ASSESSMENT

A. The first 1st responder on the scene will take charge of the patients until relieved by EMS crews or Fire Department Officers, or until a formal Incident Command System is in place.

B. Notify dispatch of the need for more help when the estimated number of injured can be determined.

C. Note any hazards (chemical spills, downed power lines, etc.)

D. Begin rendering emergency care with airway being the first priority, followed by oxygenation, and hemorrhage control.

E. In airplane crashes, be sure to leave a marker noting the position of the patient before removing them from the scene.

F. If more than 6 patients, use START triage system and declare a Multiple Casualty Incident. (See S.T.A.R.T. Protocol).

TREATMENT

A. If patient is severely injured, with systolic blood pressure < 100 mm/hg in adults, or children with capillary refill time >2 seconds:

   o Airway with cervical spine control
   
   o Breathing
   
   o Circulation/perfusion with hemorrhage control
   
   o Disability determination (AVPU, motor, posturing)
   
   o Exposure
B. Perform a rapid, abbreviated full-body assessment in order to identify any major injuries.

C. If extrication required, perform quickly with spinal immobilization.

D. Transport to the treatment area on scene (after properly immobilized)

Report

A. Report to crew as indicated in *General Supportive Care Protocol*. 