

**Post # 6**

**2017**

**First Aid Problem**

You and your first aid partner have been called to an accident on the 27 East longwall gate section. The victim has been run over on the main track entry by the dayshift mantrip on its way to the section. The mantrip has been moved away from the victim and the scene is safe. He is laying on his back, unconscious, not breathing. Perform one set of 2-man CPR and each contestant shall do one set of A.V. Treat and prepare for transportation.

**PATIENT**

**3" Inch cut on Forehead**

**Dislocated Left Shoulder**

**Broken Right Radius**

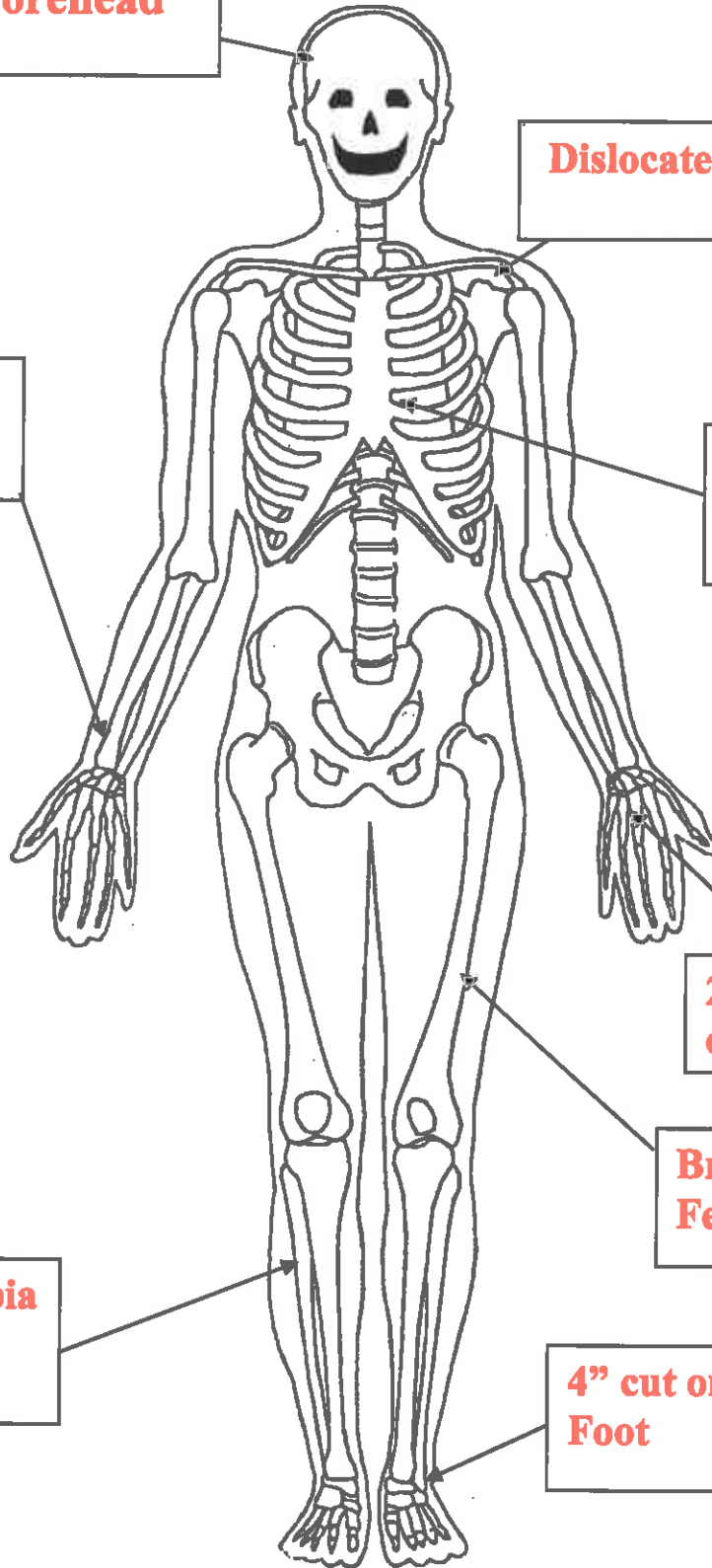
**Sucking Chest Wound**

**2" Cut on Palm of left Hand**

**Broken Left Femur**

**Fractured Tibia Right Leg**

**4" cut on top of left Foot**



## *List of Injuries*

3" cut on Forehead

Dislocated Left Shoulder

Broken Right Radius

Sucking Chest Wound

2" Cut on Palm of Left Hand

Broken Left Femur

Fractured Tibia Right Leg

4" cut on top of Left Foot

## Two- RESCUER CPR WITH AED (WITH SPINAL INJURY- MANILIN ONLY)

PROCEDURES	CRITICAL SKILL
1. RESCUER 1 - ESTABLISH UNRESPONSIVENESS	<input type="checkbox"/> A. Tap or gently shake shoulders <input type="checkbox"/> *B. "Are you OK?" <input type="checkbox"/> C. Determine unconsciousness without compromising cervical spine (neck) injury <input type="checkbox"/> *D. "Call for help" <input type="checkbox"/> *E. "Get AED" (Note: If AED is used, follow local protocol)
2. RESCUER 1 - MONITOR PATIENT FOR BREATHING	<input type="checkbox"/> A. Look for absence of breathing (no chest rise and fall) or gasping, which are not considered adequate (within 10 seconds)
3. RESCUER 1 - CHECK FOR CAROTID PULSE	<input type="checkbox"/> A. Correctly locate the carotid pulse - on the side of the rescuer, locate the patient's windpipe with your index and middle fingers and slide your fingers in the groove between the windpipe and the muscle in the neck <input type="checkbox"/> B. Check for presence of carotid pulse for 5 to 10 second <input type="checkbox"/> *C. Absence of pulse <input type="checkbox"/> *D. Immediately start CPR if no pulse
4. RESCUER 1 - POSITION FOR COMPRESSIONS	<input type="checkbox"/> A. Locate the compression point on the breastbone between the nipples <input type="checkbox"/> B. Place the heel of one hand on sternum the compression point and the other hand on top of the first so hands are parallel <input type="checkbox"/> C. Do not rest fingers on the chest Keep heel of your hand on chest during and between compressions
5. RESCUER 1 - DELIVER CARDIAC COMPRESSION	<input type="checkbox"/> A. Give 30 compressions <input type="checkbox"/> B. Compressions are at the rate of 100 to 120 per minute (30 compressions delivered within 18 seconds) <input type="checkbox"/> C. Down stroke for compression must be on or through compression line <input type="checkbox"/> D. Return to baseline on upstroke of compression
6. RESCUER 2 - ESTABLISH AIRWAY	<input type="checkbox"/> A. Kneel at the patient's head <input type="checkbox"/> B. Correctly execute jaw thrust maneuver



11. CHANGING RESCUERS	□	A. Change of rescuers shall be made in 5 seconds or less and will be completed as outlined in problem. Team must switch every 5 cycles in less than 5 seconds.
12. CHECK FOR RETURN OF PULSE	□ □	A. A final pulse check will be required at the end of the last set of CPR (within 10 seconds) *B. "Patient has a pulse."

## MOUTH-TO-MASK RESUSCITATION

PROCEDURES	CRITICAL SKILL
1. ESTABLISH UNRESPONSIVENESS	<input type="checkbox"/> A. Tap or gently shake shoulders <input type="checkbox"/> *B. "Are you OK?" <input type="checkbox"/> C. Determine unconsciousness without compromising C-spine injury <input type="checkbox"/> *D. "Call for help" <input type="checkbox"/> *E. "Get AED" (Note: If AED is used, follow local protocol)
2. MONITOR PATIENT FOR BREATHING	<input type="checkbox"/> A. Look for absence of breathing (no chest rise and fall) or gasping, which are not considered adequate (within 10 seconds)
3. CHECK FOR CAROTID PULSE	<input type="checkbox"/> A. Correctly locate the carotid pulse (on the side of the rescuer) <input type="checkbox"/> B. Check for presence of carotid pulse within 10 seconds <input type="checkbox"/> *C. Presence of pulse
4. ESTABLISH AIRWAY	<input type="checkbox"/> A. Correctly execute head tilt / chin lift or jaw thrust maneuver depending on the presence of cervical spine (neck) injuries
5. VENTILATE PATIENT	<input type="checkbox"/> A. Place barrier device (pocket mask/shield with one-way valve on manikin) <input type="checkbox"/> B. Ventilate patient 10 to 12 times per minute. Each ventilation will be provided at a minimum of .8 (through .7 liter line on new manikins)
6. CHECK FOR RETURN OF BREATHING AND PULSE	<input type="checkbox"/> A. After providing the required number of breaths (outlined in problem), check for return of breathing and carotid pulse within 10 seconds <input type="checkbox"/> *B. "Patient is breathing and has a pulse"

## SUCKING CHEST WOUND

PROCEDURES	CRITICAL SKILL	
1. EXPOSE WOUND	<input type="checkbox"/>	*A. Expose entire wound
2. SEAL WOUND AND CONTROL BLEEDING	<input type="checkbox"/> <input type="checkbox"/>	*A. Place occlusive dressing over wound (If occlusive dressing is not available use gloved hand) B. Apply direct pressure as needed to stop the bleeding
3. APPLY AN OCCLUSIVE DRESSING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Keep patient calm and quiet *B. Explain to the patient what you are doing *C. Ensure dressing is large enough not to be sucked into the wound (two inches beyond edges of wound) D. Affix dressing with tape *E. Seal on three sides *F. Monitor patient closely for increasing difficulty breathing *G. Transport as soon as possible H. Keep patient positioned on the injured side unless other injuries prohibit *I. Reassess wound to ensure bleeding control *J. Assess level of consciousness(AVPU), respiratory status and patient response



# INITIAL ASSESSMENT

PROCEDURES		CRITICAL SKILL
1. SCENE SIZE UP	<input type="checkbox"/> <input type="checkbox"/>	*A. Observe area to ensure safety *B. Call for help
2. MECHANISM OF INJURY	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*A. Determine causes of injury, if possible *B. Triage: Immediate, Delayed, Minor or Deceased. *C. Ask patient (if conscious) what happened
3. INITIAL ASSESSMENT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*A. Verbalize general impression of the patient(s) *B. Determine responsiveness/level of consciousness (AVPU) Alert, Verbal, Painful, Unresponsive *C. Determine chief complaint/apparent life threat
4. ASSESS AIRWAY AND BREATHING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Correctly execute head-tilt/chin-lift or jaw thrust maneuver, depending on the presence of cervical spine (neck) injuries B. Look for absence of breathing (no chest rise and fall) or gasping, which are not considered adequate (within 10 seconds) C. If present, treat sucking chest wound
5. ASSESS FOR CIRCULATION	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Check for presence of a carotid pulse (5-10 seconds) B. If present, control life threatening bleeding C. Start treatment for all other life threatening injuries/conditions (reference Rule 2).

**IMMEDIATE:** Rapid Patient Assessment treating all life threats Load and Go. If the treatment interrupts the rapid trauma assessment, the assessment will be completed at the end of the treatment.

**DELAYED:** Detailed Patient Assessment treating all injuries and conditions and prepare for transport.

**MINOR:** (Can walk) Detailed Patient Assessment treating all injuries and conditions and prepare for transport. After all IMMEDIATE and DELAYED patient(s) have been treated and transported.

**DECEASED:** Cover

**NOTE:** Each critical skill identified with an asterisk (\*) shall be clearly verbalized by the team as it is being conducted. After initially stating what DOTS stands for, the team may simply state "DOTS" when making their checks.

- Teams may use the acronym "CSM" when checking circulation, sensation, and motor function.

# Patient Assessment

PROCEDURES		CRITICAL SKILL												
1. HEAD	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*A. Check head for DOTS: Deformities, Open wounds, Tenderness and Swelling *B. Check and touch the scalp *C. Check the face *D. Check the ears for bleeding or clear fluids *E. Check the eyes for any discoloration, unequal pupils, reaction to light, foreign objects and bleeding *F. Check the nose for any bleeding or drainage *G. Check the mouth for loose or broken teeth, foreign objects, swelling or injury of tongue, unusual breath odor and discoloration												
2. NECK	<input type="checkbox"/> <input type="checkbox"/>	*A. Check the neck for DOTS *B. Inspect for medical ID												
3. CHEST	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*A. Check chest area for DOTS *B. Feel chest for equal breathing movement on both sides *C. Feel chest for inward movement in the rib areas during inhalations												
4. ABDOMEN	<input type="checkbox"/>	*A. Check abdomen (stomach) for DOTS												
5. PELVIS	<input type="checkbox"/> <input type="checkbox"/>	*A. Check pelvis for DOTS *B. Inspect pelvis for injury by touch (Visually inspect and verbally state inspection of crotch and buttocks areas)												
6. LEGS	<table border="1"> <tr> <td>L</td> <td>R</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	L	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*A. Check each leg for DOTS B. Inspect legs for injury by touch C. Unresponsive: Check legs for paralysis (pinch inner side of leg on calf) *D. Responsive: Check legs for motion; places hand on bottom of each foot and states "Can you push against my hand?" *E. Check for medical ID bracelet
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8. BACK SURFACES	<input type="checkbox"/>	*A. Check back for DOTS												

# 3" Inch cut on Forehead

## DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES		CRITICAL SKILL
1. EMERGENCY CARE FOR AN OPEN WOUND	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*A. Control bleeding *B. Prevent further contamination *C. Bandage dressing in place after bleeding has been controlled *D. Keep patient lying still
2. APPLY DRESSING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Use sterile dressing B. Cover entire wound C. Control bleeding D. Do not remove dressing
3. APPLY BANDAGE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Do not bandage too tightly. B. Do not bandage too loosely. C. Do not leave loose ends. D. Cover all edges of dressing. E. Do not cover tips of fingers and toes, unless they are injured. F. Bandage from the bottom of the limb to the top (distal to proximal) if applicable.

Multiple wounds will be treated as per procedures listed in patient assessment.

### Impaled Objects

- \*1. Do not remove
2. Expose wound
3. Control bleeding
4. Stabilize with a bulky dressing; criss-cross the layers
5. Tie 4in. wide cravats around to hold in place, or tape in place
- \*6. Check for exit wound (treat when found)
7. Immobilize affected area

### Impaled Objects in the Cheek

- \*1. Examine; inside & outside
2. If end not impaled in mouth - pull it out
3. Position head for drainage: if spinal injury, immobilize 1<sup>st</sup> and tilt board
4. Dress outside of wound
- \*5. Gauze on inside only if patient alert, (Simulate only in contest and state, "I would leave 3-4 inches of gauze outside of mouth.")

# Dislocated Left Shoulder

## SPLINTING (RIGID) UPPER EXTREMITY FRACTURES AND DISLOCATIONS

PROCEDURES	CRITICAL SKILL
1. CARE FOR FRACTURE	<input type="checkbox"/> *A. Check for distal circulation, sensation, and motor function <ul style="list-style-type: none"> <li>▪ Do not attempt to reduce dislocations (if applies)</li> </ul>
2. IMMOBILIZING FRACTURE	<input type="checkbox"/> A. Selection of appropriate rigid splint of proper length <input type="checkbox"/> B. Support affected limb and limit movement <input type="checkbox"/> C. Apply appropriate padded rigid splint against injured extremity <input type="checkbox"/> D. Place appropriate roller bandage in hand to ensure the position of function <input type="checkbox"/> E. Secure splint to patient with roller bandage, handkerchiefs, cravats, or cloth strips <input type="checkbox"/> F. Apply wrap distal to proximal <input type="checkbox"/> *G. Reassess distal circulation, sensation, and motor function
3. SECURING WITH SLING	<input type="checkbox"/> A. Place sling over chest and under arm <input type="checkbox"/> B. Hold or stabilize arm <input type="checkbox"/> C. Triangle should extend behind elbow on injured side <input type="checkbox"/> D. Pull sling around neck and tie on uninjured side <input type="checkbox"/> E. Pad at the neck (except when C-Collar is present) <input type="checkbox"/> F. Secure excess material at elbow <input type="checkbox"/> G. Fingertips should be exposed <input type="checkbox"/> *H. Reassess distal circulation, sensation, and motor function
4. SECURING SLING WITH SWATHE	<input type="checkbox"/> A. Use triangle cravat or factory swathe <input type="checkbox"/> B. Swathe is tied around chest and injured arm <input type="checkbox"/> *C. Reassess distal circulation, sensation, and motor function

### ELBOW (STRAIGHT POSITION)

Follow Procedures No. 1 and No. 2 above

### FINGER/FINGERS

Immobilize Fracture

1. Tape injured finger to an adjacent uninjured finger; or
2. Tape injured finger to a tongue depressor, aluminum splint, or pen and pencil
3. Secure with sling and swathe

# Dislocated Left Shoulder

## **COLLAR BONE**

Support and limit movement of affected area

Follow Procedures No. 1, No. 3 and No. 4 above

## **SHOULDER BLADE**

Support and limit movement of affected area

Follow Procedures No. 1, No. 3 and No. 4 above

**NOTE: Do not reposition dislocations**

# Fractured Tibia Right Leg

## SPLINTING UPPER EXTREMITY/LOWER EXTREMITY FRACTURES (AIR SPLINT)

PROCEDURES		CRITICAL SKILL
1. CARE FOR FRACTURE	<input type="checkbox"/>	*A. Assess distal circulation, sensation, and motor function(fingers/toes)
2. IMMOBILIZE FRACTURE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Grasp above and below the injury site B. Maintain support C. Properly apply air splint D. Splint should be relatively free of wrinkles E. Inflate splint to point that slight dent can be made *F. Reassess distal circulation, sensation, and motor function (fingers/toes)
3. MONITOR AIR-INFLATED SPLINT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*A. Periodically check for increase or decrease in pressure *B. Monitor pressure in splint with finger tip C. Make sure desired pressure is maintained *D. Reassess distal circulation, sensation, and motor function (fingers/toes)

**NOTE:** Air splints may not be used with open (protruding bones) fractures.  
 Air splints may only be used on the lower part of the extremities (from below the elbow on the arm and below the knee to the leg).

# Broken Left Femur

## SPLINTING (RIGID OR SOFT) PELVIC GIRDLE, THIGH, KNEE, AND LOWER LEG

PROCEDURE	CRITICAL SKILL
1. DETERMINE NEED FOR SPLINTING	<input type="checkbox"/> *A. Assess for: <ul style="list-style-type: none"> <li>▪ Pain</li> <li>▪ Swelling</li> <li>▪ Deformity</li> </ul> <input type="checkbox"/> B. Determine if splinting is warranted
2. APPLY MANUAL STABILIZATION	<input type="checkbox"/> A. Support affected limb and limit movement <ul style="list-style-type: none"> <li>▪ Do not attempt to reduce dislocations</li> </ul>
3. SELECT APPROPRIATE SPLINT	<input type="checkbox"/> A. Select appropriate splinting method depending on position of extremity and materials available <input type="checkbox"/> B. Select appropriate padding material
4. PREPARE FOR SPLINTING	<input type="checkbox"/> A. Remove or cut away clothing as needed <input type="checkbox"/> *B. Assess distal circulation, sensation, and motor function <input type="checkbox"/> C. Cover any open wounds with sterile dressing and bandage <input type="checkbox"/> D. Measure splint <input type="checkbox"/> E. Pad around splint for patient comfort

# Broken Left Femur

<p>5. SPLINT</p>	<input type="checkbox"/>	<p>A. Maintain support while splinting</p> <p><b>Living Splint:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A. Immobilize the site of the injury</li> <li><input type="checkbox"/> B. Carefully place a pillow or folded blanket between the patients knees/legs</li> <li><input type="checkbox"/> C. Bind the legs together with wide straps or cravats</li> <li><input type="checkbox"/> D. Carefully place patient on long spine board</li> <li><input type="checkbox"/> E. Secure the patient to the long spine board (if primary splint)</li> <li><input type="checkbox"/> *F. Reassess distal circulation, sensation, and motor function</li> </ul> <p><b>Padded Board Splint:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A. Splint with two long padded splinting boards (one should be long enough to extend from the patient's armpit to beyond the foot. The other should extend from the groin to beyond the foot.) (Lower leg requires boards to extend from knee to below the foot.)</li> <li><input type="checkbox"/> B. Cushion with padding in the armpit and groin and all voids created at the ankle and knee</li> <li><input type="checkbox"/> C. Secure the splinting boards with straps and cravats</li> <li><input type="checkbox"/> D. Carefully place the patient on long spine board</li> <li><input type="checkbox"/> E. Secure the patient to the long spine board (if primary splint)</li> <li><input type="checkbox"/> *F. Reassess distal circulation, sensation, and motor function</li> </ul> <p><b>Other Splints:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A. Immobilize the site of the injury</li> <li><input type="checkbox"/> B. Pad as needed</li> <li><input type="checkbox"/> C. Secure to splint distal to proximal</li> <li><input type="checkbox"/> D. Carefully place patient on long spine board</li> <li><input type="checkbox"/> E. Secure the patient to the long spine board (if primary splint)</li> <li><input type="checkbox"/> *F. Reassess distal circulation, sensation, and motor function</li> </ul>
<p>6. REASSESS</p>	<input type="checkbox"/>	<p>*A. Assess patient response and level of comfort</p>



# 4" cut on top of Left Foot

## DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES		CRITICAL SKILL
1. EMERGENCY CARE FOR AN OPEN WOUND	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*A. Control bleeding *B. Prevent further contamination *C. Bandage dressing in place after bleeding has been controlled *D. Keep patient lying still
2. APPLY DRESSING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Use sterile dressing B. Cover entire wound C. Control bleeding D. Do not remove dressing
3. APPLY BANDAGE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Do not bandage too tightly. B. Do not bandage too loosely. C. Do not leave loose ends. D. Cover all edges of dressing. E. Do not cover tips of fingers and toes, unless they are injured. F. Bandage from the bottom of the limb to the top (distal to proximal) if applicable.

Multiple wounds will be treated as per procedures listed in patient assessment.

### Impaled Objects

- \*1. Do not remove
2. Expose wound
3. Control bleeding
4. Stabilize with a bulky dressing; criss-cross the layers
5. Tie 4in. wide cravats around to hold in place, or tape in place
- \*6. Check for exit wound (treat when found)
7. Immobilize affected area

### Impaled Objects in the Cheek

- \*1. Examine; inside & outside
2. If end not impaled in mouth - pull it out
3. Position head for drainage: if spinal injury, immobilize 1<sup>st</sup> and tilt board
4. Dress outside of wound
- \*5. Gauze on inside only if patient alert, (Simulate only in contest and state, "I would leave 3-4 inches of gauze outside of mouth.")

# 2" cut on Palm of Left Hand

## DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES		CRITICAL SKILL
1. EMERGENCY CARE FOR AN OPEN WOUND	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*A. Control bleeding *B. Prevent further contamination *C. Bandage dressing in place after bleeding has been controlled *D. Keep patient lying still
2. APPLY DRESSING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Use sterile dressing B. Cover entire wound C. Control bleeding D. Do not remove dressing
3. APPLY BANDAGE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Do not bandage too tightly. B. Do not bandage too loosely. C. Do not leave loose ends. D. Cover all edges of dressing. E. Do not cover tips of fingers and toes, unless they are injured. F. Bandage from the bottom of the limb to the top (distal to proximal) if applicable.

Multiple wounds will be treated as per procedures listed in patient assessment.

### Impaled Objects

- \*1. Do not remove
2. Expose wound
3. Control bleeding
4. Stabilize with a bulky dressing; criss-cross the layers
5. Tie 4in. wide cravats around to hold in place, or tape in place
- \*6. Check for exit wound (treat when found)
7. Immobilize affected area

### Impaled Objects in the Cheek

- \*1. Examine; inside & outside
2. If end not impaled in mouth - pull it out
3. Position head for drainage: if spinal injury, immobilize 1<sup>st</sup> and tilt board
4. Dress outside of wound
- \*5. Gauze on inside only if patient alert, (Simulate only in contest and state, "I would leave 3-4 inches of gauze outside of mouth.")

# Broken right Radius

## SPLINTING UPPER EXTREMITY/LOWER EXTREMITY FRACTURES (AIR SPLINT)

PROCEDURES	CRITICAL SKILL
1. CARE FOR FRACTURE	<input type="checkbox"/> *A. Assess distal circulation, sensation, and motor function(fingers/toes)
2. IMMOBILIZE FRACTURE	<input type="checkbox"/> A. Grasp above and below the injury site <input type="checkbox"/> B. Maintain support <input type="checkbox"/> C. Properly apply air splint <input type="checkbox"/> D. Splint should be relatively free of wrinkles <input type="checkbox"/> E. Inflate splint to point that slight dent can be made <input type="checkbox"/> *F. Reassess distal circulation, sensation, and motor function (fingers/toes)
3. MONITOR AIR-INFLATED SPLINT	<input type="checkbox"/> *A. Periodically check for increase or decrease in pressure <input type="checkbox"/> *B. Monitor pressure in splint with finger tip <input type="checkbox"/> C. Make sure desired pressure is maintained <input type="checkbox"/> *D. Reassess distal circulation, sensation, and motor function (fingers/toes)

**NOTE:** Air splints may not be used with open (protruding bones) fractures.  
 Air splints may only be used on the lower part of the extremities (from below the elbow on the arm and below the knee to the leg).

## TWO-PERSON LOG ROLL

PROCEDURES	CRITICAL SKILL
1. STABILIZE HEAD	<input type="checkbox"/> *A. Stabilize the head and neck
2. PREPARING THE PATIENT	<input type="checkbox"/> A. When placing patient on board place board parallel to the patient <input type="checkbox"/> B. Kneel at the patient's shoulders opposite the board (if used) leaving room to roll the patient toward knees Raise the patient's arm, if not injured (the one closer to the rescuer) above the patient's head
3. PREPARING THE RESCUER	<input type="checkbox"/> A. Grasp the patient at the shoulder and pelvis area <input type="checkbox"/> B. Give instructions to bystander, if used to support
4. ROLLING THE PATIENT	<input type="checkbox"/> A. While stabilizing the head, roll the patient toward the rescuer by pulling steadily and evenly at the shoulder and pelvis areas <input type="checkbox"/> B. The head and neck should remain on the same plane as the torso <input type="checkbox"/> C. Maintain stability by holding patient with one hand and placing board (if used) with other <input type="checkbox"/> D. Roll the body as a unit onto the board (if used) (board may be slanted or flat) <input type="checkbox"/> E. Place the arm alongside the body

## IMMOBILIZATION – LONG SPINE BOARD (Backboard)

PROCEDURES	CRITICAL SKILL
1. MOVE THE PATIENT ONTO THE LONG SPINE BOARD	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. One First Aid Provider at the head must maintain in-line immobilization of the head and spine</li> <li><input type="checkbox"/> B. First Aid Provider at the head directs the movement of the patient</li> <li><input type="checkbox"/> C. Other First Aid Provider control movement of the rest of body</li> <li><input type="checkbox"/> D. Other First Aid Provider position themselves on same side</li> <li><input type="checkbox"/> E. Upon command of First Aid Provider at the head, roll patient onto side toward First Aid Providers</li> <li><input type="checkbox"/> F. Quickly assess posterior body, if not already done</li> <li><input type="checkbox"/> G. Place long spine board next to the patient with top of board beyond top of head</li> <li><input type="checkbox"/> H. Place patient onto the board at command of the First Aid Provider at head while holding in-line immobilization using methods to limit spinal movement</li> <li><input type="checkbox"/> I. Slide patient into proper position using smooth coordinated moves keeping spine in alignment</li> </ul>
2. PAD VOIDS BETWEEN PATIENT AND LONG SPINE BOARD	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Select and use appropriate padding</li> <li><input type="checkbox"/> B. Place padding as needed under the head</li> <li><input type="checkbox"/> C. Place padding as needed under torso</li> </ul>
3. IMMOBILIZE BODY TO THE LONG SPINE BOARD	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Strap and secure body to board ensuring spinal immobilization, beginning at shoulder and working toward feet</li> </ul>
4. IMMOBILIZE HEAD TO THE LONG SPINE BOARD	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Using head set or place rolled towels on each side of head</li> <li><input type="checkbox"/> B. Tape and/or strap head securely to board, ensuring cervical spine immobilization</li> </ul>
5. REASSESS	<ul style="list-style-type: none"> <li><input type="checkbox"/> *A. Reassess distal circulation, sensation, and motor function</li> <li><input type="checkbox"/> *B. Assess patient response and level of comfort</li> </ul>

# SHOCK

PROCEDURES	CRITICAL SKILL	
1. CHECK FOR SIGNS AND SYMPTOMS OF SHOCK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*A. Check for pale (or bluish) skin (in victim with dark skin examine inside of mouth and nailbeds for bluish coloration). *B. Check for cool, clammy skin *C. Check for weakness
2. TREATMENT	<input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>	A. Keep victim lying down B. Cover with blanket to prevent loss of body heat and place a blanket under the patient. (Do not try to place blanket under patient with possible spinal injuries) C. Elevate according to injury *D. Reassure and calm the patient

**Option 1: Elevate the lower extremities or foot end of the back board.** This procedure is performed in most cases. Place the patient flat, face up and elevate the legs or foot end of the back board 8 to 12 inches. Do not elevate any limbs with possible fractures or pelvic injuries until they have been properly splinted. Remember to consider the mechanism of injury for every patient.

**Option 2: Lay the patient flat, face up.** This is the supine position, used for patients with a spinal injury and patients who have serious injuries to the extremities that have not been supported. If the patient is placed in this position, you must constantly be prepared for vomiting.

**Option 3: Slightly raise the head and shoulders.** This position should be used only for responsive patients with no spinal injuries, life threatening chest or abdominal injuries and only for patients having difficulty breathing, but who have an open airway. A semi-seated position can also be used for patients with a history of heart problems. It is not recommended for moderate to severe cases of shock. Be certain to keep the patient's head from tilting forward.

**Note:** Injuries requiring the injured side to be tilted or placed down may be done after patient has been properly secured to a back board if a back board is required.