

DISPATCH PREARRIVAL INSTRUCTIONS

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This document is a result of review of submitted dispatch protocols to the Los Angeles County EMS Agency. EMS Agency staff have updated these templates for pre-arrival instructions based on the latest available evidence and published guidelines. These templates may be used by Dispatch Centers' administrators in the development of pre-arrival instructions.

BASIC MEDICAL INSTRUCTIONS PROCEDURE

Initial Screening: Evaluate all calls for severity of complaint and possible cardiac arrest

- 1. Determine whether the caller is calling for himself/herself or someone else. If the caller is calling for someone else, immediately after confirming location ask the following screening questions:**
 - a. Is the person alert?**
 - i. Check for response to verbal or other stimuli**
 - b. Is the person breathing normally?**
- 2. If the answer to both is 'No' proceed to the age-appropriate cardiac arrest instructions and instruct the caller in CPR. (see below)**

GENERAL MEDICAL for such chief complaints such as:

Abdominal Pain

Back Pain

Chest Pain

Headache

Sick Person (including fainting)

Stroke

1. If alert, allow the patient to rest in a position of comfort.
2. If not alert, rest the patient with the left side down and assess breathing.
3. Do not give the patient anything to eat or drink.
4. Gather the patient's medications.
5. If the patient begins to vomit, turn onto their left side.
6. Monitor the patient's level of consciousness and breathing; call back if the patient's condition worsens.

AED INSTRUCTIONS

1. Place the patient on their back.
2. Turn the AED on.
 - a. The AED will verbally instruct you of all the steps. Follow prompts spoken by the machine
3. Remove clothing and undergarments to expose the patient's bare chest.
4. If wet, wipe the chest dry.
5. If excessively hairy, consider shaving the chest (some AEDs come with razors).
6. Place the pads adhesive-side down onto the patient's chest as illustrated (on the non-adhesive sides of the pads).

- For adults, place one pad just below the patient's right collar bone (above the nipple) and the other pad below and outside to the left nipple (for women, place the left pad just below the inframammary fold).
 - For children, place one pad in the middle of the chest (between the nipples) and the other pad in the middle of the back (between the shoulder blades).
7. Assure that the two pads are plugged into the AED.
 8. Once pads are placed, allow the machine to analyze the patient. Do not touch the patient during this time.
 9. If shock is advised, yell "clear" and assure that no one is touching the patient. Once clear, press the shock button. If shock is not advised or the patient does not improve after 1st shock, resume 2 minutes of chest compressions before analyzing again.

ALLERGIC REACTION/ANAPHYLAXIS

1. If alert, allow the patient to rest a position of comfort.
2. If not alert, rest the patient on their left side and assess breathing.
3. Refer to BREATHING PROBLEMS instructions as needed.
4. If the patient has a history of severe allergic reaction to the same allergen and is prescribed an epinephrine auto-injector (e.g., Epi-Pen), assist with administration. Refer to the epinephrine auto-injector instructions as needed.
 - a. Remove cap but do not press on the top of the cap; this will release the needle); place on outer thigh about 6 inches above the knee cap; press down firmly (the needle can puncture clothing); count to "three" before removal; do not throw away but place to the side.
 - b. If another form of auto-injector is available, refer to those instructions for administration.
5. If the patient was stung by an insect such as a bee or wasp, remove the stinger by scraping the stinger away with a finger nail or with the edge of a credit card.
6. Once the stinger is removed, rinse the area with soap and water as able and apply a cold pack to affected part.
7. Do not give the patient anything to eat or drink.
8. Gather the patient's medications.
9. Monitor the patient's level of consciousness and breathing; call back if the patient's condition worsens.

BEHAVIORAL PROBLEMS

1. Observe the patient from a safe distance. If safety is in doubt, leave the scene.
2. Be calm and reassuring and avoid sudden movements.
3. Do not attempt to restrain the patient.
4. If hanging, cut the patient down immediately.
5. Refer to BLEEDING, BREATHING PROBLEMS or INGESTION/OVERDOSE/POISONING instructions as needed.
6. Tell the patient to rest in the most comfortable position.
7. Do not give the patient anything to eat or drink.
8. Gather the patient's medications if safe to do so.
9. Monitor the patient's level of consciousness and breathing; call back if the patient's condition worsens.

BITES/STINGS

1. If alert, allow the patient to rest in a position of comfort.
2. If not alert, rest the patient on their left side and assess breathing.
3. Refer to BREATHING PROBLEMS instructions as needed.
4. If the patient has a history of severe allergic reaction to the same allergen and is prescribed an epinephrine auto-injector (e.g., Epi-Pen), assist with administration. Refer to the EPI-PEN or other epinephrine auto-injector as needed; refer to ALLERGIC REACTION.
5. Provide local wound care:
 - **Hymenoptera (ants, bees, wasps):** remove the stinger by scraping with fingernail or edge of a credit card. Once the stinger is removed, apply a cold pack to the affected part.
 - **Mammalian bites (cats, dogs, humans):** immobilize affected part below heart level. If bleeding, apply direct pressure.
 - **Marine envenomation and toxins:** if the stingray spine is deeply embedded into the skin do not remove it. For other marine envenomations, remove the barb/stinger and immerse affected part in warm water (stingray); apply vinegar and immerse affected part in warm water (jellyfish).
 - **Snake and spider bites:** immobilize affected part below heart level. Do NOT apply ice, a tourniquet. Do NOT attempt to “suck” venom out of affected part.
6. Do not give the patient anything to eat or drink.
7. Gather the patient’s medications.
8. Monitor the patient’s level of consciousness and breathing; call back if the patient’s condition worsens.

BREATHING PROBLEMS

1. If alert, allow the patient to rest in a position of comfort.
2. If not alert, rest the patient on their left side and assess breathing.
3. If unresponsive and not breathing (or breathing abnormally), refer to CARDIAC ARREST instructions.
4. Refer to the ALLERGIC REACTION or CHOKING instructions as needed.
5. Calmly reassure the patient to take slow, deep breaths.
6. If the patient takes medication for a known breathing problems (asthma, COPD), assist with administration of inhaler.
7. Do NOT encourage the patient to breathe into a paper bag.
8. If a pediatric patient is conscious without signs of choking, allow the patient to sit on parent’s lap and do not attempt to look into the child’s mouth.
9. Do not give the patient anything to eat or drink.
10. Gather the patient’s medications.
11. Monitor the patient’s level of consciousness and breathing; call back if the patient’s condition worsens.

BURNS

1. Confirm scene safety and evacuate the area.
2. If the patient is on fire, STOP-DROP-ROLL (with or without a blanket) or douse with water.
3. Provide local wound care:
 - **Chemical burn:**
 - dry chemical- gently brush off with something other than bare hand
 - wet chemical- flush with large amounts of water.
 - **Electrical burn:** if the patient is still in contact with the electrical source, **do not touch the patient.** If appliance can be unplugged or electrical switch turned off safely then do so.
 - **Thermal burn:** cool with water, but stop cooling if patient begins shivering, and remove jewelry in affected area.
4. Do not give the patient anything to eat or drink.
5. Gather the patient's medications.
6. Monitor the patient's level of consciousness and breathing; call back if the patient's condition worsens.

CARDIAC ARREST: ADULT AND CHILD

1. Verify that the patient is unresponsive and not breathing (or is breathing abnormally).
2. Place the patient on a flat, hard surface backside down.
3. Place the heel of one hand in the middle of patient's chest (on the breastbone) and place your other hand on top of the first hand.
4. Interlock your fingers.
5. Begin compressions at a rate of at least 100-120 compressions/minute at a depth of 2 inches and allow for complete recoil; rate can be estimated by singing the song "Stayin' Alive".
6. Continue compression-only CPR until AED or help arrives.
7. Once available, set-up the AED. Refer to the AED instructions as needed.
8. If shock is not advised or the patient does not improve after 1st shock, resume 2 minutes of CPR before analyzing again.

CARDIAC ARREST: PEDIATRIC (infant from birth to 1 year)

1. Verify that the patient is unresponsive and not breathing (or is breathing abnormally).
2. Place the patient on a flat, hard surface backside down.
 - Infants: Hands encircle the chest with thumbs between the nipples in the center of the chest; compress at a depth of 1.5 inches.
3. Begin compressions at a rate of at least 100 to 120 compressions/minute and allow for complete recoil.
4. Optional to give rescue breaths if dispatch operator feels rescuer able to understand and follow instructions - 30 chest compressions followed by 2 breaths (30:2).
 - Begin with head-tilt, or chin-lift.
 - Cover the patient's mouth and nose while providing breaths.
 - Blow until rescuer observes chest rise, allow for exhalation and repeat the breath.

5. Continue 30:2 for 2 minutes (about 5 cycles) before switching rescuer roles (if available).
6. If unable or unwilling to provide breaths, continue compression-only CPR until AED or help arrives.

CARDIAC ARREST: NEWBORN

1. After drying and stimulating the newborn, verify that the baby is unresponsive and not breathing (or is breathing abnormally).
2. Place the patient on a flat, hard surface backside down.
3. Encircle hands around chest and supporting the back, and place 2 thumbs in the middle of the patient's chest (on the breastbone)
4. Optional to begin 3 compressions followed by 1 breath (3:1) and allow for complete recoil.
 - Head-tilt, chin-lift.
 - Cover both the patient's nose and mouth with your mouth while providing small breaths.
 - Observe chest rise.
5. Continue for 2 minutes before switching rescuer roles (if available)
6. If unable or unwilling to provide breaths, continue compression-only CPR until help arrives.

CHILDBIRTH

1. Is the baby already born?
 - Yes: Dry and stimulate the baby. Is the baby breathing?
 - Yes: Proceed to Step 6.
 - No: Refer to the CARDIAC ARREST: NEWBORN instructions.
 - No: Proceed to Step 2.
2. Have the mother remove all clothing from waist-down.
3. Assist the mother onto a clean, safe surface such as a bed or floor, backside down.
 - If the woman states she is ready to push, or if the head is visible in the vaginal opening birth is imminent (about to occur)
 - If possible, place a plastic sheet with a bed sheet or newspaper down to absorb the liquid and obtain towels to dry the baby once delivered.
 - Help the woman lie down with her legs apart and back supported by a rolled towel or pillow.
 - Use plastic disposable gloves if available. If gloves not available, wash your hands.
 - Often women grab their knees, squat or lie on the left side. Allow her to do as she prefers.
4. Look for a presenting part of the baby:
 - Nothing: encourage the mother not to push. Continue to monitor for a presenting part.
 - Head (normal): Proceed to Step 5.
 - Arm, foot (breech): Proceed to Step 7.
 - Cord (prolapsed cord): Proceed to Step 8.
5. Normal delivery (head first)
 - If the baby's head is visible in the vaginal opening, the birth is about to occur.

- Encourage the mother to exhale and push with each contraction. Several contractions may be required to deliver the baby.
- Gently place one hand on the top of the baby's head to prevent the baby from delivering too quickly.
- Do not try to hurry the birth by pulling on the baby's head. Let the woman push the baby out.
- When the head is outside of the vagina, put two fingers along the top side of the head and feel around the neck area for a loop of the umbilical cord. It will be about the thickness of your little finger. If you can feel it, hook the loop of cord with your two fingers and slide it gently over the baby's head.
- Assist the delivery by supporting the baby's head and shoulder. The baby may turn as it exits the vagina but do not pull or yank on the baby.
- Be careful during delivery as the baby is slippery; have a dry towel available to quickly dry the baby removing membranes from the birth sac around the nose and mouth.
- Dry and stimulate the baby. Is the baby breathing?
 - Yes: Proceed to Step 6.
 - No: Refer to the CARDIAC ARREST: NEONATE instructions.

6. Post-delivery

- Dry the baby, wrap the baby (excluding the face) in a clean, dry blanket or towel, and place the baby on the mother's chest or abdomen for warmth. You do not need to remove the whitish sticky substance on the baby's skin. Discard wet towels.
- Do not cut the umbilical cord keep the baby at the level of the mother's stomach and lower chest and await EMS providers to clamp and cut the cord.
- The placenta may deliver if so do not pull on the cord but allow the placenta to deliver naturally. Save the placenta for the EMS personnel when they arrive. Place the placenta in a plastic trash bag and set on the bed next to the mother or place on a table at the level of the baby being held by mother until EMS arrives;
- If the mother continues to bleed after the placenta (afterbirth) delivers, firmly massage the mother's lower abdomen.
- Continue to re-assess the baby and mother until help arrives.

7. Breech delivery:

- If the presenting part is not the head, assist the mother into 1 of 2 positions:
 - While still laying backside down, elevate/prop up the mother's hips up high.
 - Roll the mother onto her hands/elbows and knees.
- Encourage the mother to breathe deeply and not to push with each contraction.
- Continue to re-assess the mother until help arrives.

8. Cord Prolapse:

- Elevate the presenting part of the cord; don't push the cord back inside the mother.
- Continue elevating the presenting part until help arrives.

CHOKING: ADULT and CHILD (1-8 years old)

1. Patient is conscious:

- **Partial obstruction (able to breath, cough, cry, speak):** calmly reassure the patient and encourage continued coughing to expel the object. Continue to carefully monitor for decompensation to complete obstruction.
- **Complete obstruction (unable to breath, cough, cry, speak):**
 - Perform abdominal thrusts only if the patient is able to stand and is conscious
 - From behind, wrap your arms around the patient's abdomen.
 - Make a fist just above the patient's belly button. Wrap one hand over the other.
 - Quickly and forcefully, jerk inward and upward on the patient's stomach.
 - Repeat until the object is expelled or the patient becomes unconscious (see below).
 - Chest thrusts:
 - If the patient is pregnant or obese, chest thrusts can be done in lieu of abdominal thrusts.
 - From behind, wrap your arms around the patient's chest.
 - Make a fist in the middle of the patient's chest (breastbone).
 - Quickly and forcefully, jerk into the patient's chest.
 - Repeat until the object is expelled or the patient becomes unconscious (see below).

2. Patient is not conscious:

- Adult:
 - Refer to the CARDIAC ARREST: ADULT instructions.
 - Caveat: prior to breaths, look in the patient's mouth for expelled object and, if visible in the mouth, carefully remove with your fingers – do not attend blind finger sweeps as the foreign body could be pushed deeper in the throat.
- Child:
 - Refer to the CARDIAC ARREST: PEDIATRIC instructions.
 - Caveat: prior to breaths, look in the patient's mouth for expelled object and, if visible in the mouth, carefully remove with your fingers– do not attend blind finger sweeps as the foreign body could be pushed deeper in the throat.

CHOKING: INFANT (<1 years old)

1. Patient is conscious:

- **Partial obstruction (able to breath, cough, cry, speak):** calmly reassure the patient and encourage continued coughing to expel the object. Continue to carefully monitor for decompensation to complete obstruction.
- **Complete obstruction (unable to breath, cough, cry, speak):**
 - From a seated position, place the infant on your forearm facedown, keeping the head lower than the body.
 - With the heel of your hand, deliver 5 back blows between the shoulder blades.

- Turn the infant over and place 2 fingers in the middle of the patient's chest (on the breastbone) and deliver 5 chest compressions at a depth of 1.5 inches each.
 - Repeat until the object is expelled, is visible in the mouth and can be removed, or the patient becomes unconscious (see below).
2. Patient is not conscious:
- Refer to the **CARDIAC ARREST: PEDIATRIC** instructions.
 - Caveat: prior to breaths, look in the patient's mouth for expelled object and, if visible in the mouth, carefully remove with your fingers— do not attend blind finger sweeps as the foreign body could be pushed deeper in the throat.

COLD EXPOSURE

1. If possible, move the patient to a warm, sheltered area out of cold air, wind, or water spray.
2. If hypothermia is suspected:
 - Remove wet clothing and wrap the patient in dry clothing and/or blankets.
 - Do not give the patient alcohol or caffeine (may worsen hypothermia).
3. If frostbite is suspected:
 - Wrap or cover affected part with something dry and warm.
 - Elevate affected part.
 - Do not rub or place affected part in hot water.
4. Do not give the patient anything to eat or drink.
5. Gather the patient's medications.
6. Monitor the patient's level of consciousness and breathing; call back if the patient's condition worsens.

CONVULSIONS/SEIZURES

1. Still seizing:
 - Do not attempt to restrain or hold the patient down.
 - Do not place anything in the patient's mouth.
 - Move objects away from the patient.
 - Stay on the phone until the seizure stops and then verify that the patient is breathing.
 - Saliva from the mouth can be wiped away with a dry towel.
2. Stopped seizing:
 - Rest the patient on their left side with right knee forward in recovery position.
 - Do not give the patient anything to eat or drink.
 - Gather the patient's medications.
 - Monitor the patient's level of consciousness and breathing; call back if the patient's condition worsens.

DIABETIC PROBLEMS

1. If alert, allow the patient to rest in the most comfortable position.
 - If low blood sugar is suspected (hypoglycemia), give the patient candy, juice, non-diet soda, or any other form of sugar.
2. If not alert, rest the patient on their left side and assess breathing.
 - Do not give the person anything to eat or drink.
3. If the patient begins to vomit, turn onto their left side.
4. Gather the patient's medications.
5. Monitor the patient's level of consciousness and breathing; call back if the patient's condition worsens.

EMERGING INFECTIONS (e.g. Ebola)

1. Confirm that the patient has travelled to the affected area of the world and is presenting with concerning signs or symptoms, such as fever and bleeding.
2. Ask other individuals in the area to remove themselves from the immediate area, but not to leave the scene/ property.
3. Responding EMS units may contact the Public Health Officer for additional instruction 24/7 at 213-974-1234.

EYE INJURIES

1. If **chemical injury**, flush the affected eye with tap water continuously. Take care to flush from nose to ear, avoiding the unaffected eye.
2. If there is an **impaled or penetrating object** in the affected eye, do not remove the object. If possible, attempt to stabilize object in place.
3. If **blunt injury**, sit the patient upright and calmly reassure them.
4. Do not put pressure on the affected eye.
5. Do not put drops or ointment into the affected eye.
6. Do not give the patient anything to eat or drink.
7. Gather the patient's medications.
8. Monitor the patient's level of consciousness and breathing; call back if the patient's condition worsens.

HEAT EXPOSURE

1. If possible, move the patient to a cool, well-vented area out of direct sunlight or away from other source(s) of heat.
2. If the patient is trapped in an automobile and is conscious, call police. If unconscious, attempt to safely break the window. Refer to the UNCONSCIOUS instructions as needed.
3. Remove outer clothing.
4. If very hot, apply room-temperature to cool (not cold nor iced) water to the patient's skin. Use fans if available.
5. If available, apply cold packs (indirectly) to the armpits or groin.
6. If alert, allow the patient to rest in a position of comfort.
7. If not alert, rest the patient on their L-side and assess breathing.

INGESTION/OVERDOSE/POISONING

1. Refer to the BREATHING PROBLEMS and CONVULSIONS/SEIZURES instructions as needed.
2. If alert, allow the patient to rest in a position of comfort.
3. If not alert, rest the patient on their left side and assess breathing.
4. Do not give the patient anything to eat or drink.
5. Gather the patient's medications, including empty pill bottles.
6. If the patient begins to vomit, turn onto their left side.
7. Monitor the patient's level of consciousness and breathing; call back if the patient's condition worsens.

UNCONSCIOUS (including "MAN DOWN")

1. If the patient is not breathing, refer to the CARDIAC ARREST instructions.
2. If the patient is having difficulty breathing, refer to the BREATHING PROBLEMS instructions.
3. If alert, allow the patient to rest in the most comfortable position.
4. If not alert, rest the patient on their left side and assess breathing.
5. Look for a medical alert bracelet/necklace.
6. Do not give the patient anything to eat or drink.
7. Gather the patient's medications.
8. If the patient begins to vomit, turn onto their left side.
9. Monitor the patient's level of consciousness and breathing; call back if the patient's condition worsens.

TRAUMA INSTRUCTIONS**GENERAL TRAUMA** for such chief complaints such as:

Falls – Injury - Motor Vehicle Collisions (MVCs)

1. Do not move an injured patient unless they are in immediate risk of danger/injury.
2. If an injured patient must be moved, stabilize the neck and log-roll the body as a unit.
3. If an **amputation** or **severe bleeding** is present, apply continuous, firm, direct pressure and refer to the BLEEDING instructions as needed.
4. If a **fracture** is suspected, do not move the affected part; stabilize in the position found.
5. If an **impaled object** is present, do not pull or remove the object. If possible, attempt to stabilize object in place.
6. Do not give the patient anything to eat or drink.
7. Gather the patient's medications.
8. Monitor the patient's level of consciousness and breathing; call back if the patient's condition worsens.
9. If time and scene safety allow, ask potential witnesses to remain on scene until responders arrive.

ASSAULT

1. Confirm scene safety and advise putting a barrier between the patient and the assailant (door, wall).
2. Do not move an injured patient unless they are in immediate risk of danger/injury.
3. Reassure the patient that help is on the way.
4. Encourage the patient not to change, bathe, shower, or go to the bathroom.
5. Encourage the patient not to disturb the scene or move weapons.
6. Refer to BLEEDING instructions as needed.
7. Do not give the patient anything to eat or drink.
8. Gather the patient's medications.
9. Monitor the patient's level of consciousness and breathing; call back if the patient's condition worsens.

BLEEDING

1. Control bleeding with continuous, firm, direct pressure. If more pressure is needed for bigger wounds, use the heel of your hand or knee.
2. For extremity wounds where bleeding is not controlled with direct pressure, place a commercial tourniquet per manufacturer instructions, if available, secured tightly until the bleeding stops completely. For tourniquet with windlass, apply at least three turns or more. Place amputated part(s) into a clean, dry bag. Do not place in liquid or on ice.
3. Do not remove impaled objects, attempt to stabilize object in place.
4. For a nosebleed, have the patient sit up straight, lean forward slightly, and pinch just below the nasal bridge between their index finger and thumb.
5. Do not give the patient anything to eat or drink.
6. Gather the patient's medications.
7. Monitor the patient's level of consciousness and breathing; call back if the patient's condition worsens.

DIVING/DROWNING

1. Patient in water:
 - **Deep water:** throw a flotation device or rope to the patient. Do not go into water unless safe to do so.
 - **Shallow water:** consider neck or spinal injury.
 - If neck injury is suspected and the patient is **breathing**, stabilize the neck and support the patient's body until the patient can safely be removed from water.
 - If neck injury is suspected and the patient **not breathing**, stabilize the neck, remove the patient from water, and begin CPR. Refer to the CARDIAC ARREST instructions.
2. Patient out of water:
 - **Not breathing:** begin CPR. Refer to the CARDIAC ARREST instructions.
 - **Breathing:** rest the patient on their left side.
 - Do not give the patient anything to eat or drink.
 - Gather the patient's medications.
 - Monitor the patient's level of consciousness and breathing; call back if the patient's condition worsens.

ELECTROCUTION

1. Confirm scene safety and advise caller of continued risks such as electrified water (standing water which may conduct electricity).
2. Check to see if the patient is free from current: if no or unsure, do not touch the patient or source of current.
3. If safe to do so, turn power off: disconnect from the wall (appliance) or turn off the main breaker (home). If near downed utility pole, obtain number of adjacent pole only if visible and safe to do so. (*Dispatcher: contact utility company with pole number*).
4. Only touch the patient if the power has been confirmed off.
5. If alert, allow the patient to rest in the most comfortable position.
6. If not alert, rest the patient on their left side and assess breathing.
7. If unresponsive and not breathing (or breathing abnormally), refer to the CARDIAC ARREST instructions.
8. Refer to the BURNS and GENERAL TRAUMA instructions as needed.
9. Do not give the patient anything to eat or drink.
10. Gather the patient's medications.
11. Monitor the patient's level of consciousness and breathing; call back if the patient's condition worsens.

PENETRATING INJURY (including GUNSHOT and STAB injuries)

1. Confirm scene safety. If safety is in doubt, leave the scene.
2. Avoid disrupting the scene— do not touch or move weapons.
3. Do not pull or remove impaled object. If possible, attempt to stabilize object in place.
4. Control bleeding. Refer to the BLEEDING instructions as needed.
5. If internal organs are exposed, cover with a clean dry cloth.
6. Do not give the patient anything to eat or drink.
7. Gather the patient's medications.
8. Monitor the patient's level of consciousness and breathing; call back if the patient's condition worsens.

ADDITIONAL INSTRUCTIONS**CARBON MONOXIDE INHALATION**

1. Confirm scene safety and evacuate the area to the outside.
2. If the patient cannot be evacuated, ventilate the area by opening doors and windows (as long as patient is not trapped in a structure fire).
3. Refer to the BURNS instructions as needed.
4. If alert, allow the patient to rest in a position of comfort.
5. If not alert, rest the patient on their left side and assess breathing.
6. Do not give the patient anything to eat or drink.
7. Monitor the patient's level of consciousness and breathing; call back if the patient's condition worsens.

TRAPPED IN CONFINED SPACE (including INDUSTRIAL ACCIDENT)

1. Confirm scene safety and advise caller of continued risks such as running machinery.
2. If safe to do so, shut off running machinery.
3. Do not remove a trapped patient.
4. Refer to the GENERAL TRAUMA instructions as needed.
5. Determine a location to meet rescuers and assign someone to meet them.
6. Assign someone to gather maintenance/mechanical staff to assist rescuers with machinery.
7. Monitor the patient's level of consciousness and breathing; call back if the patient's condition worsens.

TRAPPED IN STRUCTURE FIRE

1. Re-confirm caller location (address, floor, room number/type, location within room).
2. Close the door (do not lock).
3. Cover nose and mouth with thin material such as a shirt.
4. Cover crack between door and floor with a towel, rug, or anything else that is readily available.
5. Do not open or break windows.
6. Hang an object such as a white sheet from the window to signal help.
7. Do not jump from great heights (> 2 stories or 20 feet).

TRAPPED IN SUBMERGED VEHICLE

1. Unbuckle your seat belt.*
2. Unlock but do not open the door.
3. Roll down the window— break it if necessary. (Reassure caller that this may feel counterintuitive but that this is their best chance of survival).
4. Exit through the window.
5. If unable to exit through the window, breathe within the vehicle's air pocket until the vehicle has filled with water.
6. Once the vehicle has completely filled with water the door will open easier.
7. Take a deep breath, exit through the door, and swim toward the surface.*

*If children are present, unbuckle their seatbelt(s) after releasing your own. Help propel/push them out of the submerged vehicle prior to your exit.