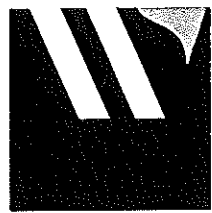


FIRST AID PROBLEM 1

May 2014



**WALTER
ENERGY®**

Problem 1

Problem 1

Your team has been contracted to provide mine rescue coverage for the Old Fathead Mine # 3. On a scheduled training visit your team is traveling, by rail, to the Old Fathead Mines section #2. At the intersection at the top of Fault Hill two rock dust locomotives are traveling past you down the Fault hill. You observe that the operator of the outby locomotive appears to be slumped over as they pass your location. After waiting some time the locomotive operators do not clear the block lights for Fault Hill and fail to respond to your radio calls. Your team cautiously travels down Fault Hill and finds the locomotives and rockdust tank stopped on the track at the in bottom of the hill. The outby locomotive operator is still in the operators compartment but he is now sitting up looking through his lunch box and states he's thirsty. He appears to be very confused. He takes a drink of water and attempts to move the locomotive which causes the inby locomotive operator to scream for help. You look for the inby locomotive operator and find him lying face down on the foot wall beside his locomotive. He is conscious and in pain. He states they loss control going down Fault Hill and he jumped off but he got his glove caught on the locomotive causing him to be dragged for several crosscuts. Provide care for these injured miners and transport. A bystander is available. Make the scene safe before proceeding.

OUTBY PATIENT WOUNDS

- medical alert necklace – diabetic

INBY PATIENT WOUNDS

- 2 inch wound left eyelid
- fractured nose
- 2 inch wound to the chin
- fractured right pelvis
- 2 inch wound to right knee
- 6 inch wound to the outside of the right lower leg
- 2 inch wound to the right ankle
- 2 inch wound to the top of the right foot
- fractured right foot
- dislocated left shoulder
- 2 inch wound on the right elbow
- fractured right hand
- fractured right index finger

Out by patient

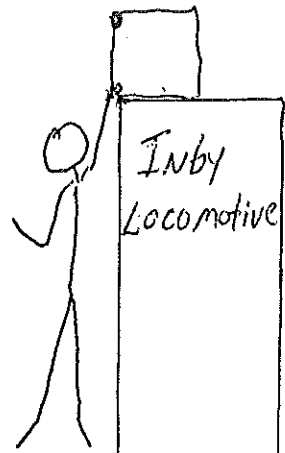
- breathing is 16
- radial pulse is present
- unable to follow commands. VERY CONFUSED.

INBY PATIENT

- Breathing is 28.
- Radial pulse is present.
- Able to follow commands.

Field lay out.

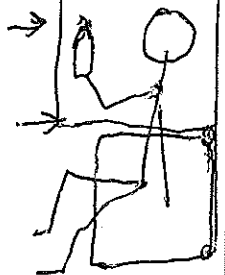
INby Locomotive
operator laying
face down with
glove hung on his
Locomotive



Rock
Dust
Tank

OUTby
Locomotive

A Bottle of water
OUTby Locomotive
operator sitting up
in the Locomotive
seat.



Equipment

Outby Patient

INITIAL ASSESSMENT

PROCEDURES		CRITICAL SKILL
1. SCENE SIZE UP	<input type="checkbox"/> <input type="checkbox"/>	*A. Observe area to ensure safety - <i>Disable locomotive or block from movement.</i> *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. *Outby patient is Immediate.*

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.

Outby patient refuses to lay down or be placed on a backboard.

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 - <i>Diabetic - Team should give patient sugar.</i>												
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" style="border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">L</th> <th style="text-align: center;">R</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </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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7. ARMS	L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*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
8. BACK SURFACES	<input type="checkbox"/>		*A. Check back for DOTS

Give statement here or as soon as team gives sugar to the patient.

STATEMENT

A second first aid team has arrived to takeover care and transport this patient to the surface.

In by Patient

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. *In by patient is Delayed*

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

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.

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"/>	*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	L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	R <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

DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES	CRITICAL SKILL	
1. EMERGENCY CARE FOR AN OPEN WOUND	<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"/>	A. Use sterile dressing B. Cover entire wound C. Control bleeding D. Do not remove dressing
3. APPLY BANDAGE	<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

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

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

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"> ▪ Pain ▪ Swelling ▪ Deformity <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"> ▪ Do not attempt to reduce dislocations
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

**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).

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
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
8. BACK SURFACES	<input type="checkbox"/>		*A. Check back for DOTS

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 (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 <input type="checkbox"/> ▪ Do not attempt to reduce dislocations (if applies)
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

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"> ▪ Do not attempt to reduce dislocations (if applies)
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
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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

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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

IMMOBILIZATION - LONG SPINE BOARD (Backboard)

PROCEDURES	CRITICAL SKILL
1. MOVE THE PATIENT ONTO THE LONG SPINE BOARD	<ul style="list-style-type: none"> <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	<ul style="list-style-type: none"> <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	<ul style="list-style-type: none"> <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	<ul style="list-style-type: none"> <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	<ul style="list-style-type: none"> <input type="checkbox"/> *A. Reassess distal circulation, sensation, and motor function <input type="checkbox"/> *B. Assess patient response and level of comfort

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.