

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8028.11
	<u>PROGRAM DOCUMENT:</u> Environmental Emergencies	Draft Date:	06/14/96
		Effective:	05/01/17
		Revised:	01/24/17
		Review:	03/01/19

 EMS Medical Director

 EMS Administrator

Purpose:

- A. To serve as the treatment standard for EMT's and Paramedics in treating patients suffering from environmental emergencies in the prehospital setting.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Protocol:

- A. **Frostbite:**

BLS TREATMENT

Supplemental O2 as necessary to maintain SpO2 \geq 94%. Use the lowest concentration and flow rate of O2 as possible.

Airway Adjuncts as needed.

Remove wet/frozen clothing and place patient in warm environment.

Assess area of frostbite; Check circulation, sensation and movement of extremities.

- Do not rub-protect from further trauma, contamination, or moisture.

Transport in position of comfort.

- B. **Hypothermia:**

BLS TREATMENT

Supplemental O2 as necessary to maintain SpO2 \geq 94%. Use the lowest concentration and flow rate of O2 as possible.

Airway adjuncts as needed.

Assess for trauma.

Place in warm environment, remove wet clothes; re-warm with warm clothes and blankets.

Handle patients with care, sudden jarring of patients may precipitate cardiac arrest.

If in cardiac arrest - perform CPR until patient can be warmed in hospital.

ALS TREATMENT

Advanced airway adjuncts as needed.

Cardiac monitoring.

Initiate Intravenous (IV) ACCESS with saline lock or connect Normal Saline (NS) and titrate to Systolic Blood Pressure (SBP) of 90 - 100 mm Hg

If in cardiac arrest, start Cardiopulmonary Resuscitation (CPR). If Ventricular Fibrillation or Ventricular Tachycardia deliver one shock:

- Manual biphasic: device specific (typically 120-200 Joules)
- Monophasic: 360 Joules
- Automated External Defibrillator (AED): device specific

Resume CPR immediately (as needed) and transport.

C. Hyperthermia:

BLS TREATMENT

Supplemental O2 as necessary to maintain SpO2 \geq 94%. Use the lowest concentration and flow rate of O2 as possible.

Airway adjuncts as needed.

Place patient in a cool area and remove clothing as appropriate.

If sweating is absent, proceed with cooling patients as rapidly as possible (cool packs on neck, in axilla and inguinal areas; fanning and misting, if possible, undress patient, cover with sheet and wet thoroughly.)

Transport.

ALS TREATMENT

Advanced airway adjuncts as needed.

Initiate IV ACCESS with Normal Saline titrated to SBP of 90 - 100 mm Hg.

Cardiac monitoring.

D. Near Drowning:

BLS TREATMENT

Supplemental O2 as necessary to maintain SpO2 \geq 94%. Use the lowest concentration and flow rate of O2 as possible.

Airway adjuncts as needed.

Consider spinal immobilization.

Transport.

ALS TREATMENT

Follow appropriate protocol.

Body temperature criteria shall not be used as criteria for declaring death.

E. Snake Bite:

BLS TREATMENT

Supplemental O2 as necessary to maintain SpO2 \geq 94%. Use the lowest concentration and flow rate of O2 as possible.

Airway adjuncts as needed.

Assess site of wound for swelling redness from stings/bites.

Immobilize affected extremity at or slightly below the level of the heart.

Keep patient at rest.

Transport.

Do not apply ice or tourniquet to site.

Bring snake to hospital, only if dead.

ALS TREATMENT

Assess for anaphylaxis and treat accordingly.

F. Stings / Bites:

BLS TREATMENT

Supplemental O2 as necessary to maintain SpO2 \geq 94%. Use the lowest concentration and flow rate of O2 as possible.

Airway adjuncts as needed.

Assess skin for swelling, redness and rash. If extremity, check distal circulation, sensation and movement.

Keep affected extremities at level of heart and immobilize.

Apply ice for insect bite, not snake bites.

Transport.

ALS TREATMENT

Assess for anaphylaxis and treat accordingly.