Low Visibility Prehospital Care in Unique Environments

Scott Young, DO, FACEP
Major, Medical Corps, U. S. Army
White House Medical Unit
Washington, D.C.
What is “low vis” medical care?

• Provider needs to blend in with:
  – Local population
  – Assigned or potential patients
  – Tactical/Security team

• Why?
  – Patient privacy
  – Security
  – Uniformity
Overview

- Know your patient population
- Know your location
- Pack the right bag
Knowing your patients

- Tactical Personnel
  - Military
  - SWAT
  - USSS
  - Security
Tactical Personnel

• Unit members
  – Medical Problems
  – Preventive medicine
  – Medical supplies they carry

• Potential patients
  – Age groups
  – Trauma
  – Medical
Know your patients

• Executive
  – Government
  – Business
Executive Care

- Medical Problems/History
- Preventive care
  - Sunscreen, etc
- DO sweat the small stuff
  - Preferences
    - Medication
  - Band-aids, moleskin, etc
Know your location

• CONUS or OCONUS
• Local risks
  – Trauma
    • Assault, MVC, sports injuries, etc
  – Infectious disease
    • Food/water risk
    • Local Outbreaks
  – HAZMAT concerns
• Use embassy medical personnel
Predicting badness

- Where are the hospitals?
- How will you get there?
- What are their capabilities?
- How do you get to the next level? (Evacuation)
  - Contract
  - Military
Choosing the right bag
Concealed portability
Packing the “right stuff”

• Trauma
  – ABC’s
  – Minor trauma

• Medical
  – AED
  – High yield items
    • Anaphylaxis
    • Asthma
Content layout – “Open” packing
Compartmentalized Packing
Example
In Summary…

• Know your patients

• Know your location

• Pack the right bag with the right stuff
Questions?