

CASABLANCA EMERGENCY RESPONSE TEAM

Brief Synopsis for Search, Rescue, Triage and fire fighting Procedures
Last revised 10/17/2009

by Syd Sonneborn, Chair, Communications Committee

LIGHT SEARCH AND RESCUE OPERATIONS

UNIT SUMMARY

Search and rescue consists of three different activities that must be planned carefully and practiced in advance. The decision to attempt a rescue should be based on:

- The risks involved.
- Achievement of the overall goal of doing the greatest good for the greatest number.

The objectives of search and rescue are to:

- Maintain rescuer safety at all times.
- Rescue the greatest number of people in the shortest amount of time.
- Rescue the lightly trapped victims first.

CERTs are restricted to light search and rescue. Their mission when dealing with heavily damaged structures or situations that are clearly unsafe (e.g., rising or swiftly-moving water, unstable walls, ceilings etc.) is to warn others.

Search and rescue sizeup follows the same process as does sizeup for other CERT operations. Sizeup continues throughout search and rescue efforts and provides information about how to proceed. Should sizeup indicate that evacuation is necessary, the CERT mission is to ensure safety and organization during the evacuation.

When the decision to begin search operations is made, CERT searchers must:

- Employ appropriate search techniques.
- Locate potential victims.

Locating victims means completing a size up of the building interior to identify areas of entrapment, then conducting a search that:

- Is systematic and thorough.
- Avoids unnecessary duplication of effort.
- Documents results.

LIGHT SEARCH AND RESCUE OPERATIONS

Rescue involves three main functions:

- Creating a safe environment
- Triaging or stabilizing victims
- Removing victims based on the sizeup

Rescue operations hinge on maintaining rescuer safety, which requires CERT members to recognize their own limitations. CERT members should never attempt anything that exceeds their limitations at that point in time.

Leveraging and cribbing may be used to remove debris and give access to trapped victims.

Victims can be removed in a number of ways, depending on:

- Their condition.
- The number of rescuers available.
- The strength and ability of the rescuers.
- The stability of the environment.

If the building's condition allows, victims with suspected head or spine injury should be stabilized on some type of backboard before being removed. If possible, these removals should be deferred to trained EMS personnel.

TRIAGE OPERATIONS ABC's (check airway, bleeding, circulation)

PERFORMING A TRIAGE EVALUATION

Triage Procedure

Step Procedures

1 Check airway/breathing. At an arm's distance, shake the victim and shout. If

the victim does not respond:

- Position the airway.

- Look, listen, and feel.
- Check breathing rate. Abnormally rapid respiration (above 30 per minute) indicates shock. Treat for shock and tag "I."
- If below 30 per minute, then move to Step 2.
- If the victim is not breathing after 2 attempts to open airway, then tag "DEAD."

2 . Check circulation/bleeding.

- Take immediate action to control severe bleeding.
- Check circulation using the blanch test (for capillary refill).
- Press on an area of skin until normal skin color is gone. A good place to do this is on the palm of the hand. The nail beds are sometimes used.
- Time how long it takes for normal color to return.
- Treat for shock if normal color takes longer than 2 seconds to return, and tag "I."

3 Check mental status. Give a simple command, such as "Squeeze my hand."

Inability to respond indicates that immediate treatment for shock is necessary. Treat for shock and tag "I."

If the victim passes all tests, his or her status is "D." If the victim fails one test, his or her status is "I." Remember that everyone gets a tag. All victims tagged "I" get airway control, bleeding control, and treatment for shock.

Triage Decision Flowchart

Triage Decision Flowchart, showing the three steps in the triage process. Step 1: assess and position the airway and check breathing; Step 2: Check circulation and control bleeding; Step 3: Check mental status.

Time will be critical in a disaster. You will not be able to spend very much time with any single victim.

Take advantage of local exercises as a means of maintaining your triage skills and to avoid the triage pitfalls.

Triage pitfalls include:

- No team plan, organization, or goal.
- Indecisive leadership.
- Too much focus on one injury
- Treatment (rather than triage) performed.

Step 1	Step 2	Step 3
Assess & position airway/check breathing	Check Circulation & Control Bleeding	Check Mental Status
No	Perform the Blanch Test	Fails to Follow Simple Commands Follows Simple Commands
Reposition Airway Now Breathing? Yes	+ 2 Seconds - 2 Seconds	"I" Treat for Shock "D" Delayed
No if breathing, check the rate	Treat for Shock Check Mental Status	
Dead - 30 per Min + 30 per Min		
Check Circulation & Control Bleeding "I" Treat for Shock		

Triage Flow Chart

DMS All Risk™ Triage Tag Basics

FRONT

CONTAMINATED

EVIDENCE

Personal Property Receipt
Evidence Tag
1237557*

Registration
1237557*

ALL RISK™ TRIAGE TAG
1237557*

5 1 2 3 4 5 6 7 8 9 0
AUTO INJECTOR TYPE
AUTO INJECTOR TYPE
1 2 3 4 5 6 7 8 9 0

First Name
Last Name
DOB
Sex
Color
Height
Weight
Eye Color
Hair Color
Blood Type
Residence Type

Time Spent in Triage
Time Spent in Hospital
Time Spent in ICU
Time Spent in OR
Time Spent in Recovery
Time Spent in Discharge

VITAL SIGNS
Temp
HR
RR
BP
Pain
Resp
Temp

Other
Diagnoses
Other

MORGUE
1237557*

IMMEDIATE
1237557*

DELAYED
1237557*

MINOR
1237557*

MORGUE
1237557*

IMMEDIATE
1237557*

DELAYED
1237557*

MINOR
1237557*

*Contaminated Tear-off. This is the register strip that:

- MUST be removed if the patient is not contaminated.
- If the patient is contaminated, when the patient's clothes are removed, AND decon procedures have commenced, the strip should be removed and placed in with the patient's clothes for evidence collection.
- If the register strip is not removed, the patient is considered **CONTAMINATED** and the Triage Tag will be used to record **DECONTAMINATION**.

The "Personal Property Receipt" is used when:

- Patient's valuables must be removed from the patient. The tag is removed and placed in a plastic zipper bag with the patient's belongings.
- This tag provides a read-along tool for patient tracking. Write in the space provided.
- Assigned destination of patient.
- The triage/entry agency.

This tag is removed by the Ground Ambulance Coordinator for patient tracking.

Check appropriate boxes if any of the following symptoms exist such as Salivation, Lacrimation, Urination, Defecation, GI Distress, Emetic, and Miosis (pinpoint pupils). Indicate type of Auto Injector and number of Auto Injectors administered.

Check spent if known:

- Biological
- Biological
- Chemical
- Chemical

Decon Procedure:

- Primary (or gross) Decon
- Secondary Decon
- or both used

Write what decon solution used if known.

In the event of a mass casualty catastrophic disaster, death notices can be determined by issuing the dead and collecting the merge receipts.

NEW TEAR-OFFS! Now the triage category strip will be removed by tearing off only one-half of the strip. For example:

- Minor patient:** Tear off half of the **MINOR** strip leaving the other half displayed.
- Delayed patients:** Remove both **MINOR** strips and one **DELAYED** strip.
- The person receiving category strips will know that they have been received** if actually the type of patient they have. In the past, they would have to read their tag if they received a **MINOR** strip, the patient is actually delayed. This new method takes out the guess work.

The reverse side of the "Personal Property Receipt" is used for miscellaneous comments or information. The patient's name should be documented on the reverse side of the patient tracking strip if time permits.

- 30, 2, Can Do.
- Respirators, Perfusion, Mental Status

S.T.A.R.T. Triage Method

More detailed patient information can be documented here if time permits.



SAVING LIVES THROUGH AGGRESSIVE FIELD MANAGEMENT™

DISASTER MANAGEMENT SYSTEMS

2651 Fontana Blvd. • Fontana, CA 91736
909 994-9596 • 866 565-7597 • Fax 909 994-8894

BACK

CONTAMINATED

EVIDENCE

Comments/Information

Patient's Name

REGISTRATION
R No
P 1 Sec
M 2 Sec

How the injury occurred
No Respirators Used (head fit) **MORGUE**
Respirators - Over 20 **IMMEDIATE**
Perfusion - Cuddler held **IMMEDIATE**
Over 2 Seconds **IMMEDIATE**
Band State - (only to take strips) **IMMEDIATE**
Other **DELAYED**

PERSONAL INFORMATION
DOB
HEIGHT
WEIGHT
HAIR
EYES
EYES
HAIR
EYES
EYES

MORGUE
1237557*

IMMEDIATE
1237557*

DELAYED
1237557*

MINOR
1237557*

MORGUE
1237557*

IMMEDIATE
1237557*

DELAYED
1237557*

MINOR
1237557*

EXERCISE: SUPPRESSING SMALL FIRES

Purpose: This exercise will provide you with experience in two key areas of fire suppression:

- Using a portable fire extinguisher to suppress a small fire
- Applying teamwork to fire suppression

Instructions: Follow the steps below to complete this exercise.

1. Work in two-person teams. Team members must communicate with each other. The emphasis is on safety and teamwork.
2. Each team member will be provided with a portable fire extinguisher.
3. Team Member 1 should assume the "ready" position, with pin pulled, extinguisher aimed and upright, approximately 20 to 25 feet from the fire.

When ready to approach the fire, Team Member 1 should say, "Ready." Team Member 2 should repeat, "Ready."

As Team Member 1 begins to move forward, he or she should say, "Going in." Team Member 2 should repeat the command and stay within reach of Team Member 1.

Both team members should walk toward the fire. Team Member 1 should watch the fire and Team Member 2 should stay close to Team Member 1, keeping his or her hand on Team Member 1's shoulder. Team Member 2's job is to protect Team Member 1.

4. Team Member 1 should approach the fire from the windward side (i.e., with the wind to the team member's back). When approximately 10 feet from the fire, Team Member 1 should begin to discharge the extinguisher at the base of the fire, continuing the approach until the range for the extinguisher is optimal.

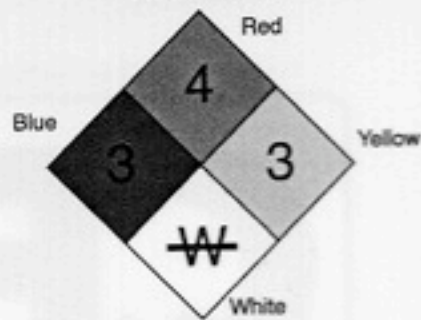
5. Team Member 1 should sweep the base of the fire until it is extinguished.

When Team Member 1 is exiting the fire area, he or she should say, "Backing out." Team Member 2 should repeat the command. Participant 2 should guide Participant 1 from the area with his or her hands as Participant 1 continues facing the fire and looking for hazards.

Triage Procedures

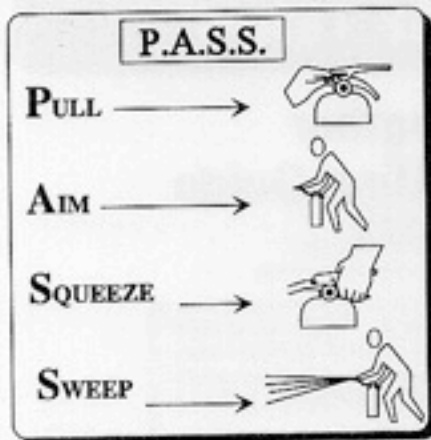
1. Stop, Look, Listen, and Think.
2. Conduct Voice Triage.
3. Follow a Systematic Route.
4. Conduct Triage Evaluation.
 - "M"/Green = Minor
 - "I"/Red = Immediate
 - "D"/Yellow = Delayed
 - "DEAD"/Black
5. Treat "I"/Red Victims Immediately.
6. Document Results.

HAZMAT



If greater than "1" in any area, it should be considered a **STOP SIGN** for CERT members.

Fire

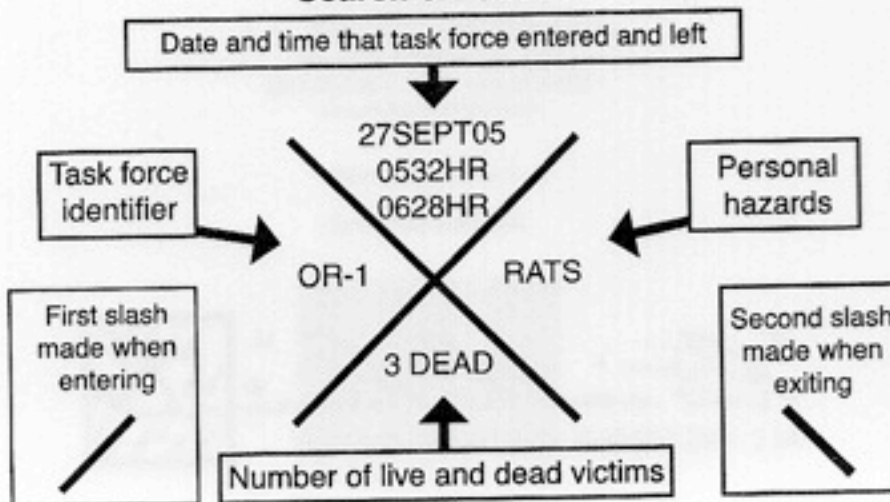


P.A.S.S: Pull, Aim, Squeeze, Sweep.

Aim at the base of the fire!

Fire Type	
Ordinary Solid Materials	A
Flammable Liquids	B
Electrical Equipment	C
Combustible Metals	D

Search & Rescue



Instruction for marking a home that is in the process of or has been searched for possible victims.

As the bottom of the illustration on the preceding page illustrates, place one slash with a marker or tape to make a start of a "X" shape leaning to the right. Before entering the premises, place your team's identifier name. At the top, indicate the time and date you entered. When you team leaves this site, place a second mark or piece of tape to form the complete "X" shape. Fill in at the top, the time your team left the site. On the right indicate any hazard(s) you found and at the bottom, if you found victims. their condition, and if transfered to another place.