

## **2013 Southeast Mine Rescue**

### **First Aid Contest**

### **SCENARIO**

Your rescue team is in the mine to recover an area in the 10<sup>th</sup> South area after a fire. Suddenly the left rib and some of the back falls and knocks Tom Jones, a member of the rescue team to the ground. Rescue members pull him to a safe area. He is conscious, in a safe area but bleeding profusely.

Treat the patient and prepare for transport.

## 2013 Southeast Mine Rescue First Aid Contest



### Injuries:

1. Possible neck and spinal injury.
2. Injury to right neck. Profuse bleeding.
3. Avulsion to right ear. Bleeding.
  - When team member assesses left chest **judge** gives card indicating that a section of right ear is missing. Looks like bleeding from inside the ear also.
4. Bleeding to right jaw.

### Patient:

Laying on back, conscious and alert.

**You discover that a section of the right ear is missing. There is profuse bleeding from the ear. It looks as though there may also be bleeding from inside the ear.**



## 2013 Southeast Mine Rescue First Aid Contest

### Judges Training For Station 2:

**SCENARIO:** Your rescue team is in the mine to recover an area in the 10<sup>th</sup> South area after a fire. Suddenly the left rib and some of the back falls and knocks Tom Jones, a member of the rescue team to the ground. Rescue members pull him to a safe area. He is conscious but bleeding profusely. Treat the patient and prepare for transport.

### Injuries and expected treatments:

**Possible Head Injuries:** Suspect that any patient with head injury has a spine injury. A patient with spine injuries may be able to move his head, neck, arms, trunk, or legs but movement can cause more injury. For this reason, keep the patient from moving by verbally reassuring him and by physically stabilizing the head and neck. Apply a c-collar. Continuously monitor the patient. **Brady 8<sup>th</sup> Edition, pages 408 thru 418.**

**Bleeding To Right Jaw:** Care of open wound. Expose the wound. Remove superficial foreign matter from the surface of the wound with a sterile gauze pad. Do not try to clean the wound or pick out any particles or debris. Control bleeding with direct pressure. Prevent further contamination by using a sterile dressing to cover the wound. Keep the patient still to decrease circulation. Reassure the patient. Treat for shock. **Brady 8<sup>th</sup> Edition, pages 330 thru 350.**

**Avulsion of Right Ear:** Use slightly moistened bulky dressings, bandaged into place. Save the avulsed part in a plastic bag or plastic wrap. Keep the part dry and cool. If no plastic is available, then wrap in dressing material. Be certain to label the bag, wrap, or dressing with the patient's name. Internal ear injuries may appear as bleeding from the ears. Any such bleeding must be considered a sign of serious head injury. Bloody or clear fluids draining from the ear may indicate the presence of skull fracture. For such cases, assume there is serious injury and provide the necessary care. **Brady 8<sup>th</sup> Edition, page 330 thru 350.**

**Injury of Right Neck:** Expose the wound. Immediately apply direct pressure over the wound, using palm of gloved hand. Try controlling the bleeding with a pressure dressing, taking care not to close the airway and not to apply pressure to both sides of the neck. **Note: Bleeding from a large cut or severed neck veins usually cannot be controlled by pressure dressings.** For such emergencies: Immediately apply direct pressure to the wound, using the palm of your gloved

hand. Apply an occlusive dressing or some type of plastic over the wound. Use tape to seal this dressing. When complete the dressing must be air tight. An alternative method of securing a dressing to the neck is to: Immediately apply direct pressure over the wound, using palm of your gloved hand. Place a plastic occlusive dressing over the wound and continue to apply pressure, using the palm of your hand. Do not use a single layer of plastic wrap. It is too thin and may be sucked into the wound. Ideally the occlusive dressing should extend 1" beyond the wound on all sides. Place a roll of gauze dressing or dressing materials over the occlusive dressing and continue to apply pressure. Another roll can be placed between the wound and the trachea to help reduce pressure on the trachea. While maintaining pressure, secure the entire dressing with a figure-eight wrap of self-adherent roller bandage. This eliminates the problem of trying to make adhesive tape stick to a bloody surface. Treat for shock. **Brady 8<sup>th</sup> Edition, pages 330 thru 350.**

**Treat for Shock:** Control external bleeding. Calm and reassure patient, and maintain normal body temperature. Do not overheat patient. Place blanket over patient but do not cover head. Do not place a blanket under a patient with possible spinal injury. Properly position the patient. Monitor patient's vital signs at least every 5 minutes. **Brady 8<sup>th</sup> Edition, pages 328 and 329.**