

POST 5 MORGANTOWN
First Aid Contest
2015

PROBLEM

You and your partner have been called to assist with treating victims at a surface mine blasting accident. The blast caused extensive damage to the mine office and surrounding property. There are multiple victims and local EMS squads are also on site and providing assistance. The local EMS squads will be available to transport any victims that may need immediate transport.

You and your partner have been assigned to a specific area by the Incident Commander. You have been instructed to locate and treat any victims in your assigned area and prepare for transport.

LIST OF INJURIES

JOHN (Judge)

MINOR CUTS AND BRUISES – WILL BE INSTRUCTED TO TELL THE TEAM THAT ROB IS IN BAD CONDITION AND SHOULD WORK ON HIM FIRST.

LABEL

Respirations - <30 per minute

Perfusion - <2 seconds

Mental Status – Able to follow commands

Minor cuts and bruises

HARVEY (Manikin)

MINOR CUTS AND BRUISES

LABEL

Respirations – <30 per minute

Perfusion – Radial Pulse Present

Mental Status – Able to follow commands

Minor cuts and bruises

ROB (Team Patient)

LABEL

Respirations - <30 per minute

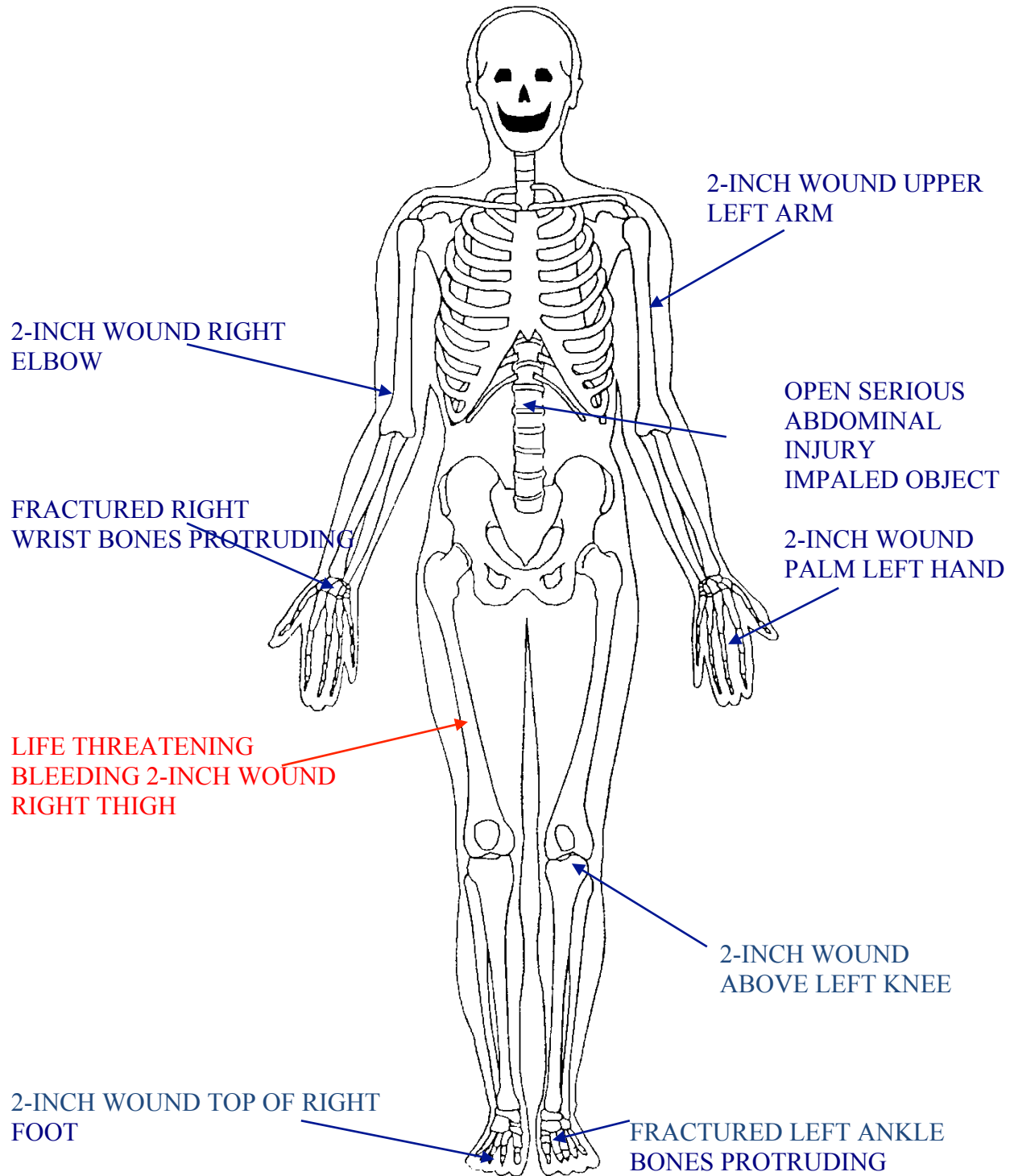
Perfusion - <2 seconds

Mental Status – Able to follow commands

Life Threatening Bleeding

- | | |
|--|--|
| 1. LIFE THREATENING BLEEDING
2-INCH WOUND RIGHT THIGH | 6. 2-INCH WOULD RIGHT ELBOW |
| 2. OPEN SERIOUS ABDOMINAL INJURY
WITH IMPALED OBJECT | 7. FRACTURED RIGHT WRIST BONES
PROTRUDING |
| 3. 2-INCH WOUND TOP OF RIGHT FOOT | 8. 2-INCH WOUND UPPER LEFT ARM |
| 4. 2-INCH WOUND ABOVE LEFT KNEE | 9. 2-INCH WOULD PALM OF HAND |
| 5. FRACTURED LEFT ANKLE BONES PROTRUDING | |

ROB



ROB (Team Patient)

INITIAL ASSESSMENT

1. SCENE SIZE UP
 - *A. Observe area to ensure safety
 - JUDGES NOTE: IF TEAM ASK, THE SCENE IS SAFE.**
 - *B. Call for help

2. MECHANISM OF INJURY
 - *A. Determine causes of injury, if possible
 - *B. Triage: Immediate, Delayed, Minor or Deceased
 - JUDGES NOTE: THIS IS A DELAYED PATIENT**
 - *C. Ask patient (if conscious) what happened

3. INITIAL ASSESSMENT
 - *A. Verbalize general impression of the patient
 - *B. Determine responsiveness/level of consciousness (AVPU) Alert, Verbal, Painful, Unresponsive
 - *C. Determine chief complaint/apparent life threats

4. ASSESS AIRWAY AND BREATHING
 - A. Correctly execute head-tilt/chin-life maneuver
 - B. Look for absence of breathing (no chest rise or fall) or gasping, which are not consider adequate (10 seconds)
 - C. If present, treat sucking chest wound

5. ASSESS FOR IMMEDIATE LIFE THREATENING CONDITIONS
 - A. Check for presence of a carotid pulse (5-10 seconds)
 - B. Control life threatening bleeding

LIFE-THREATENING BLEEDING

LIFE THREATENING BLEEDING FROM A 2-INCH WOUND RIGHT THIGH

PROCEDURE

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 JUDGES NOTE: WHEN TEAM ASK, BLEEDING IS CONTROLLED <input type="checkbox"/> *E. Bandage dressing in place
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- C. Start treatment for all other life threatening Injuries/conditions

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

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.**

JUDGES NOTE: BEFORE PATIENT ASSESSMENT IS STARTED ON ROB (TEAM PATIENT) HAND TEAM ENVELOPE LABELED JOHN THAT STATES: JOHN HAS RESPIRATIONS >30 PER MINUTE AND IS UNABLE TO FOLLOW COMMANDS. TEAM SHOULD THEN CHANGE GLOVES AND DO AN INITIAL AND RAPID PATIENT ASSESSMENT. WHEN ASSESSMENTS ARE COMPLETE, TEAM SHOULD HAND JOHN OFF TO EMS FOR TRANSPORT. TEAMS MUST THEN CHANGE GLOVES AGAIN AND RETURN TO ROB AND COMPLETE TREATMENT AND PREPARE FOR TRANSPORT. IF GLOVES ARE NOT CHANGED, DOCK UNDER RULE 20.

JOHN (Judge)

INITIAL ASSESSMENT

1. SCENE SIZE UP
 - *A. Observe area to ensure safety
 - *B. Call for help

2. MECHANISM OF INJURY
 - *A. Determine causes of injury, if possible
 - *B. Triage: Immediate, Delayed, Minor or Deceased
 - *C. Ask patient (if conscious) what happened

3. INITIAL ASSESSMENT
 - *A. Verbalize general impression of the patient
 - *B. Determine responsiveness/level of consciousness (AVPU) Alert, Verbal, Painful, Unresponsive
 - *C. Determine chief complaint/apparent life threats

4. ASSESS AIRWAY AND BREATHING
 - A. Correctly execute head-tilt/chin-life maneuver
 - B. Look for absence of breathing (no chest rise or fall) or gasping, which are not consider adequate (10 seconds)
 - C. If present, treat sucking chest wound

5. ASSESS FOR IMMEDIATE LIFE THREATENING CONDITIONS
 - A. Check for presence of a carotid pulse (5-10 seconds)
 - B. Control life threatening bleeding
 - C. Start treatment for all other life threatening Injuries/conditions

IMMEDIATE: Rapid Patient Assessment treating all life threats Load and Go.

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.**

JOHN (Judge)

RAPID ASSESSMENT

1. HEAD
- *A. Check head for DOTS: Deformities, Open Wounds, Tenderness, 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 of injury of tongue, unusual breath odor, discoloration
2. NECK
- *A. Check the neck for DOTS
 - *B. Inspect for medical ID
3. CHEST
- *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
- *A. Check abdomen (stomach) for DOTS
5. PELVIS
- *A. Check pelvis for DOTS
 - *B. Inspect pelvis for injury by touch (verbally state inspection of crotch and buttocks areas)
6. LEGS
- | | | |
|--|--------------------------|--|
| | L | R |
| | <input type="checkbox"/> | <input type="checkbox"/> *A. Check each leg for DOTS |
| | <input type="checkbox"/> | <input type="checkbox"/> B. Inspect legs for injury by touch |
| | <input type="checkbox"/> | <input type="checkbox"/> *C. Check legs for motion; team places hand on bottom of each foot and states "Can you puch against my hand?" |
| | <input type="checkbox"/> | <input type="checkbox"/> *D. Check for medical ID bracelet |
7. ARMS
- | | | |
|--|--------------------------|--|
| | L | R |
| | <input type="checkbox"/> | <input type="checkbox"/> *A. Check each arm for DOTS |
| | <input type="checkbox"/> | <input type="checkbox"/> B. Inspect arms for injury by touch |

- *C. Check Arms for motion; team places fingers in each hand of patient and states “Can you squeeze my fingers?”
- *D. Check for medical ID bracelet

8. BACK SURFACES *A. Check back for DOTS

JUDGES NOTE: ONCE RAPID ASSESSMENT IS COMPLETE, TEAM SHOULD HAND JOHN OVER TO EMS TO TRANSPORT, CHANGE GLOVES AND CONTINUE WITH PATIENT ASSESSMENT ON ROB.

ROB (Team Patient)

PATIENT ASSESSMENT

2. HEAD
- *A. Check head for DOTS: Deformities, Open Wounds, Tenderness, 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 of injury of tongue, unusual breath odor, discoloration
2. NECK
- *A. Check the neck for DOTS
 - *B. Inspect for medical ID
3. CHEST
- *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
- *A. Check abdomen (stomach) for DOTS

JUDGES NOTE: AT THIS TIME TEAMS SHOULD MAKE STATEMENT “REMOVING CLOTHING; EXPOSING AND CLEANING WOUND SURFACE”. THIS STATEMENT IS ONLY REQUIRED TO BE MADE ONCE DURING THE WORKING OF THE PROBLEM, PRIOR TO TREATING FIRST WOUND.

DRESSING AND BANDAGING – OPEN WOUNDS

OPEN SERIOUS ABDOMINAL INJURY WITH IMPALED OBJECT

PROCEDURE

CRITICAL SKILL

1. EMERGENCY CARE FOR OPEN WOUND	<input type="checkbox"/> *A. Control bleeding
	<input type="checkbox"/> *B. Prevent further contamination
	<input type="checkbox"/> *C. Do not remove object
	<input type="checkbox"/> *D. Bandage dressing in place after bleeding has been controlled

	<input type="checkbox"/>	*E. Keep patient lying still
	<input type="checkbox"/>	*F. Do not flex knees
2. APPLY DRESSING	<input type="checkbox"/>	A. Stabilize impaled object
	<input type="checkbox"/>	B. Apply moist sterile dressing, then an occlusive dressing
	<input type="checkbox"/>	C. Cover the occlusive with pads or a towel for warmth
	<input type="checkbox"/>	D. Cover entire wound
	<input type="checkbox"/>	E. Do not remove dressing
3. APPLY BANDAGE	<input type="checkbox"/>	A. Do not bandage too tightly
	<input type="checkbox"/>	B. Do not bandage too loosely
	<input type="checkbox"/>	C. Do not leave loose ends

5. PELVIS

*A. Check pelvis for DOTS

*B. Inspect pelvis for injury by touch (verbally state inspection of crotch and buttocks areas)

JUDGES NOTE: HAND TEAM ENVELOPE LABELED HARVEY THAT STATES: HARVEY IS NOT BREATHING AND HAS NO RADIAL PULSE. PERFORM TWO-RESCUER CPR FOR 3 SETS AFTER WHICH, HARVEY IS THEN BREATHING WITH DIFFICULTY AND HAS A PULSE, BUT UNABLE TO FOLLOW COMMANDS. TEAM SHOULD THEN CHANGE GLOVES PRIOR TO GIVING CPR. AFTER CPR TEAM SHOULD DO AN INITIAL AND RAPID PATIENT ASSESSMENT. WHEN ASSESSMENTS ARE COMPLETE, TEAM SHOULD HAND HARVEY OFF TO EMS FOR TRANSPORT. TEAMS MUST THEN CHANGE GLOVES AGAIN AND RETURN TO ROB AND COMPLETE TREATMENT AND PREPARE FOR TRANSPORT.

IF GLOVES ARE NOT CHANGED, DOCK UNDER RULE 20.

HARVEY (Manikin)

TWO-PERSON CPR (NO SPINAL INJURY - MANIKIN ONLY)

PROCEDURE	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 <input type="checkbox"/> *D. “Call for Help” <input type="checkbox"/> *E. “Get AED”
2. RESCUER 1 – MONITOR PATIENT FOR BREATHING	<input type="checkbox"/> A. Look for absence of breathing (no chest rise and fall) or gasping breaths, 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 5-10 seconds <input type="checkbox"/> *C. Absence of pulse
4. RESCUER 2 – 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 the compression point and the other hand on top of the first so hands are parallel. <input type="checkbox"/> C. Do not intentionally rest fingers on the chest. Keep heel of your hand on chest during and between compressions.
5. RESCUER 2 – DELIVER CARDIAC COMPRESSIONS	<input type="checkbox"/> A. Give 30 compressions <input type="checkbox"/> B. Compressions are at the rate of 100 per minute (30 compressions delivered within 18 seconds) <input type="checkbox"/> C. Downstroke for compression must be on or between compression line <input type="checkbox"/> D. Return to baseline on upstroke of compression
6. RESCUER 1 – ESTABLISH AIRWAY	<input type="checkbox"/> A. Kneel at the patient’s side near the head <input type="checkbox"/> B. Correctly execute head-tilt
7. RESCUER 1 – VENTILATIONS BETWEEN COMPRESSIONS	<input type="checkbox"/> A. Place barrier device (pocket mask/shield with one way valve) on manikin <input type="checkbox"/> B. Give 2 breaths 1 second each <input type="checkbox"/> C. Each breath – minimum of .8 (through .7 liter line on new manikins) <input type="checkbox"/> D. Complete breaths and return to

		compressions in 4-7 seconds (This will be measured from the end of last downstroke to the start of the first downstroke of the next cycle)
8. CONTINUE CPR FOR TIME STATED IN PROBLEM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Provide 5 cycles of 30 chest compressions and 2 rescue breaths</p> <p>B. To check pulse, stop chest compressions for 10 seconds after the first set of CPR</p> <p>C. Rescuer at patient's head maintains airway and looks, listens, and feels for adequate breathing or coughing</p> <p>D. The rescuer at the patient's head shall feel for a carotid pulse</p> <p>E. If no signs of circulation are detected, continue chest compressions and breaths and check for signs of circulation after each set</p> <p>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 downstroke to the start of the first downstroke of the next cycle)</p>
9. CHANGING RESCUERS	<input type="checkbox"/>	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
10. CHECK FOR RETURN OF PULSE	<input type="checkbox"/> <input type="checkbox"/>	<p>A. After providing required CPR (outlined in problem), check for return of pulse (within 10 seconds)</p> <p>B. "Patient has a pulse"</p>

HARVEY (Manikin)

INITIAL ASSESSMENT

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 - *A. Observe area to ensure safety
 - *B. Call for help

2. MECHANISM OF INJURY
 - *A. Determine causes of injury, if possible
 - *B. Triage: Immediate, Delayed, Minor or Deceased
 - *C. Ask patient (if conscious) what happened

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5. ASSESS FOR IMMEDIATE LIFE THREATENING CONDITIONS
 - A. Check for presence of a carotid pulse (5-10 seconds)
 - B. Control life threatening bleeding
 - C. Start treatment for all other life threatening Injuries/conditions

IMMEDIATE: Rapid Patient Assessment treating all life threats Load and Go.

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

HARVEY (Manikin)

RAPID ASSESSMENT

1. HEAD
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 - *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 of injury of tongue, unusual breath odor, discoloration
2. NECK
- *A. Check the neck for DOTS
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- *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
- *A. Check abdomen (stomach) for DOTS
5. PELVIS
- *A. Check pelvis for DOTS
 - *B. Inspect pelvis for injury by touch (verbally state inspection of crotch and buttocks areas)
6. LEGS
- | | | |
|--------------------------|--------------------------|--|
| | L | R |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> *A. Check each leg for DOTS |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> B. Inspect legs for injury by touch |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> *C. Check legs for motion; team places hand on bottom of each foot and states "Can you puch against my hand?" |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> *D. Check for medical ID bracelet |
7. ARMS
- | | | |
|--------------------------|--------------------------|--|
| | L | R |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> *A. Check each arm for DOTS |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> B. Inspect arms for injury by touch |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> *C. Check Arms for motion; team places fingers in each hand of patient and states "Can you squeeze my fingers?" |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> *D. Check for medical ID bracelet |

8. BACK SURFACES *A. Check back for DOTS

**JUDGES NOTE: ONCE RAPID ASSESSMENT IS COMPLETE, TEAM SHOULD
HAND HARVEY OVER TO EMS TO TRANSPORT, CHANGE GLOVES AND
CONTINUE WITH PATIENT ASSESSMENT ON ROB.**

CON'T ROB (Team Patient)

- | | L | R | |
|---------|--------------------------|--------------------------|--|
| 6. LEGS | <input type="checkbox"/> | <input type="checkbox"/> | *A. Check each leg for DOTS |
| | <input type="checkbox"/> | <input type="checkbox"/> | B. Inspect legs for injury by touch |
| | <input type="checkbox"/> | <input type="checkbox"/> | *C. Check legs for motion; team places hand on bottom of each foot and states "Can you puch against my hand?" |
| | <input type="checkbox"/> | <input type="checkbox"/> | *D. Check for medical ID bracelet |

DRESSING AND BANDAGING – OPEN WOUNDS 2-INCH WOUND TOP OF RIGHT FOOT

PROCEDURE		CRITICAL SKILL
1. EMERGENCY CARE FOR 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"/>	A. Do not bandage too tightly B. Do not bandage too loosely C. Do not leave loose ends D. Cover all edges of dressing

DRESSING AND BANDAGING – OPEN WOUNDS 2-INCH WOUND ABOVE LEFT KNEE

PROCEDURE		CRITICAL SKILL
1. EMERGENCY CARE FOR 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"/>	A. Do not bandage too tightly B. Do not bandage too loosely C. Do not leave loose ends D. Cover all edges of dressing

DRESSING AND BANDAGING – OPEN WOUNDS
FRACTURED LEFT ANKLE

PROCEDURE	CRITICAL SKILL	
1. EMERGENCY CARE FOR 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"/>	A. Do not bandage too tightly B. Do not bandage too loosely C. Do not leave loose ends D. Cover all edges of dressing

SPLINTING LOWER EXTREMITY FRACTURES AND DISLOCATIONS
FRACTURE OF LEFT ANKLE BONES PROTRUDING

PROCEDURE	CRITICAL SKILL	
1. CARE FOR FRACTURED ANKLE	<input type="checkbox"/> <input type="checkbox"/>	*A. Check for motion and circulation at injured limb's foot B. Immobilize fracture with pillow and cravats
2. IMMOBILIZE FRACTURE	<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. Stabilize limb, lift limb, but do not apply traction B. Place three cravats (triangular bandage) under ankle C. Place pillow length wise under ankle, 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 for distal circulation, sensation, and motor function

- | | | | |
|---------|--------------------------|--------------------------|---|
| | L | R | |
| 7. ARMS | <input type="checkbox"/> | <input type="checkbox"/> | *A. Check each arm for DOTS |
| | <input type="checkbox"/> | <input type="checkbox"/> | B. Inspect arms for injury by touch |
| | <input type="checkbox"/> | <input type="checkbox"/> | *C. Check Arms for motion; team places fingers in each hand of patient and states "Can you squeeze my fingers?" |
| | <input type="checkbox"/> | <input type="checkbox"/> | *D. Check for medical ID bracelet |

DRESSING AND BANDAGING – OPEN WOUNDS
2-INCH WOUND RIGHT ELBOW

PROCEDURE	CRITICAL SKILL
1. EMERGENCY CARE FOR OPEN WOUND	<input type="checkbox"/> *A. Control bleeding <input type="checkbox"/> *B. Prevent further contamination <input type="checkbox"/> *C. Bandage dressing in place after bleeding has been controlled <input type="checkbox"/> *D. Keep patient lying still
2. APPLY DRESSING	<input type="checkbox"/> A. Use sterile dressing <input type="checkbox"/> B. Cover entire wound <input type="checkbox"/> C. Control bleeding <input type="checkbox"/> D. Do not remove dressing
3. APPLY BANDAGE	<input type="checkbox"/> A. Do not bandage too tightly <input type="checkbox"/> B. Do not bandage too loosely <input type="checkbox"/> C. Do not leave loose ends <input type="checkbox"/> D. Cover all edges of dressing

DRESSING AND BANDAGING – OPEN WOUNDS
FRACTURED RIGHT WRIST

PROCEDURE	CRITICAL SKILL
1. EMERGENCY CARE FOR OPEN WOUND	<input type="checkbox"/> *A. Control bleeding <input type="checkbox"/> *B. Prevent further contamination <input type="checkbox"/> *C. Bandage dressing in place after bleeding has been controlled <input type="checkbox"/> *D. Keep patient lying still
2. APPLY DRESSING	<input type="checkbox"/> A. Use sterile dressing <input type="checkbox"/> B. Cover entire wound <input type="checkbox"/> C. Control bleeding <input type="checkbox"/> D. Do not remove dressing
3. APPLY BANDAGE	<input type="checkbox"/> A. Do not bandage too tightly <input type="checkbox"/> B. Do not bandage too loosely <input type="checkbox"/> C. Do not leave loose ends <input type="checkbox"/> D. Cover all edges of dressing

**SPLINTING (SOFT) UPPER EXTREMITY FRACTURES AND DISLOCATIONS
(WRIST AND HAND)**

FRACTURED RIGHT WRIST BONES PROTRUDING

PROCEDURE		CRITICAL SKILL
1. CARE FOR FRACTURE	<input type="checkbox"/>	*A. Check for distal circulation, sensation, and motor function
2. IMMOBILIZING FRACTURE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Support affected limb and limit movement B. Place two cravats (triangular bandage) under wrist/hand C. Place pillow length wise under wrist/hand, on top of cravats (pillow should extend past fingertips) D. Lower limb, adjust cravats to tie E. Tie cravats distal to proximal
3. SECURING WITH SLING	<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 or injured side D. Secure excess material at elbow E. Fingertips should be exposed *F. 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 B. Swathe is tied around chest and injured arm *C. Reassess distal circulation, sensation, and motor function

**DRESSING AND BANDAGING – OPEN WOUNDS
2-INCH WOUND UPPER LEFT ARM**

PROCEDURE		CRITICAL SKILL
1. EMERGENCY CARE FOR 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"/>	A. Do not bandage too tightly B. Do not bandage too loosely C. Do not leave loose ends D. Cover all edges of dressing

DRESSING AND BANDAGING – OPEN WOUNDS
2-INCH WOUND LEFT PALM

PROCEDURE	CRITICAL SKILL
1. EMERGENCY CARE FOR OPEN WOUND	<input type="checkbox"/> *A. Control bleeding <input type="checkbox"/> *B. Prevent further contamination <input type="checkbox"/> *C. Bandage dressing in place after bleeding has been controlled <input type="checkbox"/> *D. Keep patient lying still
2. APPLY DRESSING	<input type="checkbox"/> A. Use sterile dressing <input type="checkbox"/> B. Cover entire wound <input type="checkbox"/> C. Control bleeding <input type="checkbox"/> D. Do not remove dressing
3. APPLY BANDAGE	<input type="checkbox"/> A. Do not bandage too tightly <input type="checkbox"/> B. Do not bandage too loosely <input type="checkbox"/> C. Do not leave loose ends <input type="checkbox"/> D. Cover all edges of dressing

JUDGES NOTE: SLING AND SWATH MUST BE APPLIED TO LEFT ARM AS TREATMENT FOR WOUNDS. IF TEAM DOES NOT APPLY, DOCK UNDER RULE 25.

8. BACK SURFACES *A. Check back for DOT

LONG SPINE BOARD (Backboard) - IMMOBILIZATION

PROCEDURE	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"/> A. Other First Aid Provider controls movement of the rest of the body <input type="checkbox"/> B. Other First Aid Provider positions themselves on same side <input type="checkbox"/> C. Upon command of First Aid Provider at the head, roll patient onto side toward First Aid Providers <input type="checkbox"/> D. Place long spine board next to the patient with top of board beyond top of head <input type="checkbox"/> E. Place patient onto the board at command of the First Aid Provider at the head while holding in-line immobilization using methods to limit spinal movement

	<input type="checkbox"/>	F. 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"/> <input type="checkbox"/> <input type="checkbox"/>	A. Select and use appropriate padding B. Place padding as needed under the head C. Place padding as needed under torso
3. IMMOBILIZE BODY TO THE LONG 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 LONG SPINE BOARD	<input type="checkbox"/> <input type="checkbox"/>	A. Using head set or place rolled towels on each side of head B. Tape and/or strap head securely to board, ensuring Cervical spine immobilization
5. REASSESS	<input type="checkbox"/> <input type="checkbox"/>	*A. Reassess distal circulation, sensation, and motor function *B. Assess patient response and level of comfort

SHOCK

PROCEDURE		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 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.