injuries. You should pay careful attention to how people have been hurt (the mechanism of injury) because it provides insight to probable injuries suffered.

CONDUCTING HEAD-TO-TOE ASSESSMENTS

Check body parts from the top to the bottom for continuity of bones and soft tissue injuries (DCAP-BTLS) in the following order:

- Head
- Neck
- Shoulders
- Chest
- Arms
- Abdomen
- Pelvis
- Legs

While conducting a head-to-toe assessment, CERT members should always check for: PMS (Pulse, Movement, Sensation) in all extremities and Medical ID bracelets or necklaces.

It is very important that you conduct head-to-toe assessments systematically; doing so will make the procedure quicker and more accurate with each assessment. Remember to:

- Pay careful attention
- Look, listen, and feel for anything unusual
- Suspect a spinal injury in all unconscious victims and treat accordingly
- Remember to check your own hands for patient bleeding as you perform the head-to-toe assessment.

SIGNS OF A CLOSED-HEAD, NECK, OR SPINAL INJURY

- Change in consciousness
- Inability to move one or more body parts
- Severe pain or pressure in head, neck, or back
- Tingling or numbness in extremities
- Difficulty breathing or seeing
- Heavy bleeding, bruising, deformity of head or spine
- Blood or fluid in the nose or ears
- Bruising behind the ear
- "Raccoon" eyes (bruising around eyes)
- "Uneven" pupils
- Seizures
- Nausea or vomiting
- Victim found under collapsed building material or heavy debris

Victims exhibiting any of these signs, treated as having a closed-head, neck, spinal injury.

WOUND CARE

The main treatment for wounds includes:

- Control bleeding
- Clean the wound
- Apply dressing and bandage

CLEANING AND BANDAGING WOUNDS

Wounds should be cleaned by irrigating with clean, room temperature water. NEVER use hydrogen peroxide to irrigate the wound. You should not scrub the wound. A bulb syringe is useful for irrigating wounds. When the wound is thoroughly cleaned, you will need to apply a dressing and bandage to help keep it clean and control bleeding.

There is a difference between a dressing and a bandage:

- A sterile dressing is applied directly to the wound.
- A bandage holds the dressing in place.

If the wound is still bleeding, the bandage should place enough pressure on the wound to help control bleeding without interfering with circulation.