

## **Stake Emergency Medical (Critical Care Unit)**

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The following are ward responsibilities:

A-To prepare for an emergency or hardship:

- 1- At least one member of each family should be trained in first aid. This training should be repeated every two years. Individuals should consider receiving Community Emergency Response Team (CERT) training. They would then receive first aid training as well as other training that could be of considerable value in the event of an emergency.
- 2- It is recommended that at least one member of each family receive training in CPR (cardiopulmonary resuscitation). This training should be repeated every year. CPR may not be of much value in a large scale emergency but it can save the life a loved one in one of those small scale emergencies that many families experience from time to time.
- 3- A one month (where possible three month) supply of all prescription medications used by family members should be in the home. The family should consider ways to preserve those medications that require refrigeration should an emergency occur. Except where refrigeration is required, a three day supply should be present in the family's seventy-two hour kit.
- 4- Each family should have a first aid kit which should include (but not limited to) the following:

first aid handbook	antiseptic solutions (rubbing alcohol)
adhesive tape rolls (2" wide)	antibiotic ointment
sterile cotton-tip applicators	sun screen
rolls of sterile gauze (2" wide)	latex gloves
rolls of sterile gauze (3" wide)	pre moistened towelettes
triangular bandages	needles
sterile adhesive plastic strips, assorted sizes	pain medication
absorbent, sterile cotton	diarrhea medication
sterile 4"x4" gauze dressings	nausea medication
sterile 2"x2" gauze dressings	antacids
safety pins	laxatives
disinfectant soap	Thyro-Block (potassium iodide)
scissors (EMT sheers)	razor blades
tongue blades	water purification materials
thermometers	table salt
tweezers	baking soda
- 5- Everyone should keep immunizations up to date. This applies to both adults and children.

B- In the event of an emergency:

- 1- Every house and building should be checked for injured persons. Assignments should be made beforehand, in order that all CERT teams would know their areas of responsibility. As each team completes its search it should report to the ward emergency leader for reassignment within the area.
- 2- CERT trained teams should do immediate triage of casualties and take steps to open airways, stop bleeding, and treat shock as needed. Casualties should be tagged for immediate care (I), delayed care (D), or (M) morgue. Splints, slings, etc. should be applied, as necessary, for those tagged with a "D". The same should be done for those tagged with an "I", unless such would delay transport. Common sense must always be used.
- 3- Seriously injured (immediate care) persons should be transported to the nearest hospital or Red Cross station as soon as possible if road access is available. If such access is not available, transport should be to the Stake Center by whatever means is available, including carrying.
- 4- Less seriously injured (delayed care) persons that cannot be treated within the victims home should be transported to the local operations center first aid station for assistance.
- 5- All deceased "M" persons should be transported last to a local morgue or hospital if available. If

the local hospital or morgue is not available then all deceased persons should be transported to the Stake center's provisional morgue.

- 6- People with minor injuries (bruises, abrasions, etc.) that can be treated at home by family members should be so treated. CERT trained individuals should be available to help after more seriously injured persons have been provided care. If any injured persons felt that this would not be adequate they would be free to seek assistance at the local operations center's first aid station or Stake center or any other place of their choosing. Treatment would not be forced on anyone, and no one should be denied assistance.
- 7- The ward medical specialist and his/her team should assemble at the local operations center directly after an emergency to set up a first aid station if so deemed necessary. The ward medical specialist should limit the number of people helping him/her to only what is deemed necessary so that all other medical trained persons may help with the Stake critical care unit.
- 8- The rec hall of the local church or school (except at the Stake center - use the primary room) should be used as the first aid station, if the building is deemed habitable. If not, a tent or tarp should be set up as soon as possible to act as a temporary first aid station until a more suitable one can be located.

The following are Stake responsibilities.

A- To prepare for a disaster:

- 1- The Stake medical specialist and his/her team should assemble at the Stake operations center directly after an emergency to set up a critical care unit if so deemed necessary. It would have the same capacity for helping with more seriously injured people if transportation to a hospital is not possible.
- 2- Such a unit should be composed of physicians, nurses, those trained as EMT's, others with training/experience in medical fields, clerks and aids/orderlies.
- 3- Obtain a list of those individuals in the Stake that would be possible candidates to work in such a unit. Seek information about those individuals regarding other obligations in the event of an emergency. Those who would probably be available should be called. They should then receive training on a regular basis which would be designed to prepare them to work as a unit. It is recommended that all physicians, nurses, etc. be called to serve in this unit that are not serving in the ward operations center first aid stations.
- 4- Assist ward with training of their personnel.
- 5- It would be advantageous to have heavy equipment with its operator available to:
  - a- open blocked roads to the hospital and/or Stake center.
  - b- prepare a way across a fault or fisher, should the need arise.
  - c- aid in removal of trapped individuals from structures.
- 6- While serious injuries are of primary concern, it would be well to prepare to take care of lesser injuries, as time might permit, in the event that hospitals are unaccessible or so deluged with serious problems that they would not have time or rooms to take care of injuries of lesser nature.
- 7- The following are some of the medical items that should be stockpiled in the local CERT cache:

blankets	surgical drapes
sheets	backboards
cots	stretchers
rolls of gauze 2"	IV fluid stands
rolls of gauze 4" (Kerlex)	splints
gauze 2"x2"	cervical collars
gauze 4"x4"	stainless-steel pans
eye patches	oxygen ***
triangular bandages	bulb syringes
elastic bandages	syringes
rolls of tape 2"	needles
rolls of tape 3"	tetanus vaccine
casting materials	tetanus antitoxin
surgical gloves	insulin
surgical masks	Xylocaine (2 types)

Epinephrine \*\*\*\*  
pain medication, oral  
antibiotics, oral and injectable  
antiseptic soap and solution  
antibiotic ointment \*\*\*\*  
IV fluids \*\*\*\*  
sterile water  
rubbing alcohol  
pens and paper for record keeping  
tags for identification  
safety pins  
cotton-tip applicators  
scissors (EMT sheers)  
suture materials  
suture sets  
forceps  
hemostats  
tongue blades  
Thyro-Block (potassium Iodide)

\* requires refrigeration  
\*\* drug control regulation problem  
\*\*\* some risk involved in storing and using  
\*\*\*\* must be protected against excessive heat and cold

B- In the event of an emergency:

- 1- Those who have been previously called would report as quickly as possible to the Stake operations center at the Stake center after they have checked and treated all injuries in their own home and checked in with their block captain. They will have been previously assigned to specific duties and trained for the same. Cross-training will have been provided so that if anyone is missing, their position can be filled.
- 2- The Stake center if structurally intact, would promptly be prepared to receive casualties if it is deemed necessary and local hospital are inaccessible or unavailable.
  - a. The rec hall would be divided into unequal one-fourths with borders that could be changed as needed.
    - 1) The north end, from the north wall to the dark orange line on the north side of the foul circle would be designated as the triage area.
    - 2) From the dark orange line to the center line would be designated for persons in need of immediate care (I).
    - 3) The remainder of the rec hall would be divided equally by a north south line with delayed treatment (D) care persons going on the east side and west side designated as a recovery area.
    - 4) Small tables would be placed at each of the four doors and be manned by a clerk/receptionist who would have available the names, etc. of casualties who have been brought in for treatment, as well as those individuals in the morgue. The doors to the stage should be kept locked. The partitions to the chapel and the chapel would remain closed.
    - 5) Two or three large tables should be placed in front of the stage with a north-south orientation. Medical supplies from the CERT cache would be placed on the tables. Someone would be assigned to watch over the tables to assist with dispensing supplies and to prevent unauthorized use of those supplies.
    - 6) Water would be available from the kitchen (hopefully). If not the operations center should be notified immediately for water to be procured.
    - 7) Eight large tables would be set up with an east-west orientation in the "I" area. Injured persons would be placed on those tables for treatment. Ten to fifteen chairs would be set up in the same area.
    - 8) Three to five large tables and 25 chairs would be set up in the "D" area.
    - 9) Rooms close to the rec hall on the east side could be used as recovery "R" areas.

- 10) The Aaronic Priesthood room would be prepared for use as a provisional morgue. Adjacent rooms could also be used if needed. It would probably be necessary to use several small rooms on the north side for casualties for which nothing can be done. Under no circumstance should these casualties be placed with the deceased until they are determined to be deceased. The Stake morgue specialist should supervise the preparation, operation and security of the provisional morgue.
- 11) A doctor, nurse and a clerk will be assigned to the triage "T" area. Two nurses will be assigned to the "D" area and two nurses to the "R" recovery area. The rest of the professional personnel would work in the "I" area. Assignments would have to be flexible, with people being primarily responsible to their assigned areas, but when not busy in those areas, free to help in other areas.

One can only speculate as to how long it would be necessary to provide care should an emergency of some magnitude occur. It has been speculated by fire department personnel and emergency relief workers that it could be 72 hours or longer before help from professionals could be expected. Our goal would be to ship seriously injured people to local hospitals as soon as possible. The same would be true for people with less serious injuries that we lack the expertise to handle. Beyond that, we would have to do the best with what we have for as long as should be deemed necessary.

If the Stake center should become structurally unfit for use, one of the other two buildings or an elementary School could be used if intact. If not a series of tents and tarps should be set up as a temporary critical care unit until a more suitable structure can be located. It would be necessary to route power from the Stake generator out to the tents for lighting, general electrical needs and heating as needed.

If our area should receive little damage with only a few minor injuries while other areas in the valley had numerous casualties we would then send personnel and supplies to those affected areas after caring for our own.