



Special Operations

Hazardous Materials Incidents	
Hazardous Materials	
<ul style="list-style-type: none">• Found virtually everywhere• Safety is primary concern<ul style="list-style-type: none">▪ EMT-B and crew▪ Patient and bystanders	
EMT-B Responsibilities at Hazardous Materials Incident	
<ul style="list-style-type: none">• Recognize a hazmat incident• Control the scene• Identify the substance• Establish a treatment sector	
Recognizing a Hazardous Material Incident	
<ul style="list-style-type: none">• Know locations of potential hazmat incidents• Develop pre-incident plans• Control the impulse to rush in and help	
Approaching the scene	
<ul style="list-style-type: none">• Park upwind, uphill• Keep a safe distance away• Keep people away from area• Avoid contact with material• Do not enter hazmat scene unless trained and equipped• Assume all patients are contaminated	

Incident Management System

- Provides orderly means for communication and decision making
- Interaction between agencies easier with unified command

Initial Role of EMT-B during an MCI

- Size up the scene
- Provide a calm radio report of situation & request resources
- Organize resources into incident management system

EMS Sectors in Incident Management

- Extrication
- Triage
- Staging
- Treatment
- Transportation
- Supply
- Command

Triage – sorting multiple casualties into priorities for care or transportation. Priorities are established for 3 levels.

Triage of Patients

- Rapidly assess each patient into a treatment priority
- Stop only to secure an airway and/or stop major bleeding
- More thorough treatment begins after all patients are triaged

Priority 1 – Treatable Life Threats

- Airway and breathing difficulties
- Uncontrolled or severe bleeding
- Decreased mental status

<ul style="list-style-type: none"> • Patients with severe medical problems • Shock • Severe burns 	<hr/> <hr/> <hr/> <hr/>
<p>Priority 2 – Serious but Not Life-Threatening</p>	<hr/> <hr/> <hr/>
<ul style="list-style-type: none"> • Burns without airway problems • Major or multiple bone or joint injuries • Back injuries 	<hr/> <hr/> <hr/> <hr/> <hr/>
<p>Priority 3 – “Walking Wounded”</p>	<hr/>
<ul style="list-style-type: none"> • Minor injuries to extremities • Minor soft-tissue injuries 	<hr/> <hr/> <hr/>
<p>Priority 4 – Dead/Fatally Injured</p>	<hr/>
<ul style="list-style-type: none"> • Injuries incompatible with life, such as: <ul style="list-style-type: none"> ▪ Cardiac arrest ▪ Decapitation ▪ Incineration • May also be called Priority 0 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>START – <u>S</u>imple <u>T</u>riage <u>A</u>nd <u>R</u>apid <u>T</u>reatment</p>	<hr/> <hr/> <hr/>
<ul style="list-style-type: none"> • 30 seconds per patient • Utilizes the parameters of: <ul style="list-style-type: none"> ▪ Respiration ▪ Pulse ▪ Mental Status 	<hr/> <hr/> <hr/> <hr/> <hr/>
<ul style="list-style-type: none"> • Only three treatments during triage <ul style="list-style-type: none"> ▪ Open an airway and insert an OPA ▪ Apply pressure to bleeding ▪ Elevate an extremity 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<ul style="list-style-type: none"> • Before beginning assessment: <ul style="list-style-type: none"> ▪ Ask all patients who can walk 	<hr/> <hr/>

