

DISASTER TRAUMA TECHNICIAN I

This module is an addition to the Emergency Response Course and is for Certified Non-professional First Responders who might find themselves in a disaster setting, a wilderness situation or any other situation in which EMS help is 30 minutes or more away. The following treatments are authorized and legal for a **licensed Disaster Trauma Technician I** non-professional first responder to do if they are in a situation listed above. Only non-prescription medications can be given. The following procedures are not allowed to be used by a certified non-professional first responder in an urban environment where EMS personnel are readily available. The location and situation determines the usage of the following:

Topical Antibiotics and Over the Counter Medications:

Topical antibiotics help prevent infections caused by bacteria that get into minor cuts, scrapes and burns. Treating minor wounds with antibiotics allows quicker healing. If the wounds are left untreated, the bacteria will multiply, causing pain, redness, swelling, itching, and oozing. Untreated infections can eventually spread and become more serious. Different kinds of topical antibiotics kill different kinds of bacteria. Many antibiotic first-aid products contain combinations of antibiotics to make them effective against a broad range of bacteria.

When treating a wound, it is not enough to simply apply a topical antibiotic. The wound must first be cleaned with soap and water and patted dry. After the antibiotic is applied, the wound should be covered with a dressing, such as a bandage or a protective gel or spray. For many years it was thought that wounds heal best when exposed to the air. Now experts say it is best to keep wounds clean and moist while they heal. The covering should still allow some air to reach the wound however. For topical antibiotics to work best, they should be used only to prevent infection in a fresh wound, not to treat an infection that has already started. Never use regular topical antibiotics in the eyes.

The main ones to use are: **Bacitracin, Neosporin, Polysporin** and/or a **Triple Antibiotic Ointment or Cream**. Note: these are used in the ER room at Sutter and UC Davis medical Centers.

Over the Counter Medicines such as Aspirin, Tylenol, Ibuprofen, Allergy Medications, etc may be given to victims if they request it provided no medical help will be available for 2 hours. Do not dispense it to them. If you have it available, provide the bottle and let them remove it and take it themselves.

BURNS:

Cool the burned area to stop the burning. Using cool water on burns can cause shock. Be careful not to use more water than necessary and to immerse only the burned area. Once the burn has been cooled, use a dry, clean dry cloth or a sterile burn dressing (such as one

with a water based gel coating) to cover the burn. Be sure the gel on the dressing can be washed away.

Since danger of infection is greater in delayed-help environments, apply a thin layer of antibiotic ointment to the cooled burn before you apply a dressing. If the emergency facility is more than a day away, the burn must be redressed daily. Redressing includes taking off old dressings, cleaning the burned area with sterile water and mild soap, re-applying a thin layer of antibiotic ointment and covering with a clean dressing. This must be done for every day that the victim has not been moved to an emergency facility.

Minimize shock: Burns can cause serious loss of body fluids. Give fully conscious victims water or clear juices to drink (preferably orange juice). Adults should receive 4 ounces over a 20-minute period, sipping slowly. A child should receive half that amount (1/4 cup) and an infant (1/8 cup). Elevate burned areas above the level of the heart and prevent burn victim from becoming chilled.

DIABETIC OR HYPOGLYCEMIC:

For any type of diabetic or hypoglycemic emergency always give sugar. You can use glucose packets also. Give orange juice to drink. The body will handle too much sugar but can't replace it. If person is conscious and needs insulin, you may administer it to them or help them administer it to themselves if they have it available.

HIGH ARM INLINE STABILIZATION OF SPINE (HAINES PROCEDURE)

If the victim has a back of spine injury and you have nothing to put them on to stabilize the injury, turn them on their side, with their head resting on their bottom arm, and top arm under their chin and both knees together forming a V shape. (similar to a fetal position) This will keep the spine inline and keep the airway open until help can arrive.

TOURNIQUET USE: In this type of situation only, a certified non-professional first responder is authorized to use a tourniquet. It is used as a last resort to stop bleeding. Loosen tourniquet every 5 minutes to see if bleeding has stopped. If victim can't get to help in 90 minutes they may lose the limb anyway. Saving a life is better than losing a limb. Some type of amputations the bleeding won't be severe and a tourniquet may not be necessary. If the bleeding stops and the tourniquet can be removed without causing it to bleed again, remove it.