

# **Marcussen Disaster First Aid**

## Neighborhood Medical Response June 2, 2022

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# Checking for Injury or Illness in a Disaster



Put on protective gloves

Observe the scene, orient yourself, decide what do, act safely with focus

Initiate Triage

60 – 90 seconds per person

Head, torso, arms, lower back, abdomen, and legs

- 1. CHECK for responsiveness
- 2. IF NO RESPONSE, tag RED or BLACK
- 3. OPEN the airway
- 4. CHECK for breathing
- 5. Quickly SCAN for severe bleeding and broken bones
- 6. After tagging victim, move on to next victim
- 7. Radio in tagged victim statuses to EAP/ICP
- 8. ICP to call victim statues into DISPATCH 9-1-1 via cell phone or Ham Radio

Red Tag	Immediate care needed
<mark>ellow Tag</mark>	<b>Delayed care required</b>
Green Tag	Walking wounded
Black Tag	Deceased (Omega)



# **Neighborhood Disaster First Aid Treatment**

#### **1. CHECK for responsiveness**

- Tap shoulder
- In a clear, calm, loud voice say, "Hello, I am (YOUR NAME). I am here to help you. What is your name?" (create a calm environment in the midst of chaos)
- "Are you OK? Do you hurt anywhere?."
- Evaluate victim response or lack of response.
- 2. IF NO RESPONSE, CALL 9-1-1 or the local emergency number and SEND someone to get AED
  - If an unconscious person is face-down, roll him or her face-up keeping the head, neck and back in a straight line.
  - If the person responds, obtain consent and call 9-1-1 or local emergency number for any life-threatening conditions. Check the responsive person from head-to-toe and ask questions to find out what happened.





# **Neighborhood Field First Aid Treatment**

#### 3. OPEN the airway

- Tilt head; lift chin.
- 4. CHECK for breathing
  - Check for no more than 10 seconds. Occasional gasps are not breathing.
- 5. Quickly SCAN for severe bleeding and broken bones
  - If there is no breathing, perform CPR or use an AED if an AED is immediately available.
  - If breathing, maintain an open airway and monitor breathing and for any changes in condition.
- 6. Notify 9-1-1 with Assessment information
- 7. Stabilize injuries for transport back to EAP/Medical Unit
- 8. Transport back to EAP/Medical Unit
- 9. Treat the medical issues at the EAP/Medical Unit



# CPR NO BREATHING

#### **GIVE 30 CHEST COMPRESSIONS**

Push hard, push fast in the middle of the chest at least 2 inches deep and at a rate of at least 100 compressions per minute.Person must be on a firm, flat surface.

#### **GIVE 2 RESCUE BREATHS**

Tilt the head back and lift the chin up.

Pinch the nose shut and make a complete seal over the mouth.

Blow in for about 1 second to make the chest clearly rise.

Give rescue breaths, one after another.

If chest does not rise with the initial rescue breath, re-tilt the head before giving a second breath.

If the second breath does not make the chest rise, the person may be choking. After each subsequent set of chest compressions and before attempting breaths, look for an object and, if seen, remove it.

Continue CPR.







# CPR NO BREATHING

#### **DO NOT STOP**

Continue cycles of CPR. Do not stop unless you find an obvious sign of life (such as breathing), an AED is ready to use, another trained responder or EMS personnel take over, you are too exhausted to continue, or the scene becomes unsafe.

Use an AED as soon as one is available.

If at any time you notice an obvious sign of life, stop CPR and monitor breathing and for any changes in condition.



# **Conscious Choking Cannot Cough, Speak or Breathe**

#### 1. Give five (5) back blows

Bend the person forward at the waist and give 5 back blows between the shoulder blades with the heel of one hand.

#### 2. Give five (5) abdominal thrusts

Place a fist with the thumb side against the middle of the person's abdomen, just above the navel. Cover your fist with the other hand. Give 5 quick, upward abdominal thrusts.

#### 3. Continue Care

Give sets of five (5) back blows and five (5) abdominal thrusts until the object is forced out, the person can cough forcefully or breathe, or the person becomes unconscious.

If the person becomes unconscious, give care for an unconscious choking adult by performing CPR.







# **Controlling External Bleeding**



**COVER THE WOUND WITH A STERILE DRESSING** Apply direct pressure until bleeding stops

#### COVER THE DRESSING WITH A BANDAGE

Check for circulation (feeling, warmth and color) beyond the injury.

# IF BLEEDING DOES NOT STOP, CALL 9-1-1 AND APPLY MORE PRESSURE

Add more dressings and bandages and apply additional pressure. Take steps to minimize shock.

# APPLY TOURNIQUET FOR UNCONTROLLABLE ARTERIAL BLEEDING

Wash hands with soap and water after giving care.







#### **Burns**



Put on protective gloves

#### **REMOVE PERSON FROM SOURCE OF BURN**

#### **COOL THE BURN**

Cool the burn with cool running water at least until pain is relieved.

#### **COVER LOOSELY WITH STERILE DRESSING** If the burn is SEVERE, Call 9-1-1

#### **CARE FOR SHOCK**







# **CARE FOR SHOCK**

Put on protective gloves

#### Signs of Shock

Low blood pressure

Altered mental state, including reduced alertness and

awareness, confusion, and sleepiness

Cold, moist skin. Hands and feet may be blue or pale

Weak or rapid pulse

Rapid breathing and hyperventilation

Decreased urine output

#### **Treatment for Shock**

Lay the person down with feet slightly elevated Treat obvious Injuries Keep person warm and comfortable Monitor and hydrate Begin CPR, if necessary





#### **Nearest Hospital for Marcussen Drive Residents**

Menlo Clinic \* Dignity Health Medical Group Menlo Clinic\* Stanford Hospital 321 Middlefield .7 miles
695 Oak Grove .8 miles
1300 Crane 1.5 miles
Stanford Campus 2.5 miles

Stanford Hospital will close to injured community residents between 35 minutes and 45 minutes after a major area-wide disaster.

WILL YOU BE ABLE TO GET THERE FROM MARCUSSEN DRIVE?

\* Stanford Health Care Alliance



#### **Medical Operations Staffing**

- **Medical Operations Supervisor**
- Medical Radio/Scribe
- Doctors, EMTs, nurses, advance/disaster first aid trained staff
- Intake/Triage Area Coordinator with Volunteer Assistants
- Treatment Area Coordinator with Volunteer Assistants
- Recovery Area Coordinator with Volunteer Assistants
- Extended (Terminal) Care Area Coordinator with Volunteer Assistants
- Morgue Operations Coordinator with Volunteer Assistants
- Field triage/transport teams
  - Three (3) teams of six (6) each



#### **Medical Unit Communications**

- Medical Radio/Scribe monitors field triage/transport team communications Communications informs Medical Radio/Scribe of triage/transport teams' deployment
- Medical Radio/Scribe informs Communications of medical status of
  - triage/transport teams return to Medical Operations
- Medical Intake Coordinator directs incoming triage/transport teams
- Medical Intake Coordinator releases triage/transport teams to Medical
  - **Operations Supervisor for redeployment**
- Medical Radio/Scribe informs Communications triage/transport teams' release
- Medical Radio/Scribe informs Communications of medical status Medical staff brief and offer field assistance to incoming triage/transport Teams



#### **Medical Operations Setup**

Medical field operations setup checklist Medical field operations checklist Medical field operations takedown checklist Status board and general status forms Individual patient status forms Magnet/clothespin system Medical operations staff charts/forms Medical operations tent Triage tarp area (canopy) Treatment area (canopy) Recovery area (canopy) **Extended Care area (canopy)** Morgue operations (canopy)



#### **Medical Field Operations Flow**

Incident Commander (IC) takes care of himself/herself

first in a disaster

IC takes care of his/her family second

IC organizes Neighborhood EAP/ICP(Emergency Assembly Point/Incident

Command Post) with SCRIBE

EAP/ICP communications are directed to the ICP

IC directs a Communications Unit setup

IC directs a Logistics Unit setup

IC directs an Operations Unit setup

Operations Unit establishes and deploys Recon (Rapid

Assessment) Teams to

gather neighborhood field conditions information



Operations directs Medical Unit to set up its Operations Prepares a neighborhood First Aid Station and Medical Operations Staff area Intake Triage Area (colored tarps or signage) **Treatment Area Recovery Area Terminal Injury Area** Black Tag (Omega) Victims Morgue Unit is staffed by a minimum of three individuals to as many volunteers who wish to assist Medical Unit Supervisor with Staff Scribe/Radio Operator Records unit activity Transmits Medical Unit status periodically via FRS to IC via the Communications Unit and ultimately to the ICP



Intake/Triage Area Coordinator with Volunteer Assistants Red Tarp (Immediate), Yellow Tarp (Delayed), Green Tarp (Minor) Patient tracking documentation is begun Treatment Area Coordinator with Volunteer Assistants Patient tracking documentation stays with patient **Red Tarp Area** (Immediate and Critical) **Red Tag Victims** Yellow Tarp Area (Delayed but Severe) Yellow Tag Victims **Green Tarp** Area (Minor) **Green Tag Victims Recovery Area Coordinator with Volunteer Assistants** Patient tracking documentation stays with patient Without available professional medical services, understand that after the first 24 hours, every 24 hours thereafter victims have an upgraded injury severity **Yellow** to Red **Red** to **Blue** Blue to Black



#### Setup Separate Areas

- Blue Tarp Area (Extended Care)
  - Coordinator with Volunteer Assistants
  - Patient tracking documentation stays with patient
  - Compassionate comfort care as best as possible for those who are dying
    - and when transport to official medical care units is not available

#### Black Tarp Area (Deceased)

- Coordinator with Volunteer Assistants
- Patient tracking documentation stays with patient
- Patient essential information taken
- Religious belief and personal contacts
- Respectful and secure care for our deceased neighbors



Send out field teams to perform triage, immediate treatment, and transport

- of neighbors to EAP for further care
- Helmets, surgical gloves under work gloves, goggles, headlamp, tools,
- stretcher, first aid supplies, radios
- Field teams of six persons
  - Team Leader w/Radio, Medical Assistance (2), Support (3)
    Accept wounded brought in by neighbors not on Triage-Transport Teams
    Perform extended medical treatment as able for as long as needed
    Transport patients from the EAP to ICP or official medical care units for extended care, if possible



#### **First Aid Components**

Injury treatment (be prepared to improvise)

Medical supplies

Medication monitoring (allergy, antidepressants, diabetes, heart,

other

Conditions)

Psychological response

Documentation

**FRS** radios

Triage-Transport Team supplies

#### **Documentation and Forms Kit**

Medical field team reporting document 214 Medical Activity Log HCS 214 Medical unit patient accounting document Medical patient assessment (male) Medical patient assessment (female) Blank paper, pencils and pens (be prepared to improvise)



#### **Medical Supplies and Equipment**

Triage tarps or signage (Green, Yellow, Red, Blue, Black) Clothesline and clothespins Marking pens (green, yellow, red, blue, black) Headlamps Stretcher(s) (2) Canopies and a tent (if possible) Table and two (2) chairs FRS radios, Ham radio **Field medical Kits** Surgical kit Boost Oxygen, QuikClot, Water All sizes of bandages Cardboard for splinting Emergency blankets and ponchos Food and Water for Staff Food and Water for Injured



#### How do you provision a medical station?

- Central neighborhood cache
- DRC if your EAP has one (EAP then becomes an Area ICP)
- Personal medical cache
- Preassigned cache materials and contents among neighbors
- Duplicate resources among neighbors' caches
- First Aid Station staff sustain themselves out of their Bug Out Bags

#### **Publications**

- Where There is No Doctor
- Where There is No Dentist
- The Ultimate Survival Medicine Guide



Handouts emailed to you: Marcussen Disaster First Aid.ppt **MERT Med Ops Outline MERT Disaster ICP Layout MERT Med Assessment Silhouette (Male) MERT Med Assessment Silhouette (Female) MERT Med Unit Log MERT Med Patient Tracking** Med Med-Recon Instructions **Red Cross First Aid Participants Manual Red Cross Reference Card** 

**Additional Questions?** 



### Reminders

- Take care of yourself, your family, your neighborhood response team, and your neighborhood
- Stay hydrated throughout your disaster response time
- Watch for low blood sugar, exhaustion, stress
- Check in regularly with your family
- Relief cycles, transition meetings between shifts
- Hydrate, eat, rest while off-shift
- Remain alert at all times, even when tired

# Wrap-Up

- Thank you for participating!
- Handouts are online: <u>www.getreadyatherton.org/resource-library</u>
- Sign up for emergency alerts: <u>www.smcalert.org</u> <u>www.zonehaven.org</u>
- Next Session July 7, 2022 at 6 PM



