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| ***First Aid Contest*** |
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| ***Problem*** |
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| ***Thursday, May 25, 2017*** |
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| ***W.K.M.I. Mine Rescue Contest*** |
| ***Madisonville, Kentucky*** |
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**Judge Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Number\_\_\_\_\_\_\_**

**First Aid Problem**

You and your buddy have been called to the prep-plant due to a serious accident. Joe Miner, Plant Operator and Bob Brown, Utilityman were performing maintenance on the vibrator screens on the third floor of the prep-plant. Joe Miner had just raised a stack of replacement screens from the second floor up through the hoist well opening of the third floor. As he was preparing to set them down he lost his balance and stepped backwards falling through the hoist well opening, landing 18 feet on the floor below. Bob Brown who saw it all happen rushes to check on Joe. As you arrive, Bob says that he feels light headed, and short of breath from running down the stairs, but I’m feeling better. I can help if you need me.

The scene is safe.

Joe Miner is conscious, has a weak radial pulse, has shallow breathing, and suffers from shock throughout the problem.

There is a suspected spinal injury.

***Treat all patients and transport.***

**List of Injuries**

 4” Laceration to the back of the Head

 Fractured Right Femur

 Fractured Lower Left Leg

Fractured Right Forearm

 3” Laceration to Left Elbow

 6” Laceration on Left Shoulder Blade

 Fractured Left Hand



 Fracture Lower Left Leg

6” Laceration on Left Shoulder Blade

Fractured Right Femur

 Fractured Left Hand

4” Laceration on Back of Head

 3” Laceration on Left Elbow

 2017 WKMI First Aid Problem

Fractured Right Forearm

 ***Problem***

Allow team to lay out their equipment.

Explain the timing device to the team.

Explain the prop (Radio) to the team.

Once the team is ready and starts the clock, give the team the problem envelope.

**Problem Envelope**

 You and your buddy have been called to the prep-plant due to a serious accident. Joe Miner, Plant Operator and Bob Brown, Utilityman were performing maintenance on the vibrator screens on the third floor of the prep-plant. Joe Miner had just raised a stack of replacement screens from the second floor up through the hoist well opening of the third floor. As he was preparing to set them down he lost his balance and stepped backwards falling through the hoist well opening, landing 18 feet on the floor below. Bob Brown who saw it all happen rushes to check on Joe. As you arrive, Bob says that he feels light headed, and short of breath from running down the stairs, but I’m feeling better. I can help if you need me.

The scene is safe.

Joe Miner is conscious, has a weak radial pulse, has shallow breathing, and suffers from shock throughout the problem.

There is a suspected spinal injury.

***Treat all patients and transport.***

**If the team utilizes Bob Brown to assist, they are required to furnish him with all necessary BSI.**

**INITIAL ASSESSMENT**

PROCEDURES CRITICAL SKILL

|  |  |  |
| --- | --- | --- |
| 1. SCENE SIZE UP
 | **□****□** | 1. Observe area to ensure safety
2. Call for help (Prior to start of Triage)
 |
| 1. MECHANISM OF

INJURY | **□****□****□** | 1. Determine causes of injury, if possible
2. Triage: Immediate, Delayed, Minor or Deceased.
3. Ask patient (if conscious) what happened
 |

**Triage:**

Brown: Alert and responsive. Tells them he is light headed, and short of breath after running down the stairs, but I’m feeling better. I can help if you need me. (Minor)

Miner: He is conscious, has Shallow Breaths, and has a weak radial pulse. (Delayed)

**Joe Miner**

|  |  |  |
| --- | --- | --- |
| 1. INITIAL ASSESSMENT
 | **□****□****□** | 1. Verbalize general impression of the patient(s)
2. Determine responsiveness/level of consciousness (AVPU) Alert, Verbal, Painful, Unresponsive
3. Determine chief complaint/apparent life threat
 |
| 1. ASSESS AIRWAY AND BREATHING
 | **□****□****□** | 1. Correctly execute head-tilt/chin-lift or jaw thrust maneuver, depending on the presence of cervical spine (neck) injuries
2. Look for absence of breathing (no chest rise and fall) or gasping, which are not considered adequate (within 10 seconds)
3. If present, treat sucking chest wound
 |
| 1. ASSESS FOR CIRCULATION
 | **□****□****□** | 1. Check for presence of a carotid pulse (5-10 seconds)
2. If present, control life threatening bleeding
3. Start treatment for all other life threatening injuries/conditions (reference Rule 2).
 |

**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 after initially stating what CSM stands for.**
* **Teams may use the acronym “AVPU” when determining responsive/level of consciousness after initially stating what AVPU stands for.**

**PATIENT ASSESSMENT**

PROCEDURESCRITICAL SKILL

|  |  |  |
| --- | --- | --- |
| 1. HEAD
 | □□□□□□□ | 1. Check head for DOTS: Deformities, Open wounds, Tenderness and Swelling
2. Check and touch the scalp
3. Check the face
4. Check the ears for bleeding or clear fluids
5. Check the eyes for any discoloration, unequal pupils, reaction to light, foreign objects and bleeding
6. Check the nose for any bleeding or drainage
7. Check the mouth for loose or broken teeth, foreign objects, swelling or injury of tongue, unusual breath odor and discoloration
 |

**Teams must make statement to judge, “Removing clothing; exposing and cleaning wound surface(s)”. This statement is only required to be made once during the working of the problem, prior to treating first wound.**

**4” Laceration on Back of Head**

**DRESSINGS AND BANDAGING – OPEN WOUNDS**

PROCEDURES CRITICAL SKILL

|  |  |  |
| --- | --- | --- |
| 1. EMERGENCY CARE FOR AN OPEN WOUND
 | □□□□ | 1. Control bleeding
2. Prevent further contamination
3. Bandage dressing in place after bleeding has been controlled
4. Keep patient lying still
 |
| 1. APPLY DRESSING
 | □□□□ | Use sterile dressingCover entire woundControl bleedingDo not remove dressing  |
| 1. APPLY BANDAGE
 | □□□□□□ | 1. Do not bandage too tightly.
2. Do not bandage too loosely.
3. Do not leave loose ends.
4. Cover all edges of dressing.
5. Do not cover tips of fingers and toes, unless they are injured.
6. Bandage from the bottom of the limb to the top (distal to proximal) if applicable.
 |

**Resume Patient Assessment**

|  |  |  |
| --- | --- | --- |
| 1. NECK
 | □□ | 1. Check the neck for DOTS
2. Inspect for medical ID
 |

**IMMOBILIZATION OF CERVICAL SPINE**

PROCEDURES CRITICAL SKILL

|  |  |  |
| --- | --- | --- |
| 1. ESTABLISH AND MAINTAIN IN-LINE IMMOBILIZATION | □□□ | A. Place head in a neutral, in-line position unless patient complains of pain or the head is not easily moved into positionB. Place head in alignment with spineC. Maintain constant manual in-line immobilization until the patient is properly secured to a backboard with head immobilized |
| 2. ASSESS CSM | □ | \*A. Assess distal circulation, sensation, and motor functions (on all extremities)  |
| 3. ASSESS CERVICAL REGION AND NECK | □ | \*A. Inspect and palpate for injuries or signs of injuries using: DOTS acronym B. Remove clothing or jewelry as necessary |
| 4. BANDAGE ANY WOUND | □ | A. Any neck wounds |
| 5. APPLY CERVICAL SPINE IMMOBILIZATION | □□□□□□□□□□□□ | A. Apply properly sized collar or manual immobilizationOne piece C-collar1. Select proper sized collar
2. Apply collar
3. Ensure that patient’s head is not twisted during

 applicationD. Ensure airway is open after placementTwo piece C-collarA. Select proper sized collarB. Apply rear section to back of neckC. Center rigid support on spineD. Apply front section ( overlaps rear section)E. Ensure chin rests in chin cavityF. Secure collar with Velcro strapsG. Ensure airway is open after placement |
| 6. SECURE HEAD TO APPROPRIATE IMMOBILIZATION  DEVICE | □□□ | 1. Immobilize patient to appropriate immobilization

 device1. Use head set or place rolled blankets or towels on

 each side of headC. Tape head securely to appropriate immobilization Device |
| 7. REASSESS | □□ | \*A. Reassess distal circulation, sensation, and motor function\*B. Assess patient response and level of comfort |

**Resume Patient Assessment**

|  |  |  |
| --- | --- | --- |
| 1. CHEST
 | □□□ | 1. Check chest area for DOTS
2. Feel chest for equal breathing movement on both sides
3. Feel chest for inward movement in the rib areas during inhalations
 |
| 1. ABDOMEN
 | □ | 1. Check abdomen (stomach) for DOTS
 |
| 1. PELVIS
 | □□ | 1. Check pelvis for DOTS
2. Inspect pelvis for injury by touch (Visually inspect and Verbally state inspection of crotch and buttocks areas)
 |
| 1. LEGS
 | L□□□□□ | R□□□□□ | 1. Check each leg for DOTS
2. Inspect legs for injury by touch
3. Unresponsive: Check legs for paralysis (pinch inner side of leg on calf)
4. Responsive: Check legs for motion; places hand on bottom of each foot and states “Can you push against my hand?”
5. Check for medical ID bracelet
 |

**Fractured Left Lower Leg**

**(Once support is taken, the second rescuer must complete the patient assessment of the leg) (Rule 23)**

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

 PROCEDURE CRITICAL SKILL

|  |  |  |
| --- | --- | --- |
| 1. DETERMINE NEED FOR SPLINTING | □□ | \*A. Assess for:* Pain
* Swelling
* Deformity

B. Determine if splinting is warranted |
| 2. APPLY MANUAL  STABILIZATION | □ | A. Support affected limb and limit movement* Do not attempt to reduce dislocations
 |
| 3. SELECT APPROPRIATE SPLINT | □□ | A. Select appropriate splinting method depending on position of extremity and materials availableB. Select appropriate padding material |
| 1. PREPARE FOR

 SPLINTING | □□□□□ | A. Remove or cut away clothing as needed\*B. Assess PMS distal to the injury:* Pulse
* Motor Function
* Sensory Function

C. Cover any open wounds with sterile dressing and bandageD. Measure splintE. Pad around splint for patient comfort |
| 5. SPLINT | □□□□□□□□□□□□□□□□ | A. Maintain support while splintingLiving Splint:A. Immobilize the site of the injuryB. Carefully place a pillow or folded blanket between the patients knees/legsC. Bind the legs together with wide straps or cravatsD. Carefully place patient on long spine boardE. Secure the patient to the long spine boardPadded Board Splint: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.)B. Cushion with padding in the armpit and groin and all voids created at the ankle and kneeC. Secure the splinting boards with straps and cravatsD. Carefully place the patient on long spine boardE. Secure the patient to the long spine boardOther Splints:A. Immobilize the site of the injuryB. Pad as neededC. Secure to splint distal to proximalD. Carefully place patient on long spine boardE. Secure the patient to the long spine board |
| 6. REASSESS | □□ | \*A. Reassess PMS\*B. Assess patient response and level of comfort |

**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 “PMS” when checking pulse, motor function and sensory function**

**Fractured Right Femur**

**(Once support is taken, the second rescuer must complete the patient assessment of the leg) (Rule 23)**

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

 PROCEDURE CRITICAL SKILL

|  |  |  |
| --- | --- | --- |
| 1. DETERMINE NEED FOR SPLINTING | □□ | \*A. Assess for:* Pain
* Swelling
* Deformity

B. Determine if splinting is warranted |
| 2. APPLY MANUAL STABILIZATION | □ | A. Support affected limb and limit movement* Do not attempt to reduce dislocations
 |
| 3. SELECT APPROPRIATE SPLINT | □□ | A. Select appropriate splinting method depending on position of extremity and materials availableB. Select appropriate padding material |
| 4. PREPARE FOR SPLINTING | □□□□□ | A. Remove or cut away clothing as needed\*B. Assess PMS distal to the injury:* Pulse
* Motor Function
* Sensory Function

C. Cover any open wounds with sterile dressing and bandageD. Measure splintE. Pad around splint for patient comfort |
| 5. SPLINT | □□□□□□□□□□□□□□□□ | A. Maintain support while splintingLiving Splint:A. Immobilize the site of the injuryB. Carefully place a pillow or folded blanket between the patients knees/legsC. Bind the legs together with wide straps or cravatsD. Carefully place patient on long spine boardE. Secure the patient to the long spine boardPadded Board Splint: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.)B. Cushion with padding in the armpit and groin and all voids created at the ankle and kneeC. Secure the splinting boards with straps and cravatsD. Carefully place the patient on long spine boardE. Secure the patient to the long spine boardOther Splints:A. Immobilize the site of the injuryB. Pad as neededC. Secure to splint distal to proximalD. Carefully place patient on long spine boardE. Secure the patient to the long spine board |
| 6. REASSESS | □□ | \*A. Reassess PMS\*B. Assess patient response and level of comfort |

**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 “PMS” when checking pulse, motor function and sensory function**

**Resume Patient Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| 7. ARMS | L□□□□□ | R□□□□□ | \*A. Check each arm for DOTS B. Inspect arms for injury by touch C. Unresponsive: Check arms for paralysis (pinch inner side of wrist)\*D. Responsive: Check arms for motion (in a conscious patient; team places fingers in each hand of patient and states “Can you squeeze my fingers?”\*E. Check for medical ID bracelet |

**3” Laceration on Left Elbow**

**DRESSINGS AND BANDAGING – OPEN WOUNDS**

PROCEDURES CRITICAL SKILL

|  |  |  |
| --- | --- | --- |
| 1. EMERGENCY CARE FOR AN OPEN WOUND
 | □□□□ | \*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 | □□□□ | A. Use sterile dressingB. Cover entire woundC. Control bleedingD. Do not remove dressing  |
| 3. APPLY BANDAGE | □□□□□□ | 1. Do not bandage too tightly.
2. Do not bandage too loosely.
3. Do not leave loose ends.
4. Cover all edges of dressing.
5. Do not cover tips of fingers and toes, unless they are injured.
6. Bandage from the bottom of the limb to the top (distal to proximal) if applicable.
 |

**Fractured Left Hand**

**(Once support is taken, the second rescuer must complete the patient assessment of the arm) (Rule 23)**

**SPLINTING (RIGID) UPPER EXTREMITY FRACTURES AND DISLOCATIONS**

 PROCEDURES CRITICAL SKILL

|  |  |  |
| --- | --- | --- |
| 1.CARE FOR FRACTURE | □ | 1. Check for distal circulation, sensation, and motor function
* Do not attempt to reduce dislocations (if applies)
 |
| 1. IMMOBILIZING

FRACTURE | □□□□□□□ | * 1. Selection of appropriate rigid splint of proper length
	2. Support affected limb and limit movement
	3. Apply appropriate padded rigid splint against injured extremity
	4. Place appropriate roller bandage in hand to ensure the position of function
	5. Secure splint to patient with roller bandage, handkerchiefs, cravats, or cloth strips
	6. Apply wrap distal to proximal
1. Reassess distal circulation, sensation, and motor function
 |
| 1. SECURING WITH SLING
 | □□□□□ □□□ | 1. Place sling over chest and under arm
2. Hold or stabilize arm
3. Triangle should extend behind elbow on injured side
4. Pull sling around neck and tie on uninjured side
5. Pad at the neck (except when C-Collar is present)
6. Secure excess material at elbow
7. Fingertips should be exposed
8. Reassess distal circulation, sensation, and motor function
 |
| 1. SECURING SLING WITH SWATHE
 | □□□ | 1. Use triangle cravat or factory swathe
2. Swathe is tied around chest and injured arm
3. Reassess distal circulation, sensation, and motor function
 |

**Fractured Right Forearm**

**(Once support is taken, the second rescuer must complete the patient assessment of the arm) (Rule 23)**

**SPLINTING (RIGID) UPPER EXTREMITY FRACTURES AND DISLOCATIONS**

 PROCEDURES CRITICAL SKILL

|  |  |  |
| --- | --- | --- |
| 1. CARE FOR FRACTURE
 | □ | 1. Check for distal circulation, sensation, and motor function
* Do not attempt to reduce dislocations (if applies)
 |
| 1. IMMOBILIZING FRACTURE
 | □□□□□□□ | * 1. Selection of appropriate rigid splint of proper length
	2. Support affected limb and limit movement
	3. Apply appropriate padded rigid splint against injured extremity
	4. Place appropriate roller bandage in hand to ensure the position of function
	5. Secure splint to patient with roller bandage, handkerchiefs, cravats, or cloth strips
	6. Apply wrap distal to proximal
1. Reassess distal circulation, sensation, and motor function
 |
| 1. SECURING WITH SLING
 | □□□□□ □□□ | 1. Place sling over chest and under arm
2. Hold or stabilize arm
3. Triangle should extend behind elbow on injured side
4. Pull sling around neck and tie on uninjured side
5. Pad at the neck (except when C-Collar is present)
6. Secure excess material at elbow
7. Fingertips should be exposed
8. Reassess distal circulation, sensation, and motor function
 |
| 1. SECURING SLING WITH SWATHE
 | □□□ | 1. Use triangle cravat or factory swathe
2. Swathe is tied around chest and injured arm
3. Reassess distal circulation, sensation, and motor function
 |

**Resume Patient Assessment**

|  |  |  |
| --- | --- | --- |
| 8. BACK SURFACES | □ | \*A. Check back for DOTS |

**6” Laceration on Left Shoulder Blade**

**DRESSINGS AND BANDAGING – OPEN WOUNDS**

PROCEDURES CRITICAL SKILL

|  |  |  |
| --- | --- | --- |
| * + - 1. EMERGENCY CARE FOR AN OPEN WOUND
 | □□□□ | \*A. Control bleeding \*B. Prevent further contamination\*C. Bandage dressing in place after bleeding has been controlled\*D. Keep patient lying still  |
| 1. APPLY DRESSING
 | □□□□ | Use sterile dressingCover entire woundControl bleedingDo not remove dressing  |
| 1. APPLY BANDAGE
 | □□□□□□ | 1. Do not bandage too tightly.
2. Do not bandage too loosely.
3. Do not leave loose ends.
4. Cover all edges of dressing.
5. Do not cover tips of fingers and toes, unless they are injured.
6. Bandage from the bottom of the limb to the top (distal to proximal) if applicable.
 |

**Patient must be place on the back Board!!**

**IMMOBILIZATION – LONG SPINE BOARD (Backboard)**

PROCEDURESCRITICAL SKILL

|  |  |  |
| --- | --- | --- |
| 1. MOVE THE PATIENT ONTO THE LONG SPINE BOARD
 | □□□□□□□□□ | 1. One First Aid Provider at the head must maintain in-line immobilization of the head and spine
2. First Aid Provider at the head directs the movement of the patient
3. Other First Aid Provider control movement of the rest of body
4. Other First Aid Provider position themselves on same side
5. Upon command of First Aid Provider at the head, roll patient onto side toward First Aid Providers
6. Quickly assess posterior body, if not already done
7. Place long spine board next to the patient with top of board beyond top of head
8. 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
9. Slide patient into proper position using smooth coordinated moves keeping spine in alignment
 |
| 1. PAD VOIDS BETWEEN PATIENT AND LONG SPINE BOARD
 | □□□ | 1. Select and use appropriate padding
2. Place padding as needed under the head
3. Place padding as needed under torso
 |
| 1. IMMOBILIZE BODY TO THE LONG SPINE BOARD
 | □ | 1. Strap and secure body to board ensuring spinal immobilization, beginning at shoulder and working toward feet
 |
| 1. IMMOBILIZE HEAD TO THE LONG SPINE BOARD
 | □□ | 1. Using head set or place rolled towels on each side of head
2. Tape and/or strap head securely to board, ensuring cervical spine immobilization
 |
| 1. REASSESS
 | □□ | 1. Reassess distal circulation, sensation, and motor function
2. Assess patient response and level of comfort
 |

**Treat for Shock**

**SHOCK**

PROCEDURES CRITICAL SKILL

|  |  |  |
| --- | --- | --- |
| 1. CHECK FOR SIGNS AND SYMPTOMS OF SHOCK
 | □□□ | 1. Check for pale (or bluish) skin (in victim with dark skin examine inside of mouth and nailbeds for bluish coloration.
2. Check for cool, clammy skin
3. Check for weakness
 |
| 1. TREATMENT
 | □□□□ | 1. Keep victim lying down
2. 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)
3. Elevate according to injury
4. Reassure and calm the 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.

**Patient is ready for Transport…**

 **(Must Be Verbalized by team!!)**

**While team is treating for shock, Bob needs to lie down on his back.**

**Then as the team turns to finish Initial Assessment on Bob Brown, they fined him lying down.**

**Hand the Team Envelope 1 –**

 **Bob has stopped breathing and does not have a pulse**

 **Perform 3 sets of two person CPR with AED**

**TW0-RESCUER CPR WITH AED**

**(NO SPINAL INJURY - MANIKIN ONLY)**

PROCEDURES CRITICAL SKILL

|  |  |  |
| --- | --- | --- |
| 1. RESCUER 1 - ESTABLISH  UNRESPONSIVENESS  | □ □ □ □ □  | A. Tap or gently shake shoulders \*B. “Are you OK?” C. Determine unconsciousness without compromising cervical spine (neck) injury \*D. “Call for help” \*E. “Get AED” (Note: If AED is used, follow local protocol)  |
| 2. RESCUER 1 - MONITOR PATIENT FOR BREATHING  | □  | 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  | □ □ □ □  | 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 B. Check for presence of carotid pulse for 5 to 10 second \*C. Absence of pulse \*D. Immediately start CPR if no pulse  |
| 4. RESCUER 2 - POSITION FOR COMPRESSIONS  | □ □ □  | A. Locate the compression point on the breastbone between the nipples 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 C. Do not rest fingers on the chest Keep heel of your hand on chest during and between compressions  |
| 5. RESCUER 2 - DELIVER CARDIAC  COMPRESSION  | □ □ □ □  | A. Give 30 compressions B. Compressions are at the rate of 100 to 120 per minute (30 compressions delivered within 18 seconds) C. Down stroke for compression must be on or through compression line D. Return to baseline on upstroke of compression  |
| 6. RESCUER 1 -ESTABLISH AIRWAY  | □ □  | A. Kneel at the patient’s head B. Correctly execute jaw thrust maneuver  |
| 1. RESCUER 1 - VENTILATIONS BETWEEN COMPRESSIONS
 | □ □ □ □  | A. Place barrier device (pocket mask/Shield with one way valve) on manikin B. Give 2 breaths 1 second each C. Each breath - minimum of .8 (through .7 liter line on new manikins) D. Complete breaths and return to compressions in less than 10 seconds (This will be measured from the end of last down stroke to the start of the first down stroke of the next cycle.)  |
| 1. CONTINUE CPR FOR TIME STATED IN PROBLEM
 | □ □ □ □ □ □  | A. Provide 5 cycles of 30 chest compressions and 2 rescue breaths B. To check pulse, stop chest compressions for no more than 10 seconds after the first set of CPR C. Rescuer at patient’s head maintains airway and checks for adequate breathing or coughing D. The rescuer giving compressions shall feel for a carotid pulse E. If no signs of circulation are detected, continue chest compressions and breaths and check for signs of circulation after each set F. A maximum of 10 seconds will be allowed to complete ventilations and required pulse checks between sets (this will be measured from the end of the last down stroke to the start of the first down stroke of the next cycle  |
| 1. SECOND RESCUER ARRIVES WITH AED (DURING FIFTH SET OF COMPRESSIONS)
 | □ □ □  | A. First rescuer continues compressions while second rescuer turns on AED and applies pads. B. RESCUERS SWITCH-First rescuer clears victim, allowing AED to analyze. (Judges shall provide an envelope indicating a shockable or non-shockable rhythm) C. If AED indicates a shockable rhythm, first rescuer clears victim again and delivers shock.  |
| 1. RESUME HIGH-QUALITY CPR
 | □ □  | A. Second rescuer gives 30 compressions immediately after shock delivery (2 cycles). B. First rescuer successfully delivers 2 breaths.  |
| 1. 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.  |
| 1. CHECK FOR RETURN OF PULSE
 | □ □  | A. After providing required CPR (outlined in problem) check for return of pulse (within 10 seconds) \*B. “Patient has a pulse.”  |

**When Team States “Patient has a Pulse”.**

**Hand then Envelope 2 –**

**Ambulance personal is here and will take over.**