

West Virginia State Competition

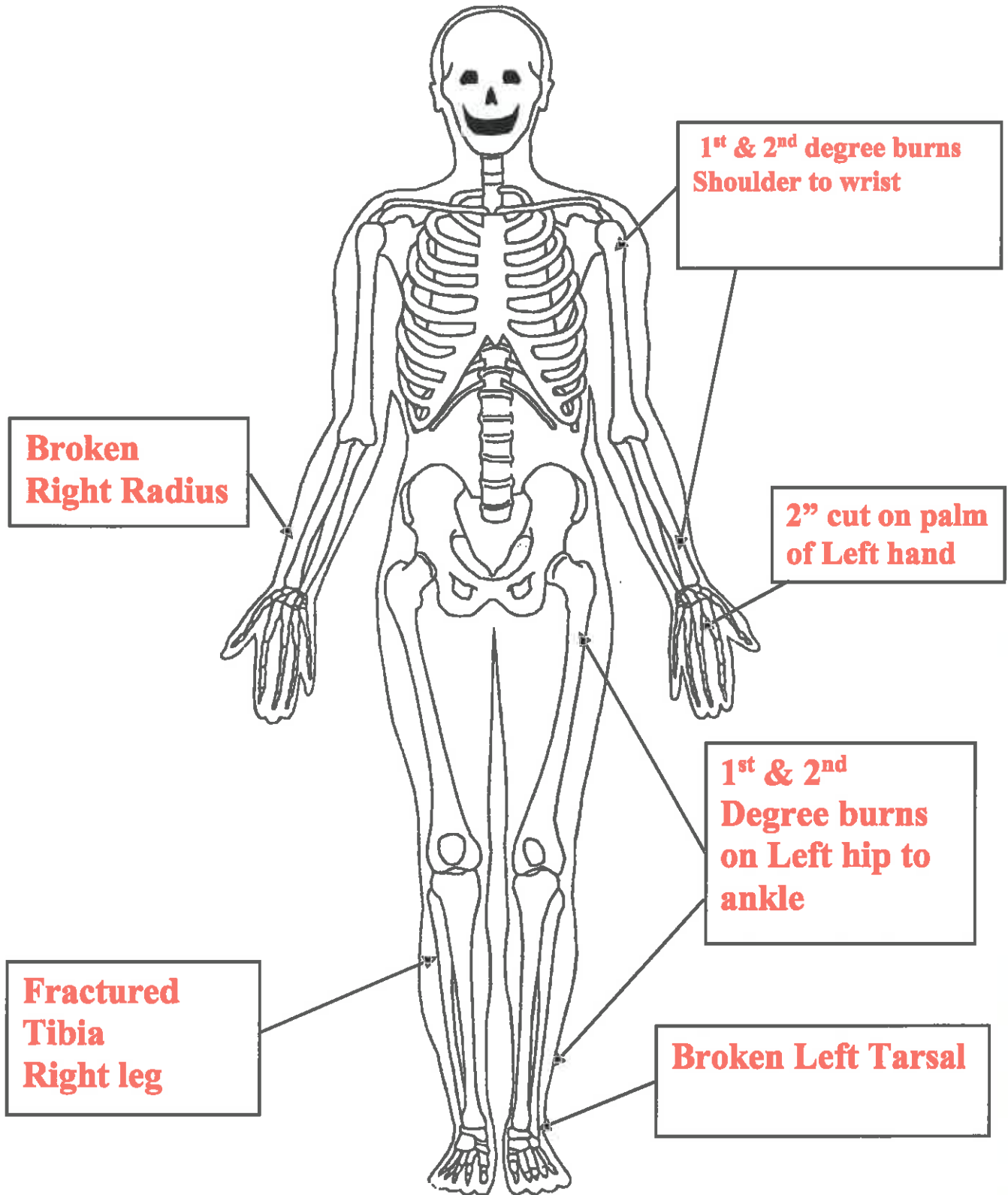
Post #5

2016

First Aid Problem

While working on the dayshift at the Sugarcreek #7 Mine, you and your first aid partner are called to an accident at the #2 North beltline drive. A fire occurred while belt cleaner, John Johnson, was working on the elevated walkway at the drive. Trapped by the fire he jumped to the ground and made his way to a safe area in fresh air by the phone in the main track entry where he called from. When you arrive at the scene he is laying on his back unconscious, no pulse, and not breathing. Perform one set of 2-man CPR, and each contestant will perform one set of A.V. John will then have a pulse and be breathing. Treat and prepare for transportation.

PATIENT



2016

**POST #5
FIRST AID
LIST OF INJURIES**

- **1ST & 2ND DEGREE BURNS LEFT SHOULDER TO WRIST**
- **2" CUT ON PALM OF LEFT HAND**
- **1ST & 2ND DEGREE BURNS ON LEFT HIP TO ANKLE**
- **BROKEN LEFT TARSAL**
- **FRACTURED TIBIA RIGHT LEG**
- **BROKEN RIGHT RADIUS**

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

PROCEDURES	CRITICAL SKILL
1. RESCUER 1 - ESTABLISH UNRESPONSIVENESS	<input type="checkbox"/> A. Tap or gently shake shoulders <input type="checkbox"/> *B. "Are you OK?" <input type="checkbox"/> C. Determine unconsciousness without compromising cervical spine (neck) injury <input type="checkbox"/> *D. "Call for help" <input type="checkbox"/> *E. "Get AED" (Note: If AED is used, follow local protocol)
2. RESCUER 1 - MONITOR PATIENT FOR BREATHING	<input type="checkbox"/> A. Look for absence of breathing (no chest rise and fall) or gasping 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 to 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 COMPRESSION	<input type="checkbox"/> A. Give 30 compressions <input type="checkbox"/> B. Compressions are at the rate of at least 100 per minute (30 compressions delivered within 18 seconds) <input type="checkbox"/> C. Down stroke for compression must be on or through compression line <input type="checkbox"/> D. Return to baseline on upstroke of compression
6. RESCUER 1 - ESTABLISH AIRWAY	<input type="checkbox"/> A. Kneel at the patient's side near the head <input type="checkbox"/> B. Correctly execute head-tilt/ chin-lift maneuver

<p>7. RESCUER 1 - VENTILATIONS BETWEEN COMPRESSIONS</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>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.)</p>
<p>8. CONTINUE CPR FOR TIME STATED IN PROBLEM</p>	<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 B. To check for 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 at the patient's head 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)</p>
<p>9. CHANGING RESCUERS</p>	<input type="checkbox"/>	<p>A. Change of rescuers shall be made in 5 seconds or less and will be completed as outlined in the problem. Team must switch every 5 cycles in less than 5 seconds.</p>
<p>10. CHECK FOR RETURN OF PULSE</p>	<input type="checkbox"/> <input type="checkbox"/>	<p>A. After providing required CPR (outlined in problem), check for return of pulse (within 10 seconds) *A. "Patient has a pulse."</p>

MOUTH-TO-MASK RESUSCITATION

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

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).

(JUDGES 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.

PATIENT ASSESSMENT

PROCEDURES

CRITICAL SKILL

1. HEAD	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*A. Check head for DOTS: Deformities, Open wounds, Tenderness and Swelling *B. Check and touch the scalp *C. Check the face *D. Check the ears for bleeding or clear fluids *E. Check the eyes for any discoloration, unequal pupils, reaction to light, foreign objects and bleeding *F. Check the nose for any bleeding or drainage *G. Check the mouth for loose or broken teeth, foreign objects, swelling or injury of tongue, unusual breath odor and discoloration												
2. NECK	<input type="checkbox"/> <input type="checkbox"/>	*A. Check the neck for DOTS *B. Inspect for medical ID												
3. CHEST	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*A. Check chest area for DOTS *B. Feel chest for equal breathing movement on both sides *C. Feel chest for inward movement in the rib areas during inhalations												
4. ABDOMEN	<input type="checkbox"/>	*A. Check abdomen (stomach) for DOTS												
5. PELVIS	<input type="checkbox"/> <input type="checkbox"/>	*A. Check pelvis for DOTS *B. Inspect pelvis for injury by touch (Visually inspect and verbally state inspection of crotch and buttocks areas)												
6. LEGS	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">L</th> <th style="width: 50%;">R</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </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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8. BACK SURFACES	<input type="checkbox"/>	*A. Check back for DOTS												

Fractured Tibia, Right leg

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

PROCEDURE		CRITICAL SKILL
1. DETERMINE NEED FOR SPLINTING	<input type="checkbox"/> <input type="checkbox"/>	*A. Assess for: <ul style="list-style-type: none"> ▪ Pain ▪ Swelling ▪ Deformity 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"/> <input type="checkbox"/>	A. Select appropriate splinting method depending on position of extremity and materials available B. Select appropriate padding material
4. PREPARE FOR SPLINTING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Remove or cut away clothing as needed *B. Assess distal circulation, sensation, and motor function C. Cover any open wounds with sterile dressing and bandage D. Measure splint E. Pad around splint for patient comfort

Fractured Tibia, Right leg

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

BROKEN LEFT TARSAALS

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

BURNS

1st & 2nd degree Burns Left Hip to ankle

PROCEDURES		CRITICAL SKILLS
1. DETERMINE BURN TYPE	□	*A. Determine type <ul style="list-style-type: none"> ▪ Thermal ▪ Chemical ▪ Electrical
2. DETERMINE BODY SURFACE AREA	□	*A. Determine Body Surface Area (BSA) using rule of nines
3. BURN CARE (All Types)	□ □ □ □ □ □ □ □	*A. Remove patient from source of burn and prevent further contamination *B. Consider the type of burn and stopping the burning process initially with water or saline if appropriate *C. Remove jewelry *D. Continually monitor the airway for evidence of closure *E. Cover the burned area with a dry sterile dressing *F. Do not use any type of ointment, lotion or antiseptic *G. Do not break blisters *H. Ensure patient does not get hypothermic
4. CARE FOR CHEMICAL BURNS	□ □ □ □ □ □	A. Protect yourself from exposure to hazardous materials B. Wear gloves, eye protection, and respiratory protection *C. Brush off dry powders *D. Consider flushing with large amounts of water *E. Continue flushing the contaminated area if applicable *F. Use caution not to contaminate uninjured areas when flushing or brushing

Judges note: this is a Thermal Burn

BURNS

1st & 2nd degree Burns Left Hip to ankle

<p>5. CARE FOR ELECTRICAL BURNS</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>*A. Ensure safety before removing patient from the electrical source</p> <p>*B. If the patient is still in contact with the electrical source or you are unsure, do not approach or touch the patient, contact power company</p> <p>*C. Monitor the patient closely for respiratory and cardiac arrest</p> <p>D. Treat the soft tissue injuries associated with the burn</p> <p>*E. Look for both an entrance and exit wound</p>
<p>6. REASSESS</p>	<input type="checkbox"/>	<p>*A. Reassess level of consciousness (AVPU), respiratory status, and patient response</p>

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

BROKEN RIGHT RADIUS

SPLINTING UPPER EXTREMITY/LOWER EXTREMITY FRACTURES

(AIR SPLINT)

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

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

BROKEN RIGHT RADIUS

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
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

BURNS

1st & 2nd degree burns Left shoulder to wrist

PROCEDURES		CRITICAL SKILLS
1. DETERMINE BURN TYPE	<input type="checkbox"/>	*A. Determine type <ul style="list-style-type: none"> ▪ Thermal ▪ Chemical ▪ Electrical
2. DETERMINE BODY SURFACE AREA	<input type="checkbox"/>	*A. Determine Body Surface Area (BSA) using rule of nines
3. BURN CARE (All Types)	<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. Remove patient from source of burn and prevent further contamination *B. Consider the type of burn and stopping the burning process initially with water or saline if appropriate *C. Remove jewelry *D. Continually monitor the airway for evidence of closure *E. Cover the burned area with a dry sterile dressing *F. Do not use any type of ointment, lotion or antiseptic *G. Do not break blisters *H. Ensure patient does not get hypothermic
4. CARE FOR CHEMICAL BURNS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Protect yourself from exposure to hazardous materials B. Wear gloves, eye protection, and respiratory protection *C. Brush off dry powders *D. Consider flushing with large amounts of water *E. Continue flushing the contaminated area if applicable *F. Use caution not to contaminate uninjured areas when flushing or brushing

Judges note: this is a Thermal Burn

BURNS

1st & 2nd degree burns Left shoulder to wrist

<p>5. CARE FOR ELECTRICAL BURNS</p>	<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	<ul style="list-style-type: none"> *A. Ensure safety before removing patient from the electrical source *B. If the patient is still in contact with the electrical source or you are unsure, do not approach or touch the patient, contact power company *C. Monitor the patient closely for respiratory and cardiac arrest D. Treat the soft tissue injuries associated with the burn *E. Look for both an entrance and exit wound
<p>6. REASSESS</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 	<ul style="list-style-type: none"> *A. Reassess level of consciousness (AVPU), respiratory status, and patient response

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

2" cut on palm of left hand

DRESSINGS AND BANDAGING – OPEN WOUNDS

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

TWO-PERSON LOG ROLL

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"/> <input type="checkbox"/>	A. When placing patient on board place board parallel to the patient 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"/> <input type="checkbox"/>	A. Grasp the patient at the shoulder and pelvis area B. Give instructions to bystander, if used to support
4. ROLLING THE PATIENT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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 B. The head and neck should remain on the same plane as the torso C. Maintain stability by holding patient with one hand and placing board (if used) with other D. Roll the body as a unit onto the board (if used) (board may be slanted or flat) E. Place the arm alongside the body

IMMOBILIZATION - LONG SPINE BOARD (Backboard)

PROCEDURES	CRITICAL SKILL
<p>1. MOVE THE PATIENT ONTO THE LONG SPINE BOARD</p>	<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
<p>2. PAD VOIDS BETWEEN PATIENT AND LONG SPINE BOARD</p>	<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
<p>3. IMMOBILIZE BODY TO THE LONG SPINE BOARD</p>	<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
<p>4. IMMOBILIZE HEAD TO THE LONG SPINE BOARD</p>	<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
<p>5. REASSESS</p>	<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

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.