

## **First Aid Problem – Farmington 2014**

**Jack was driving Bob to the C-6 Longwall when Jack was answering a text message on his radio communications device when he slammed into the scoop bucket packed partially in the roadway. When they were discovered Jack is unconscious.**

Bob statement

Help, Jack is unconscious. I'm ok, I  
had my seatbelt on.

## 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.

## ESTABLISHING AIRWAY-SUSPECTED CERVICAL SPINE (NECK) INJURY

PROCEDURES		CRITICAL SKILL
1. STABILIZE HEAD	<input type="checkbox"/> <input type="checkbox"/>	A. Rescuer - Position at top of the victim's head B. Restrain victim's head and neck to avoid voluntary or involuntary movement/rotation of the neck
2. ESTABLISH AIRWAY	<input type="checkbox"/>	A. Use modified jaw thrust maneuver without causing over-extension of victim's neck
3. CHECK FOR BREATHING	<input type="checkbox"/> <input type="checkbox"/>	A. Look for absence of breathing (no chest rise and fall) or gasping, which are not considered adequate (within 10 seconds) *B. State that the victim is/is not breathing
4. MAINTAIN OPEN AIRWAY	<input type="checkbox"/>	A. Do not compromise suspected neck injury

## LIFE-THREATENING BLEEDING

PROCEDURES	CRITICAL SKILL	
1. DIRECT PRESSURE AND ELEVATION	<input type="checkbox"/> *A. Apply direct pressure with a gloved hand <input type="checkbox"/> *B. Apply a dressing to wound (cover entire wound) and continue to apply direct pressure <input type="checkbox"/> *C. Elevate the extremity except when spinal injury exists <input type="checkbox"/> *D. Bleeding has been controlled <input type="checkbox"/> *E. If controlled, bandage dressing in place	
2. IF NOTIFIED THAT BLEEDING IS NOT CONTROLLED, PRESSURE POINTS SHALL BE UTILIZED	<input type="checkbox"/> *A. Apply pressure to appropriate pressure point and notify judge verbally that bleeding is controlled (Apply pressure to blood vessels leading to area - in arm, press just below armpit; in leg, press against groin where thigh and trunk join.) <input type="checkbox"/> B. If controlled, bandage dressing in place	
3. IF NOTIFIED THAT BLEEDING IS NOT CONTROLLED, APPLY TOURIQUET	<input type="checkbox"/> A. Apply as per tourniquet skill sheet	

### Internal Bleeding

- \*1. Monitor breathing and pulse
- \*2. Keep patient still
- \*3. Loosen restrictive clothing
- \*4. Be alert if patient vomits
- \*5. Nothing by mouth
- \*6. Report possibility of internal bleeding as soon as EMS personnel arrive on scene

### Skull Fractures and Brain Injuries

- \*1. Open airway with jaw thrust
- 2. Apply collar
- \*3. Use loose gauze dressing- no direct pressure
- \*4. Keep at rest, ask them questions
- 5. Don't elevate legs (on or off a backboard)
- 6. After entire body is immobilized- tilt back board, injured side down



## 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 ▪ Do not attempt to reduce dislocations (if applies)
2. IMMOBILIZING FRACTURE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Selection of appropriate rigid splint of proper length B. Support affected limb and limit movement C. Apply appropriate padded rigid splint against injured extremity D. Place appropriate roller bandage in hand to ensure the position of function E. Secure splint to patient with roller bandage, handkerchiefs, cravats, or cloth strips F. Apply wrap distal to proximal *G. Reassess distal circulation, sensation, and motor function
3. SECURING WITH SLING	<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. Place sling over chest and under arm B. Hold or stabilize arm C. Triangle should extend behind elbow on injured side D. Pull sling around neck and tie on uninjured side E. Pad at the neck (except when C-Collar is present) F. Secure excess material at elbow G. Fingertips should be exposed *H. Reassess distal circulation, sensation, and motor function
4. SECURING SLING WITH SWATHE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Use triangle cravat or factory swathe B. Swathe is tied around chest and injured arm *C. Reassess distal circulation, sensation, and motor function

### COLLAR BONE

Support and limit movement of affected area

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

## 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 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.

## 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.



# **SPLINTING (SOFT) LOWER EXTREMITY FRACTURES AND DISLOCATIONS (ANKLE AND FOOT)**

PROCEDURES		CRITICAL SKILL
1. CARE FOR FRACTURE	<input type="checkbox"/> <input type="checkbox"/>	*A. Assess for distal circulation, sensation, and motor function B. Do not attempt to reduce dislocations (if applies)
2. IMMOBILIZING FRACTURE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Support affected limb and limit movement B. Place three cravats (triangular bandage) under ankle/foot C. Place pillow length wise under ankle/foot, on top of cravats (pillow should extend 6 inches beyond foot) D. Lower limb, adjust cravats to tie E. Tie cravats distal to proximal F. Elevate with blanket or pillow *G. Reassess distal circulation, sensation, and motor function

## 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 OF CERVICAL SPINE

PROCEDURES		CRITICAL SKILL
1. ESTABLISH AND MAINTAIN IN-LINE IMMOBILIZATION	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Place head in a neutral, in-line position unless patient complains of pain or the head is not easily moved into position B. Place head in alignment with spine C. Maintain constant manual in-line immobilization until the patient is properly secured to a backboard with head immobilized
2. ASSESS CSM	<input type="checkbox"/>	*A. Assess distal circulation, sensation, and motor function (on all extremities)
3. ASSESS CERVICAL REGION AND NECK	<input type="checkbox"/> <input type="checkbox"/>	*A. Inspect and palpate for injuries or signs of injuries using: DOTS acronym B. Remove clothing or jewelry as necessary
4. BANDAGE ANY WOUND	<input type="checkbox"/>	A. Any neck wounds
5. APPLY CERVICAL SPINE IMMOBILIZATION	<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"/> <input type="checkbox"/> <input type="checkbox"/>	A. Apply properly sized collar or manual immobilization <u>One piece C-collar</u> A. Select proper sized collar B. Apply collar C. Ensure that patient's head is not twisted during application D. Ensure airway is open after placement <u>Two piece C-collar</u> A. Select proper sized collar B. Apply rear section to back of neck C. Center rigid support on spine D. Apply front section ( overlaps rear section) E. Ensure chin rests in chin cavity F. Secure collar with Velcro straps G. Ensure airway is open after placement
6. SECURE HEAD TO APPROPRIATE IMMOBILIZATION DEVICE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Immobilize patient to appropriate immobilization device B. Use head set or place rolled blankets or towels on each side of head C. Tape and or strap head securely to appropriate immobilization device
7. REASSESS	<input type="checkbox"/> <input type="checkbox"/>	*A. Reassess distal circulation, sensation, and motor function *B. Assess patient response and level of comfort



## IMMOBILIZATION - LONG SPINE BOARD (Backboard)

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

Labels

Skull Fracture

5 Inch Laceration

Neck and Spinal Injury

Left Broken Collar Bone

Internal Bleeding

Right Broken Ankle

Perfusion - capillary refill >2 seconds

Mental Status - unable to follow commands