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# Medical Plan for LARGE GATHERING

August 6-11, 2013

This document outlines the medical plan for the LARGE GATHERING XXX and was prepared by:

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XXX county mutual aid plan .....
REGION XXX Hospital Memorandum of Understanding .....

# SAMPLE MEDICAL PLAN FOR MASS GATHERING

**Purpose:**

- To address all first aid needs during the event and appropriately care for all patients requiring any level of care.
- To facilitate a smooth flow of patients from the event to treatment tents / hospitals, minimizing procedural and communication redundancy.

**Procedure for transport:**

1. When onsite staff and ED physician determine the patient needs to be transported to a medical facility, EMS will call SHGM ED at XXX – XXX – XXXX. If unable to contact the hospital by phone by use XXXXXXX 800 mgHz radio
2. Give a brief report of the patient's condition including:
    a. Chief Complaint
    b. Vital Signs
    c. Medications
    d. Treatments / IV
3. Medical control will designate the receiving Medical Facility and run number
4. EMS will transport with appropriate protocol
5. Enter patient into tracking system
6. EMS to contact receiving hospital with brief report and ETA during transport
    a. Primary
        i. HOSP 1 — HERN PL1B (107.2) 62 HOSP
        ii. HOSP 2 — HERN PL2Z (110.9)
        iii. HOSP 3 — HERN PL1A (192.8)
    b. Alternate
        i. HOSP 4
        ii. HOSP 5
7. If change in patient condition or need for additional orders during transport, contact HOSP 1 – ED at 62HOSP or XXX–XXX–XXXX.
8. Return to posted location as soon as possible.

**Treatment Site Locations:**

| DAY | DATE | TIME | LOCATION |
|---|---|---|---|
| 1 – Tuesday | 8/6/13 | | TREATMENT SITE 1 |
| 2 – Wednesday | 8/7/2013 | | TREATMENT SITE 2<br>TREATMENT SITE 3 |
| 3 – Thursday | 8/8/2013 | | TREATMENT SITE 1 |
| 4 – Friday | 8/9/2013 | | TREATMENT SITE 1<br>TREATMENT SITE 2<br>TREATMENT SITE 3 |
| 5 – Saturday | 8/10/2013 | | TREATMENT SITE 1<br>TREATMENT SITE 2<br>TREATMENT SITE 3 |
| 6 – Sunday | 8/11/2013 | | TREATMENT SITE 1<br>TREATMENT SITE 2<br>TREATMENT SITE 3 |

**Staffing:** Each treatment site will be staffed with 2 MRC volunteers and an EMS staff member. The EMS staff member will be the team leader at the tent. There will also be two fully staffed ambulances in the area during the race to facilitate urgent care and transport to a higher acuity facility as needed. Authority for treatment will come from the XXX County Medical Director. Therefore, care will follow EMS protocol.

## Medical Staffing for Sample Mass Gathering Event

| Date | TREATMENT SITE 1 Launch First Aid Tent Staffing | | TREATMENT SITE 4 DNR Launch First Aid Tent Staffing | | TREATMENT SITE 2 Launch First Aid Tent Staffing | | TREATMENT SITE 3 First Aid Tent Staffing | | TREATMENT SITE 5 First Aid Tent Staffing | | EMS truck |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | EMS/MFR | MRC | EMS/MFR | MRC | EMS/MFR | MRC | EMS/MFR | MRC | EMS/MFR | MRC | 2 trucks |
| 8/9/2011 | | 2 | | | | | | | | | 4 |
| 8/10/2011 | | | | 2 | | 2 | | 2 | | | 4 |
| 8/11/2011 | | 2 | | 2 | | 2 | | 2 | | | 4 |
| 8/12/2011 | | 2 | | 2 | | 2 | | 2 | | 2 | 4 |
| 8/13/2011 | | 2 | | 2 | | 2 | | 2 | | 2 | 4 |
| 8/14/2011 | | 2 | | 2 | | 2 | | 2 | | 2 | 4 |
| | 0 | 10 | 0 | 10 | 0 | 10 | 0 | 10 | 0 | 6 | 24 |

Total EMS/MFR 0
Total EMS: 24
Total MRC: 46

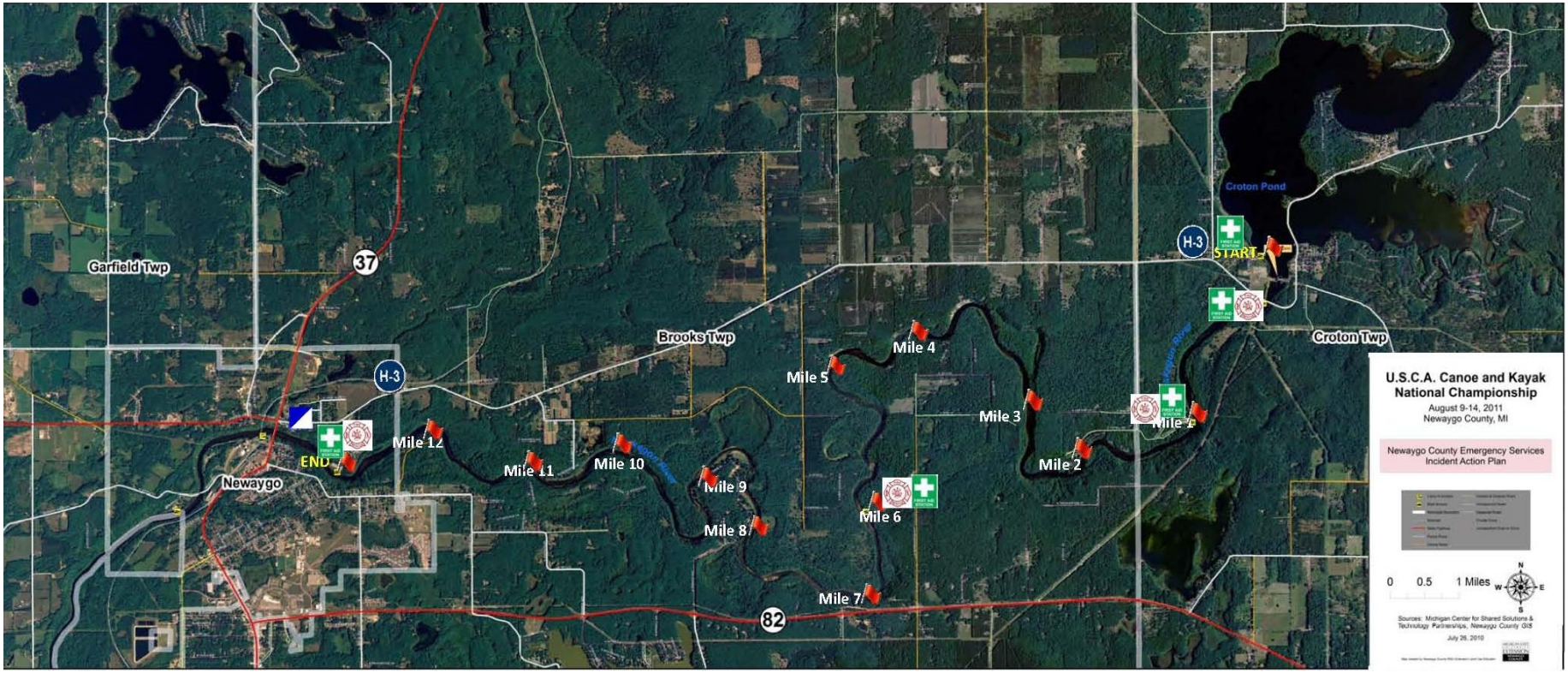
Shifts will be from approximately 0700 - 1400 on all days (7 hours)

**Anticipated Medical Needs:**

It is important to identify potential medical scenarios to ensure proper preparation occurs. The following is a list of identified potential medical problems related to the MASS GATHERING.

| Potential Problem | Location of treatment |
|---|---|
| Sunburn | First Aid Tent |
| Minor dehydration | First Aid Tent |
| Acute dehydration | Acute Care facility (requires transport) |
| Fracture | Acute Care facility (requires transport) |
| Lacerations (Minor) | First Aid Tent |
| Lacerations (Severe) | Acute Care facility (requires transport) |
| Drowning | Acute Care facility (requires transport) |
| ETOH intoxication (mild) | First Aid Tent |
| ETOH intoxication (severe) | Acute Care facility (requires transport) |
| Hyperthermia (mild) | First Aid Tent |
| Hyperthermia (severe) | Acute Care facility (requires transport) |
| Hypoglycemia | Acute Care facility (requires transport) |

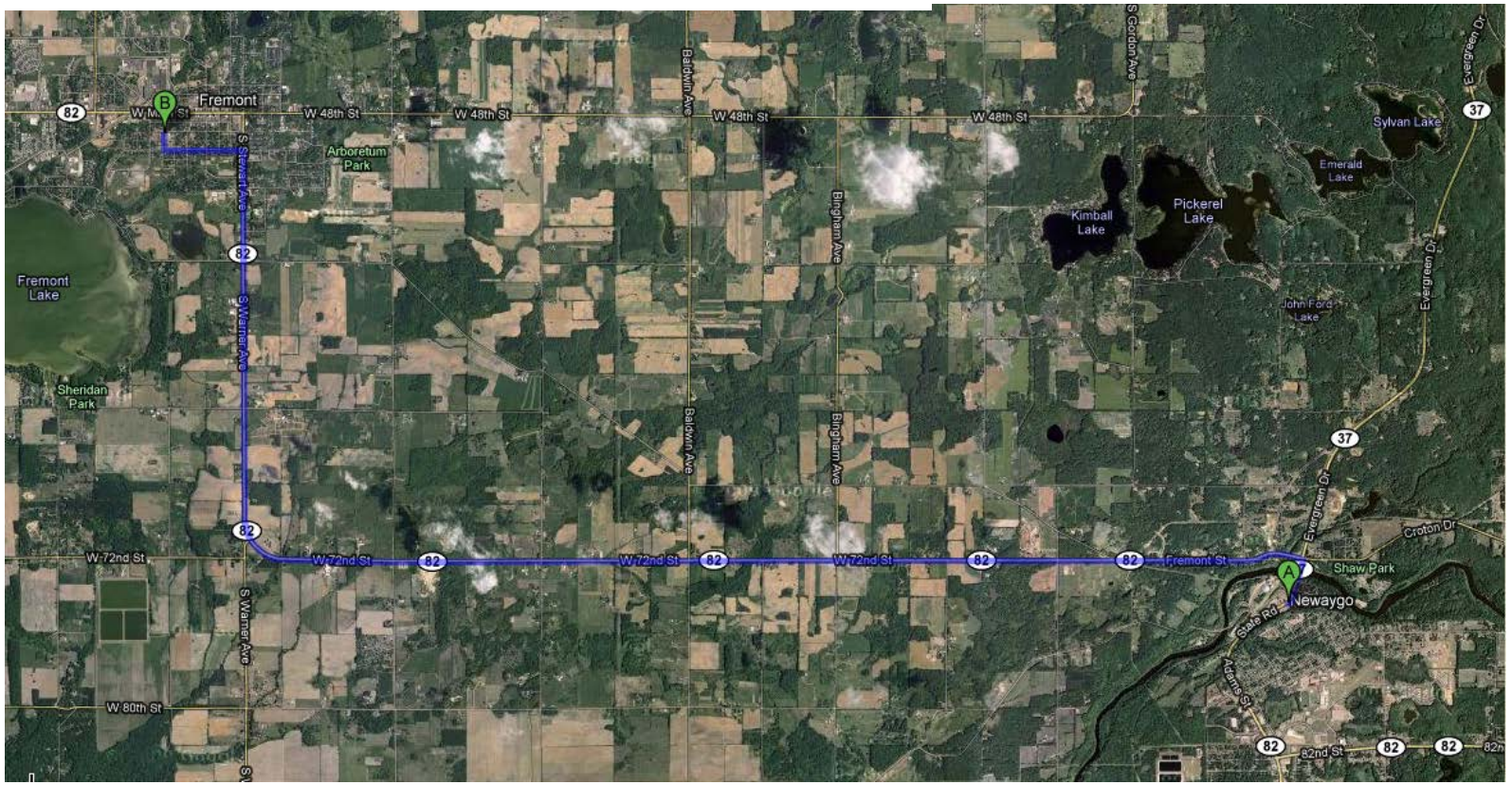
## Overview Map of event area, first aid tents, and EMS locations



## Map from COUNTY to HOSPITAL 1 (repeat for additional hospitals)

| | | |
|---|---|---|
| 1. | Head Northeast on **XX Rd** towards **XX St.** | 0.3 mi |
| 2. | Take the 3rd left onto **XX St** | 0.3 mi |
| 3. | Continue on **R-82 W/X St** | 9.4mi |
| 4. | Turn left at **E X St** | 0.5mi |
| 5. | Turn Right at **S Ave** | 0.1mi |

HOSPITAL NAME, TOTAL MILES, AND ADDRESS

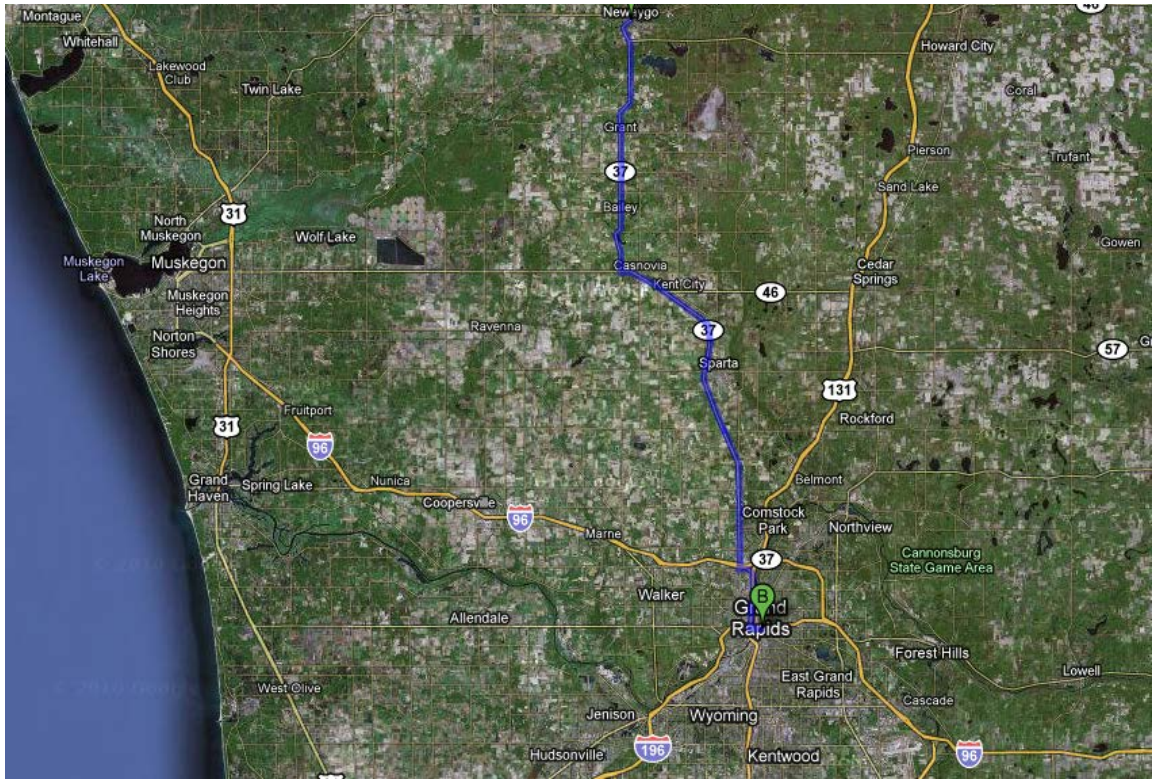


## Map from COUNTY TO HOSPITAL 2

| | | |
|---|---|---|
| 6. | Head southwest on State Rd toward River St. | 0.6mi |
| 7. | Continue onto M-37 S/Adams St | 12.9mi |
| 8. | At the traffic circle, take the 3rd exit onto M-37 S/M-46 E/Apple Ave | 18.2mi |
| 9. | Turn right onto the ramp to US 131 S/ Gd Rapids / Kalamazoo | 0.3mi |
| 10. | Merge onto I-96 E | 0.2mi |
| 11. | Take exit 31A to merge onto US 131 S towards Gd Rapids / Kalamazoo | 2.2mi |
| 12. | Take exit 87 toward US-131 BUS/ Leonard St | 0.1mi |
| 13. | Merge onto Turner Ave NW | 1.2mi |
| 14. | Turn left at Bridge St. NW | 0.3mi |
| 15. | Continue onto Michigan St NW | 0.3mi |

**HOSPITAL NAME** **36.2 Miles**

ADDRESS



## Map from COUNTY TO HOSPITAL 3

| | |
|---|---|
| 16. Head southwest on **State Rd** toward **River St.** | 0.6mi |
| 17. Continue onto **M-37 S/Adams St** | 12.9mi |
| 18. At the traffic circle, take the 1st exit onto M-36 W/Apple Ave | 19.3mi |
| 19. Turn left at **S Quaterline Rd** | 1.0mi |
| 20. Turn riht at **E Laketon Ave** | 2.3mi |
| 21. Turn right at **Jiroch St** | 449ft |
| 22. Continue onto **Clinton St.** | 381ft |

**HOSPITAL 3 NAME** **36.2 Miles**

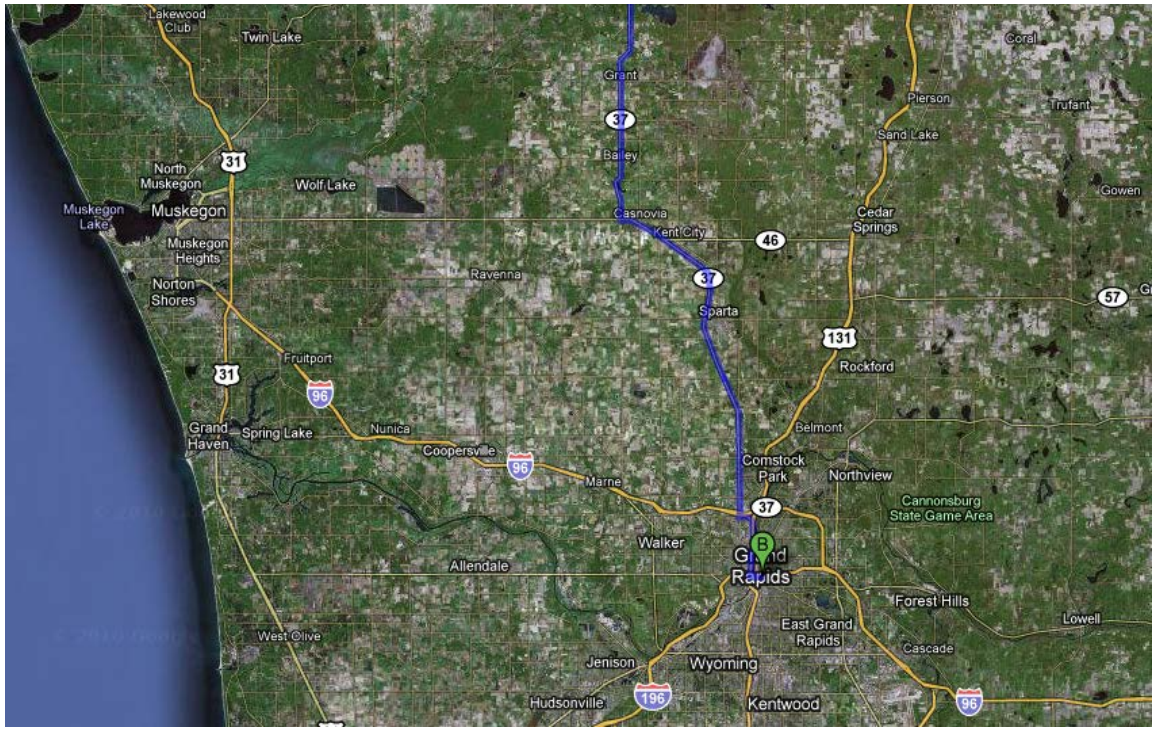
ADDRESS

## Map from COUNTY TO HOSPITAL 4

| | | |
|---|---|---|
| 23. | Head southwest on **State Rd** toward **River St.** | 0.6mi |
| 24. | Continue onto **M-37 S/Adams St** | 12.9mi |
| 25. | At the traffic circle, take the 3rd exit onto **M-37 S/M-46 E/Apple Ave** | 18.2mi |
| 26. | Turn right onto the ramp to **US 131 S/ Gd Rapids / Kalamazoo** | 0.3mi |
| 27. | Merge onto **I-96 E** | 0.2mi |
| 28. | Take exit **31A** to merge onto **US 131 S towards Gd Rapids / Kalamazoo** | 4.5mi |
| 29. | Take exit **84A** for **Wealthy St** | 0.2mi |
| 30. | Turn left at **Wealthy St** | 0.4mi |
| 31. | Turn left at **Jefferson Ave Se** | 0.1mi |

**HOSPITAL 5** **37.2 Miles**

ADDRESS

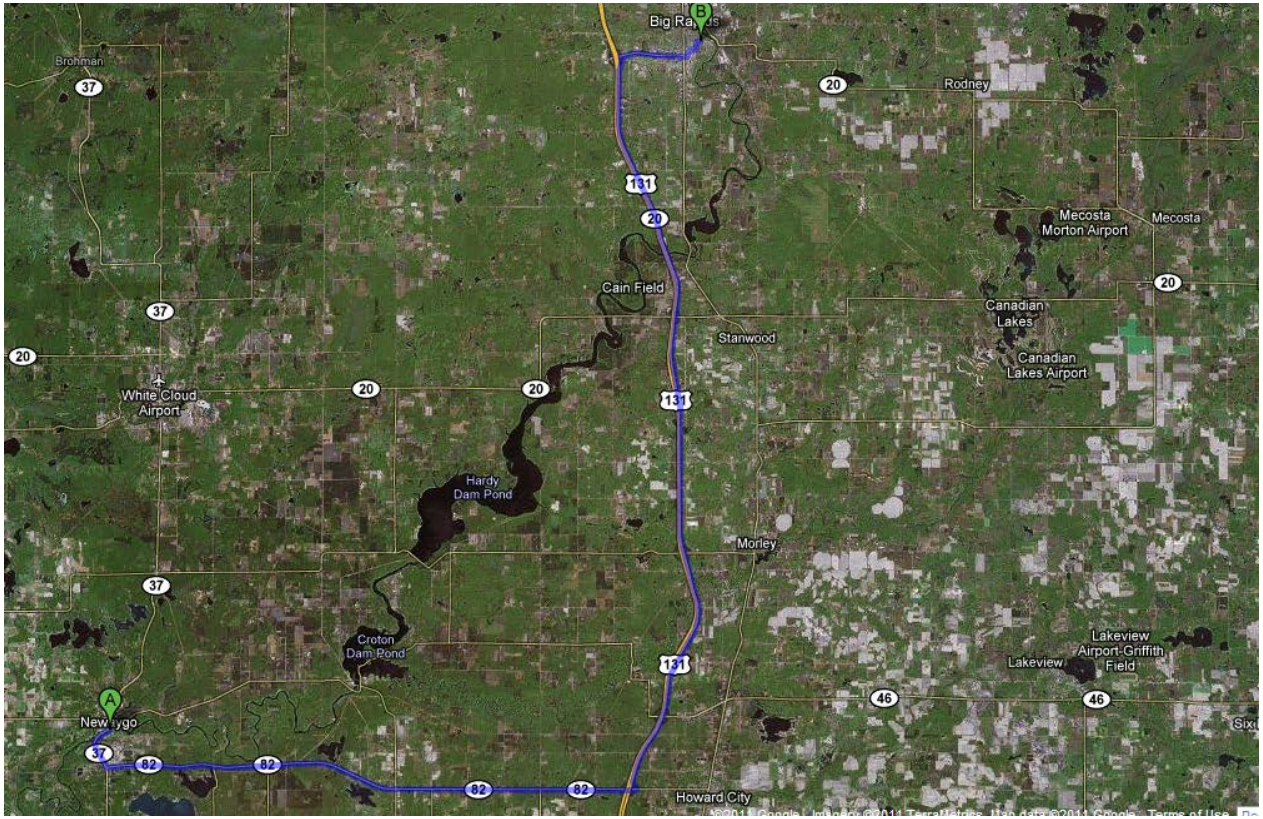


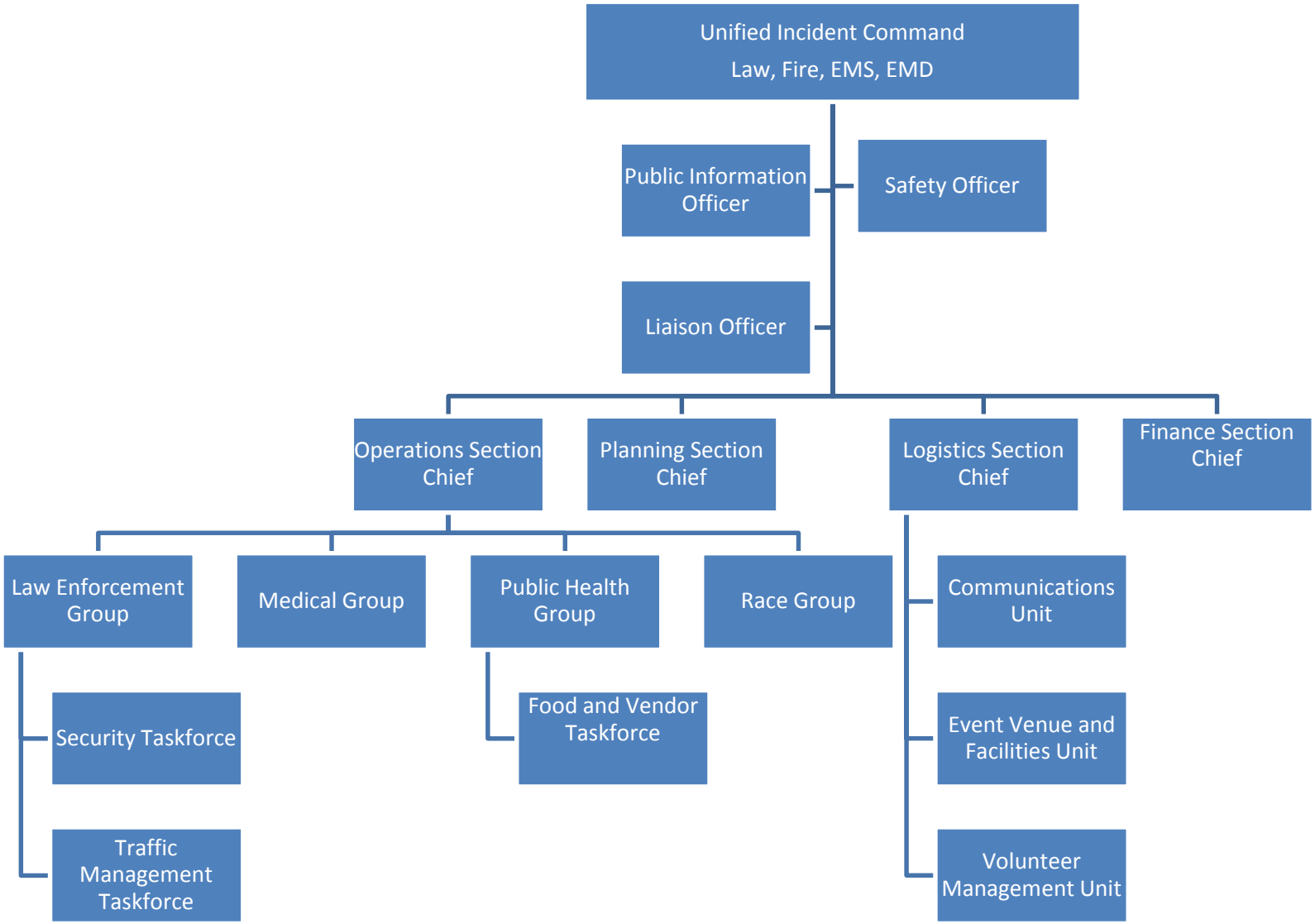
## Map from COUNTY TO HOSPITAL 5

| | | |
|---|---|---|
| 32. | Head southwest on **State Rd** toward **River St.** | 0.6mi |
| 33. | Continue onto **M-37 S/Adams St** | 12.9mi |
| 34. | Turn left at M-82 E/82nd St | 14.8mi |
| 35. | Turn left to merge onto M-46 E/US-131 N toward Cadillac/Saginaw | 20.6mi |
| 36. | Take exit 139 for US-131 BUS E/M-20 E toward Big Rapids | 0.4mi |
| 37. | Turn right at M-20 E/US-131 BUS N | 1.7mi |
| 38. | Continue onto Campus Dr | 200ft |
| 39. | Turn left to stay on Campus Dr | 0.4mi |
| 40. | Turn left at Ives Ave | 0.2mi |
| 41. | Take the 2nd right onto Oak St | 0.1mi |

**HOSPITAL 4** **39.6 Miles**

ADDRESS




Unified Incident Command
Law, Fire, EMS, EMD
Public Information Officer
Safety Officer
Liaison Officer
Operations Section Chief
Planning Section Chief
Logistics Section Chief
Finance Section Chief
Law Enforcement Group
Medical Group
Public Health Group
Race Group
Communications Unit
Security Taskforce
Food and Vendor Taskforce
Event Venue and Facilities Unit
Traffic Management Taskforce
Volunteer Management Unit

| Section | Description |
|---|---|
| **Unified Incident Command** | • Has the authority to provide the overall leadership for the event.<br>• Ensures incident safety.<br>• Sets priorities and determines incident objectives and strategies to be followed.<br>• Approves resources requests.<br>• Approves the Incident Action Plan<br>• Authorizes information released to the media. |
| **Public Information Officer** | • Develop accurate, accessible, and timely information for use in press briefings.<br>• Obtain IC's approval of news releases.<br>• Coordinate signage for the event.<br>• Arrange media briefings, tours and other interviews that may be required.<br>• Monitor and forward media information that may be useful to incident planning.<br>• Maintain current information, summaries, and or displays on the incident<br>• Make information about the incident available to incident personnel<br>• Maintain a Joint Information Center where media can go to get information.<br>• Maintain Information Booths where the public, spectators, and racers can obtain information about the event. |
| **Safety Officer** | • Identify and mitigate hazardous situations<br>• Ensure safety messages and briefings are made<br>• Exercise emergency authority to stop and prevent unsafe acts<br>• Review the Incident Action Plan for safety implications |
| **Liaison Officer** | • Act as a point of contact for agency representatives (this includes USCA, MCA, and local government officials.)<br>• Assist in setting up and coordinating interagency contacts.<br>• Monitor incident operations to identify current or potential inter-organizational problems. |
| **Operations Section Chief** | • Manages all tactical operations during the event.<br>• Supervise the execution of operations portions of the Incident Action Plan.<br>• Request additional resources to support tactical operations.<br>• Approve release of resources from active operational assignments. |
| **Security Taskforce** | • Manages all security issues including crowd management, controlled access to areas, etc |

| Section | Description |
|---|---|
| | • Manage restricted viewing locations (ie. Croton Bridge, etc)<br>• Coordinate Lost Child Meet Locations<br>• Manage Area Patrols to prevent damage or theft of personal property. |
| **Traffic Management Taskforce** | • Manage Public Shuttle routes, access, communications/tracking, etc.<br>• Manage parking areas and POV vehicle routes (temp. one way streets, etc)<br>• Coordinate the removal of disabled or illegally parked vehicles.<br>• Ensure clear ingress and egress routes for first responders and other essential service vehicles. |
| **Medical Group** | • Manage the first aid stations<br>• Coordinate all medical resources including first responders, EMS, etc.<br>• Coordinate the Medical Plan |
| **Public Health Group** | • Actively monitors and coordinates public health issues (food safety, waste disposal, water supply, toilets, etc).<br>• Coordinate public health inspections and permits.<br>• Actively monitor food vendors for compliance. |
| **Event Venue and Facilities Group** | • Coordinate event venue needs with hosting facilities (power, area improvements, etc).<br>• Coordinate temporary camping areas, permits, and logistics needs to support such areas.<br>• Coordinate event locations (spaghetti dinner, parade, opening ceremony, etc)<br>• Coordinate facility logistics (waste disposal, water, toilets, etc)<br>• Identify and Coordinate viewing locations for spectators. |
| **Race Management Group** | • Coordinate and manage race operations<br>• Manage race registration,<br>• Manage timing system<br>• Manage canoe weight and measurement system |
| **Volunteer Management Group** | • Coordinate volunteer resources utilizing the Volunteer Reception Center during the event.<br>• Coordinate food, transportation, and supplies for volunteers.<br>• Coordinate staffing needs and assignments for the event.<br>• Ensure daily informational briefings for volunteers before they begin their assignment. |

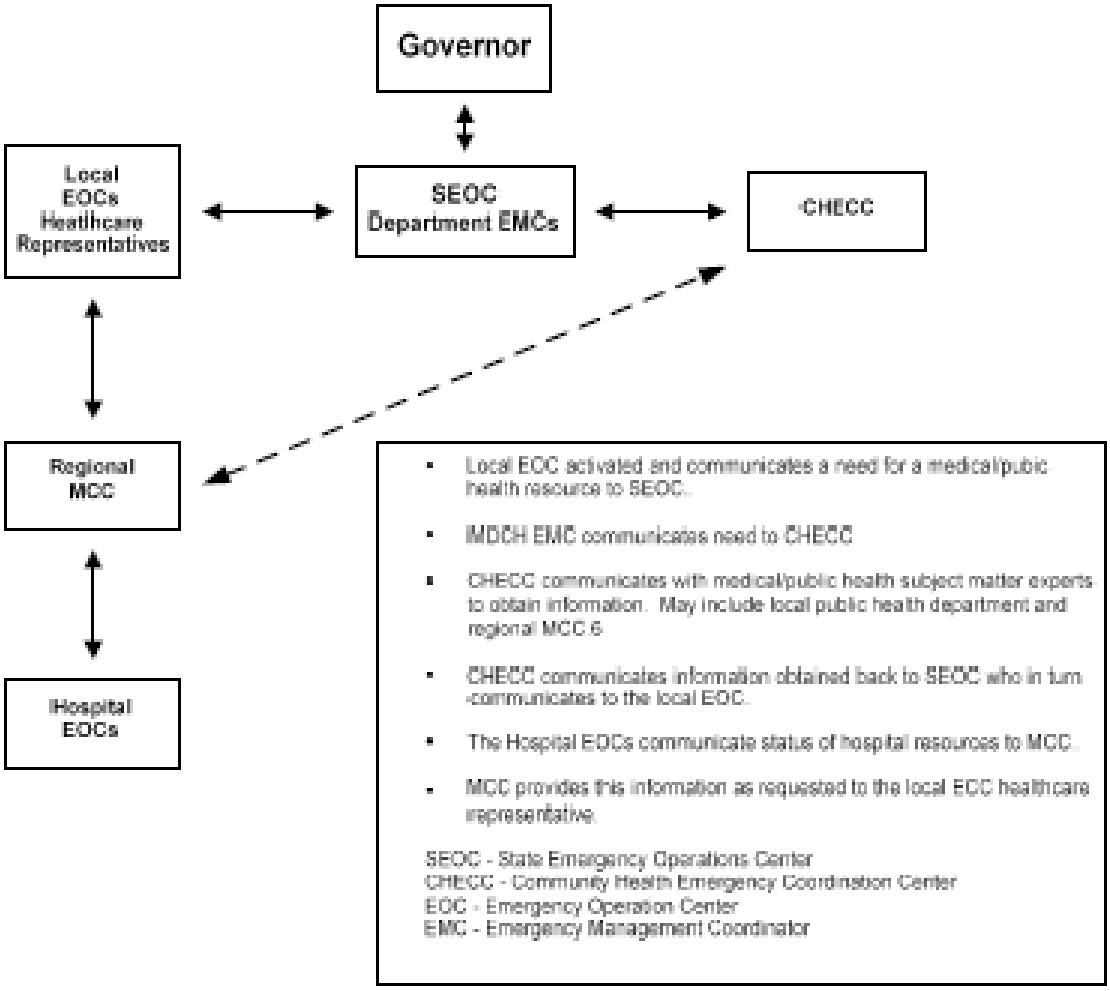
| Section | Description |
|---|---|
| **Planning Section Chief** | • Collect and manage all incident relevant operational data<br>• Conduct and facilitate planning meetings (operational period briefings)<br>• Compile and display incident status information<br>• Determine need for specialized resources<br>• Assemble information on alternative strategies<br>• Report significant changes in incident status |
| **Logistics Section Chief** | • Provide all facilities, transportation, communications, supplies, equipment maintenance and fueling, and food and medical services for incident personnel.<br>• Manage all incident logistics. |
| **Finance / Admin Section** | • Manages all financial aspects of an incident<br>• Provide financial and cost analysis information as requested<br>• Ensure compensation and claims functions are being address<br>• Ensure that personnel time records are completed accurately<br>• Ensure that all obligation documents initiated at the event are properly prepared and completed. |

**Communications:**

Communication between first aid tents will occur via radio on INSERT RADIO CHANNEL HERE. If there is any need for additional resources at the tents, communication should occur with the medical team leader (see attachment A – Incident Command Structure) in the EOC who will provide those resources. If transportation is needed for a patient in a first aid tent, communication will occur from EMS staff to ambulance via their radio system.

Communication for immediate assistance from law enforcement for a belligerent patient should occur via radio on INSERT RADIO CHANNEL HERE

## Medical Communications Pathway During Emergency Response



| **HOSPITAL NAME*** | **CONTACT NAMES** | **CONTACT NUMBERS** | **CONTACT PROCESS** |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

*THIS DOCUMENT CONTAINS THE NAMES OF ALL THE HOSPITALS IN OUR PLANNING REGION, THE CONTACT NAME FOR EMERGENCY PREPAREDNESS, THEIR CONTACT PHONE NUMBERS AND THE PROCESS FOR CONTACTING THE HOSPITAL IN AN EMERGENCY TO LET THEM KNOW THEY MAY BE GETTING PATIENTS OR ONE OF THEIR PLANNING PARTNERS NEEDS ASSISTANCE – IT'S NOT ALWAYS CALL THE MAIN NUMBER, MESSAGES GET LOST.

Copies of EMS protocols are inserted into the document in this location and in this order:

**Destination and diversion guidelines**

## Violent Chemical Hazardous Scene

## Latex Sensitivity

**Mass Casualty Incidents (to include triage protocol START triage and JumpSTART triage)**

**MEDDRUN**



Purpose: **The Michigan Emergency Drug Delivery and Resource Utilization Network (MEDDRUN) established standardized cashes of medications and supplies strategically located throughout the State of Michigan. In the event of a terrorist incident or other catastrophic event resulting in mass casualties, MEDDRUN is intended to rapidly deliver medications and medical supplies, when local supplies are not adequate or become exhausted. The goal is to deploy MedPack within 15 minutes of the request.**

I. **AUTHORIZATION**

Only authorized agencies and officials can request MEDDRUN. These agencies include any Michigan Hospital, local public health agency, or emergency management program. Authorized officials include designated representatives from the Office of Public Health Preparedness (OPHP), the Michigan State Police (MSP) and the Regional Bioterrorism Preparedness projects.

II. **ACTIVATION**

A. There are two modes for activating MEDDRUN, depending on the location and who is making the request. The first may be any EMS personal that identifies the need; the second may be a hospital, public health, EOC or Emergency Management that identifies a need for activation.

B. EMS
   1. Identifies need
   2. Contact Central Dispatch, a hospital or MCA
   3. Central Dispatch contacts MEDDRUN Communications Agency
      a. Primary: Survival Flight 877-633-7786 (877 MEDSRUN)
      b. Secondary: Aero Med: 616-391-5330

C. Hospital, Public Health, EOC or Emergency Management
   1. Identifies need
   2. Contact MEDDRUN Communications Agency
      a. Primary: Survival Flight 877-633-7786 (877 MEDSRUN)
      b. Secondary: Aero Med: 616-391-5330

III. **RESPONSIBILITIES**

A. MEDDRUN Communications Agency

1. Contact MEDDRUN Agency Dispatch who then dispatches the closest MEDDRUN MedPack to the requesting location.

   ***Dispatch and response should not be delayed while waiting for confirmation from OPHP.***

2. Contacts OPHP Point of Contact 517-232-7297 (beeper)
3. Will notify/alert the next closest MEDDRUN Agency for possible deployment.
4. Contact dispatched MEDDRUN Agency to either confirm/recall deployment after OPHP Point of Contact (POC) has confirmed the request with the affected agency.
5. Communicate updates with requesting agency.
6. OPHP POC will contact the requesting agency to authenticate the request.

B. OPHP POC
   1. Contact the MEDDRUN Communications Agency to provide confirmation and determine the need for any additional MedPacks or/ to recall the dispatch.
   2. Contact the Michigan State Police East Lansing Operations Center (ELOP).
   3. Contact the Regional Medical Coordination Center.
   4. Will coordinate a MI-HAN alert.

**Purpose:** The CHEMPACK Project provided the State of Michigan, in collaboration with the Center for Disease Control (CDC) and the U.S. Department of Homeland Security, with a sustainable, supplemental source of pre-positioned nerve agent/organophosphate antidotes and associated pharmaceuticals that will be readily available for use when local supplies become depleted. A large-scale event would rapidly overwhelm both the pre-hospital and hospital healthcare systems.

The CHEMPACK project is one component of the Michigan Emergency Preparedness Pharmaceutical Plan (MEPPP), a comprehensive statewide plan for coordinating timely application of pharmaceutical resources in the event of an act of terrorism or large-scale technological emergency/disaster.

## I. ACTIVATION

EMS Identifies a need for Nerve Agent (NA) antidote support.

1. Notify Central Dispatch (911) or the Medical Control Authority/hospital (MCA) and provide the Essential Elements of Information (EEI).
2. Central Dispatch or MCA/Hospital
   a. Submits EEI Report to the MEDDRUN/CHEMPACK Communications Agency.
      i. Primary: SURVIVAL FLIGHT: 877-633-7786 (877 MEDSRUN)
      ii. Secondary: Aero Med: 616-391-5330
   b. Informs Emergency Management that Nerve Agent Antidote Supplies have been requested.
3. CHEMPACK Communications Agency:
   a. Conducts analysis & issues deployment orders to selected CHEMPACK storage sight, (CSS) Point of Contact (POC).
   b. Contacts the state agency (OPHP) Point of Contact: *BEEPER: 517-232-7297*
4. CHEMPACK Storage site notifies the transport unit and moves cache to designated loading area.
   a. If confirmed, the Agency loads CHEMPACK supplies onto transport.
   b. If deployed, MA Dispatch notifies the MCA regarding dispatching transport vehicle.

## II. RESPONSIBILITIES

A. OPHP/POC follow-up will include:
   1. Contacting the requesting agency to authenticate the request.
   2. Contacting CHEMPACK Communications Agency to provide confirmation or initiate recall. If confirmed, advise if Alert Orders should be initiated.
   3. Contacts Michigan State Police (MSP) East Lansing Operations Center (ELOP)
   4. Coordinates potential Inter-Hospital Formulary Distribution.
   5. Coordinates a MI-HAN Alert.

B. CHEMPACK Communications:
   1. Provides Certificate Order/Recall Order.
   2. Notifies CHEMPACK storage site Point of Contact of either a Certification Order or Recall Order.
   3. If OPHP issues an alert, MEDDRUN/CHEMPACK Communications Agency issues an Alert Order to appropriate CHEMPACK storage site(s) for possible deployment.

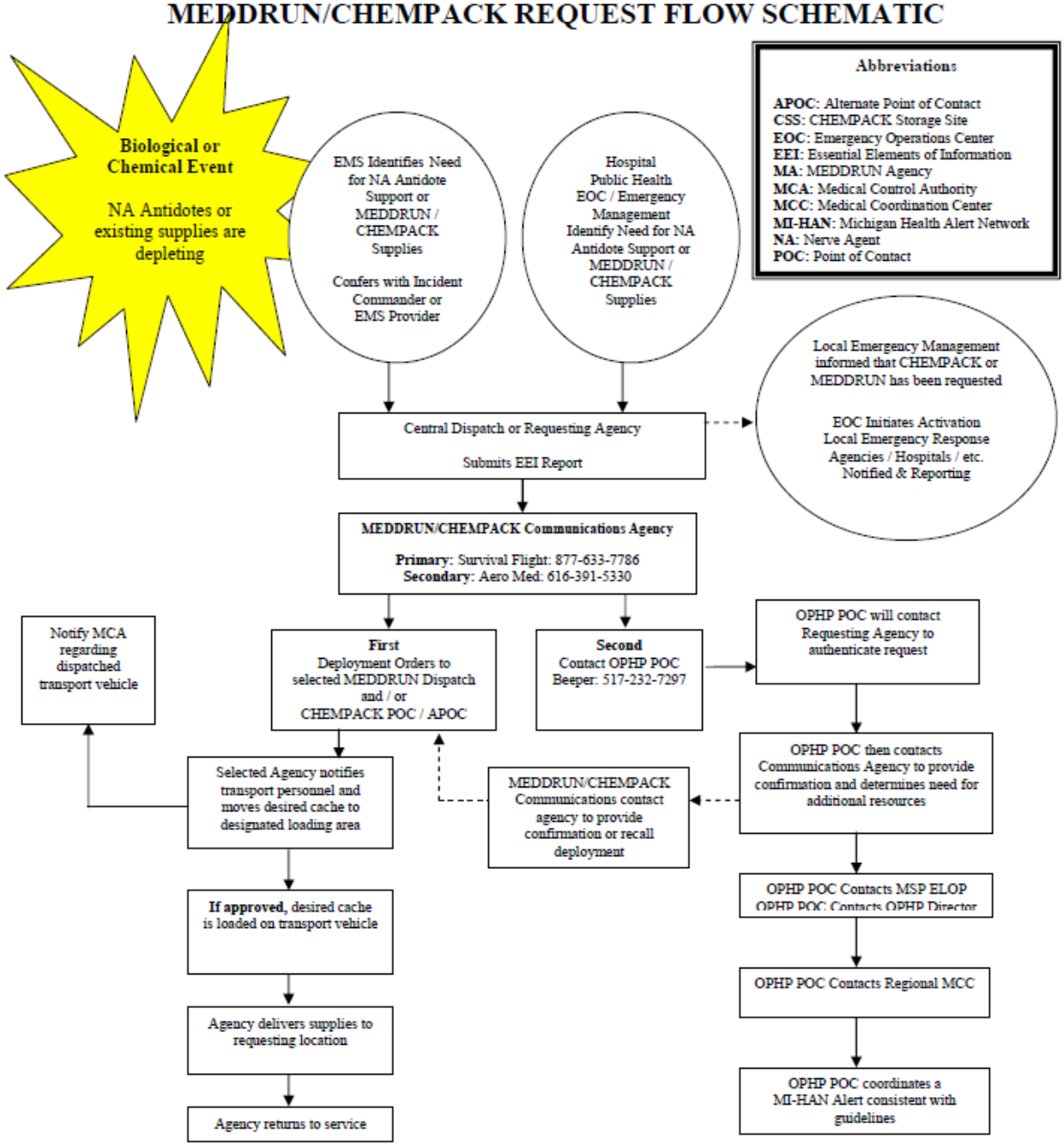
C. CHEMMPACK Storage Site:
   Once confirmed, the Agency loads the CHEMPACK Supplies into the transportation vehicle and transports to the specific location.

# Essential Elements of Information (EEI) Report

## To Request CHEMPACK Deployments

| Essential Elements of Information Report | |
|---|---|
| 1. Name, Position, and Contact Information for the Individual Requesting Deployment of the CHEMPACK Cache? | Name: _____<br>Position/Title: _____<br>Telephone/Other: _____ |
| 2. Name of Physician / Officer in Charge of Medical Management at the Scene (if different from "1." above.) | Name: _____<br>Position/Title: _____<br>Employer: _____<br>Telephone/Other: _____ |
| 3. Location of Incident | Jurisdiction Name _____<br>Closest Intersection _____<br>(or)<br>Name of Site _____ |
| 4. Estimated Number of Casualties | None 5-10 100-300<br>1 10-20 300-500<br>2-3 20-40 500-1000<br>4-5 40-100 1000+ |
| 5. Symptoms of Casualties | Pin Pointed Pupils Twitching<br>Dimness of Vision Seizures<br>Slurred Speech Chest Tightness<br>Difficulty in Breathing Unconsciousness |
| 6. Local Supplies of Antidotes and Pharmaceuticals are Exhausted, multiple lives remain at risk, and CHEMPACK supplies are needed to save lives? | Yes _____ No _____ |

# MEDDRUN/CHEMPACK REQUEST FLOW SCHEMATIC



**SUSPECTED HYPOGLYCEMIA**
**(Low Blood Sugar)**

A patient with diabetes could have the following symptoms:

- Irritability / feeling upset
- Change in personality
- Sweating / "feeling shaky"
- Loss of consciousness
- Rapid, deep breathing
- Seizure
- Confusion
- Dizziness
- Paleness
- Rapid Pulse
- Cramping
- Listlessness

Is the patient:

- Unconscious (Place in rescue position-On their left or right side)
- Having a seizure (Place on ground-Do not hold or restrict movement)
- Unable to speak
- Confused

YES

NO

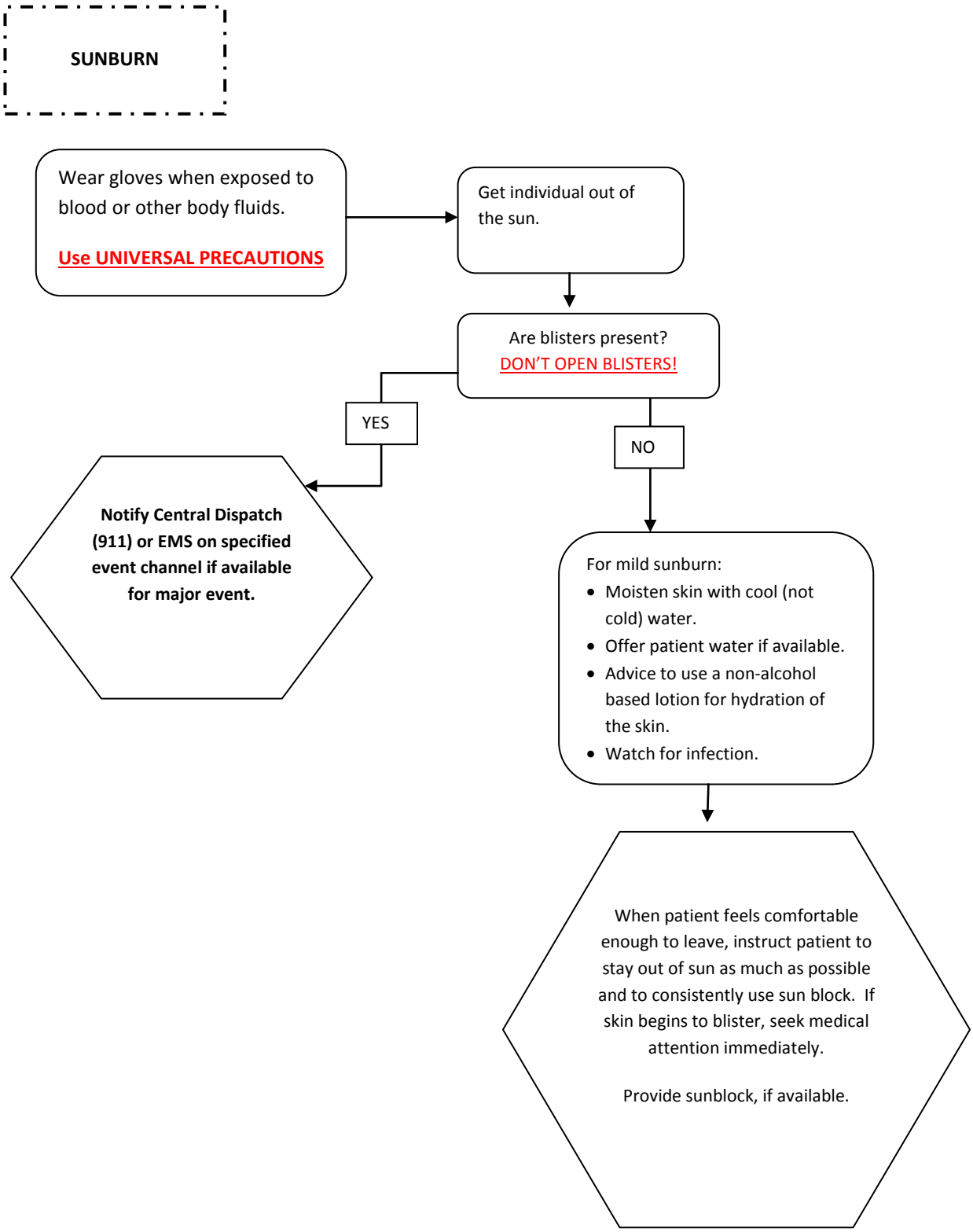
**Notify Central Dispatch (911) or EMS on specified event channel if available for major event.**

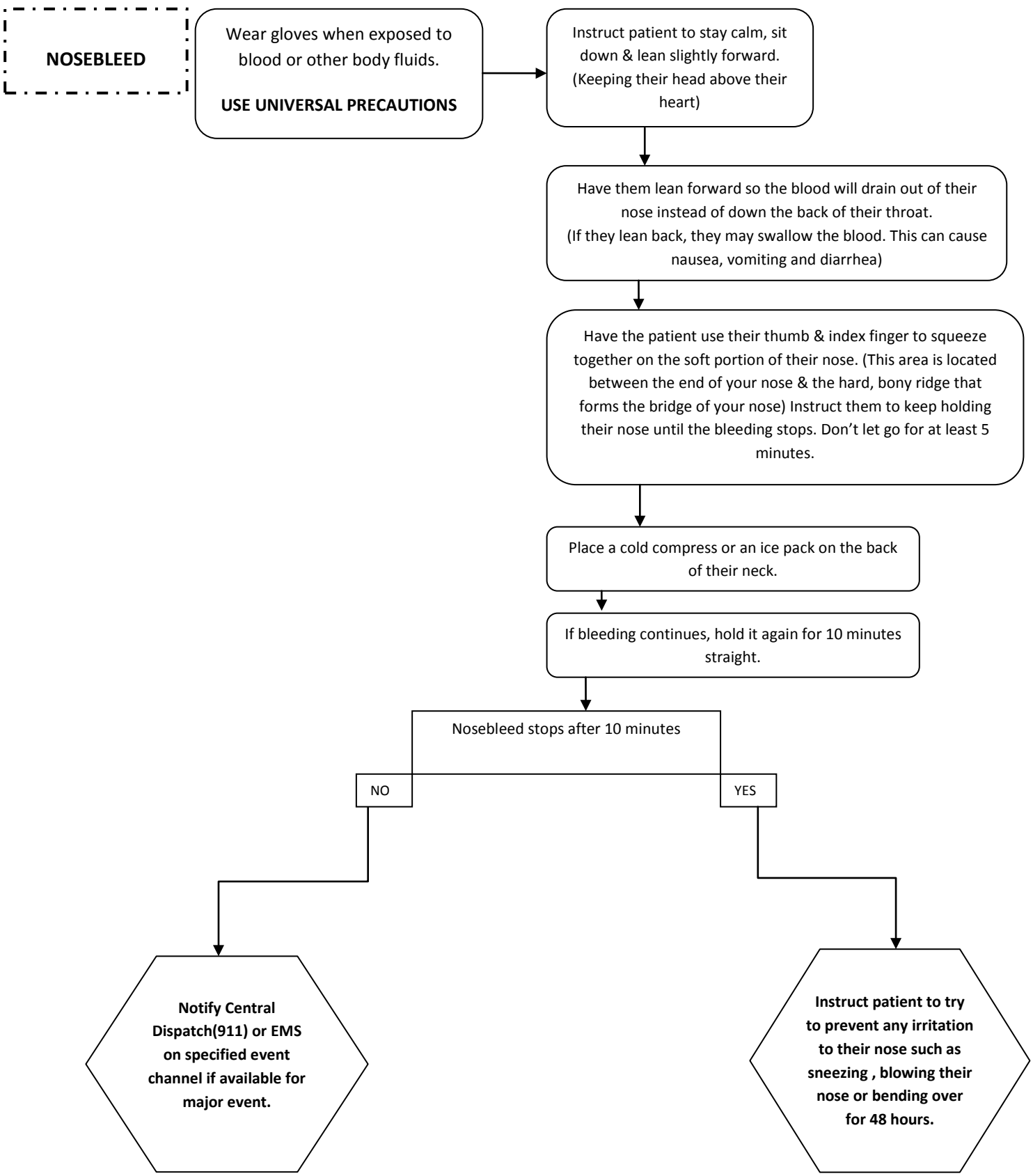
Give individual "SUGAR" such as:

- Fruit juice or soda pop (not diet) 6-8 oz
- Hard candy (6-7 lifesavers or ½ candy bar)
- Sugar (2 packets or 2 teaspoons)
- Peanut Butter (if no peanut allergy)
- Glucose Tabs/Gel (if patient has them)

The individual should begin to improve within 10 minutes.

If patient improves after 10 minutes; feed the patient (i.e. Peanut Butter Sandwich, Milk) Allow the patient to sit until individual feels stable and is accompanied by a caregiver.


SUNBURN
Wear gloves when exposed to blood or other body fluids.
Use UNIVERSAL PRECAUTIONS
Get individual out of the sun.
Are blisters present?
DON'T OPEN BLISTERS!
YES
NO
Notify Central Dispatch (911) or EMS on specified event channel if available for major event.
For mild sunburn:
Moisten skin with cool (not cold) water.
Offer patient water if available.
Advice to use a non-alcohol based lotion for hydration of the skin.
Watch for infection.
When patient feels comfortable enough to leave, instruct patient to stay out of sun as much as possible and to consistently use sun block. If skin begins to blister, seek medical attention immediately.
Provide sunblock, if available.


NOSEBLEED
Wear gloves when exposed to blood or other body fluids.
USE UNIVERSAL PRECAUTIONS
Instruct patient to stay calm, sit down & lean slightly forward. (Keeping their head above their heart)
Have them lean forward so the blood will drain out of their nose instead of down the back of their throat. (If they lean back, they may swallow the blood. This can cause nausea, vomiting and diarrhea)
Have the patient use their thumb & index finger to squeeze together on the soft portion of their nose. (This area is located between the end of your nose & the hard, bony ridge that forms the bridge of your nose) Instruct them to keep holding their nose until the bleeding stops. Don't let go for at least 5 minutes.
Place a cold compress or an ice pack on the back of their neck.
If bleeding continues, hold it again for 10 minutes straight.
Nosebleed stops after 10 minutes
NO
YES
Notify Central Dispatch(911) or EMS on specified event channel if available for major event.
Instruct patient to try to prevent any irritation to their nose such as sneezing , blowing their nose or bending over for 48 hours.

**INSECT STING**

Wear gloves when exposed to blood or other body fluids.

**USE UNIVERSAL PRECAUTIONS**

Scrape the area with a fingernail or use tweezers to remove it. **DON'T PINCH THE STINGER** – that can inject more venom.

- Ice the area to control the swelling.
- If the patient was stung on the arm or leg, elevate.
- Remove any tight-fitting jewelry from the area of the sting.

If available, place topical antihistamine cream over sting location to decrease irritation.

Have the patient's symptoms increased in severity?

YES

NO

**Notify Central Dispatch (911) or EMS on specified event channel if available for major event.**

Advice patient to continue to ice the site until swelling and pain has subsided. Notify physician for further evaluation if necessary.

**<u>If the patient at any time is having:</u>**

**-Difficulty breathing or wheezing**
**-Tightness in the throat, feeling that the airway is closing or a swollen tongue**
**-Hoarseness or trouble speaking**
**-Nausea, abdominal pain or vomiting**
**-Fast heartbeat or pulse**
**-Skin that itches, tingles, swells or turns red**
**-Anxiety or dizziness**
**-Loss of consciousness**

**Notify Central Dispatch (911) or EMS on specified event channel if available for major event.**

**HEAT EXHAUSTION / HEAT STROKE**

Wear gloves when exposed to blood or other body fluids.

**USE UNIVERSAL PRECAUTIONS**

**Treat individual immediately to decrease chance of progression to heat stroke**

**HEAT EXHAUSTION**

**symptoms could include but not limited to:**

- Confusion
- Dizziness
- Fatigue
- Fainting
- Headache
- Muscle cramps
- Nausea
- Profuse sweating
- Rapid heartbeat

Have patient sit down in cool, dry place. If possible, place patient in an air conditioned area.
Remove any tight or unnecessary clothing.

Do not give any fluids until medical evaluation is completed.
Attempt to cool patient by:
-Wetting skin
-Placing ice packs under armpits, neck, back and groin.

**If patient starts showing any signs of Heat Stroke call 911 immediately!**

**HEAT STROKE symptoms could include:**

- Throbbing headache
- Dizziness and light-headedness
- Lack of sweating despite the heat
- Red, hot & dry skin
- Muscle weakness / cramps
- Nausea and vomiting
- Rapid, shallow breathing
- Rapid heartbeat (strong or weak)
- Behavioral changes (confusion, disorientation or staggering)
- Seizures
- Unconsciousness

**Notify Central Dispatch (911) or EMS on specified event channel if available for major event.**

**FRACTURE / SPRAIN**

Wear gloves when exposed to blood or other body fluids.

**USE UNIVERSAL PRECAUTIONS**

**Treat all injured parts as if there could be a fracture.**

**Symptoms could include:**

- Pain (Often sudden & severe)
- Swelling
- Bruising
- Inability to walk or bear on the injured joint
- Limited movement and pain with movement
- Bent or deformed bone

Encourage the patient to **NOT** put weight on or try to use the injured part.

- Is deformity present, any broken skin areas and/or bone protruding from the skin?

YES

Gently cover the broken skin with a clean bulky dressing. NEVER attempt to remove any protruding objects from the injured part.
Ensure that the area is splinted above and below the injured joint.

**Notify Central Dispatch (911) or EMS on specified event channel if available for major event.**

NO

**R.I.C.E**

**Rest**- Rest injured joint to prevent further damage.
**Ice**- Ice will help slow or reduce the swelling & provide numbing sensation that will ease the pain.
**Compression**- Wrapping injured joint will help keep it immobile and supported.
**Elevate**- Elevate injured joint to at least the level of your heart will reduce swelling and pain.

Encourage patient to rest the injured area for 48 hours and ice the area 20 minutes on and 20 minutes off. If continues to be painful, seek medical attention.

**DEHYDRATION**

If the dehydration is also associated with elevated temperature:
Make sure patient is in a cool, dry area & out of the heat.

- Remove any tight or unnecessary clothing
- Wet skin with cool cloth or spray bottle of cool water

Is patient nauseated or vomiting?

YES

**Notify Central Dispatch (911) or EMS on specified event channel if available for maior event.**

NO

Encourage patient to drink replacement fluids by:

- Sipping small amounts of water / electrolyte replacement drinks (Gatorade/Powerade)
- Sucking on popsicles / ice chips

Also, encourage patient to increase calorie intake with:

- Eating items such as: Bread, Peanut Butter or Granola Bar.

When patient feels status has improved, allow leaving with instructions to stay out of sun as much as possible and drink plenty of decaffeinated / non-alcoholic fluids. If condition worsens patient should seek medical attention immediately.

Ensure to provide patient with a bottle of water.

**ABRASION: Scrape**
**INCISION: Clean Cut**

Wear gloves when exposed to blood or other body fluids.

**USE UNIVERSAL PRECAUTIONS**

Is the wound MINOR?

YES

**MAJOR WOUND (LACERATION)**

- Control bleeding
- Do not clean exposed tissue of major wound as tissue damage may increase

Cover with sterile dressing.

Tourniquet may be used if bleeding cannot be stopped with direct pressure, elevation and pressure points.

ONLY USE TOURNIQUET IF YOU HAVE BEEN PROPERLY TRAINED TO DO SO.

If wound is deep, dirty, gaping, or has embedded material, DO NOT REMOVE, apply bulky dressing, stabilize site and **Notify Central Dispatch (911) or EMS on specified event channel if available for major event.**

- Irrigate the wound gently with saline solution or bottled water.
- Check to make sure nothing is in the wound.
- Apply a thin layer of antibiotic ointment
- Cover with a clean bandage

Advise patient to contact their physician if they are not current with tetnus vaccine.