

11.05 SPECIAL CIRCUMSTANCES BLAST INJURY

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BLS Treatment
<ul style="list-style-type: none">• Position of comfort• NPO• Assess circulation, airway, breathing, and responsiveness• Oxygen as indicated• Provide Spinal Motion Restriction as indicated or position of comfort as indicated• Appropriately splint suspected fractures/instability as indicated• Bandage wounds/control bleeding as indicated
ALS Treatment
<ul style="list-style-type: none">• Advanced airway as indicated• Perform needle decompression of chest if signs/symptoms of tension pneumothorax are present• For pain: see Pain Control 2.09 may administer Morphine
Comments
<ul style="list-style-type: none">• Ensuring scene safety is especially important at the scene of an explosion<ul style="list-style-type: none">◦ Don appropriate personal protective equipment given possibility of toxic dust inhalation◦ Always consider the possibility of subsequent explosions◦ Structural safety, possible toxic chemical contamination, the presence of poisonous gases and other hazards that might cause a delay in patient extraction.◦ If the patient has sustained burns (thermal or chemical), consider transport to a specialized burn center.• Do NOT apply hemostatic dressings to mucous membrane surfaces• Patients sustaining blast injury may sustain complex, multi-system injuries, including blunt and penetrating trauma, shrapnel, barotrauma, burns and toxic chemical exposure.• Tympanic membrane perforation resulting in deafness, may complicate evaluation of their mental status and their ability to follow commands• Primary transport to a trauma or burn center is preferable, whenever possible. -• Patients presenting with tympanic membrane damage may have concomitant traumatic brain injury and must have frequent neurologic reassessment.