

**2019
HARLAN COUNTY
SAFETY DAYS**

**FIRST AID CONTEST
PROBLEM**

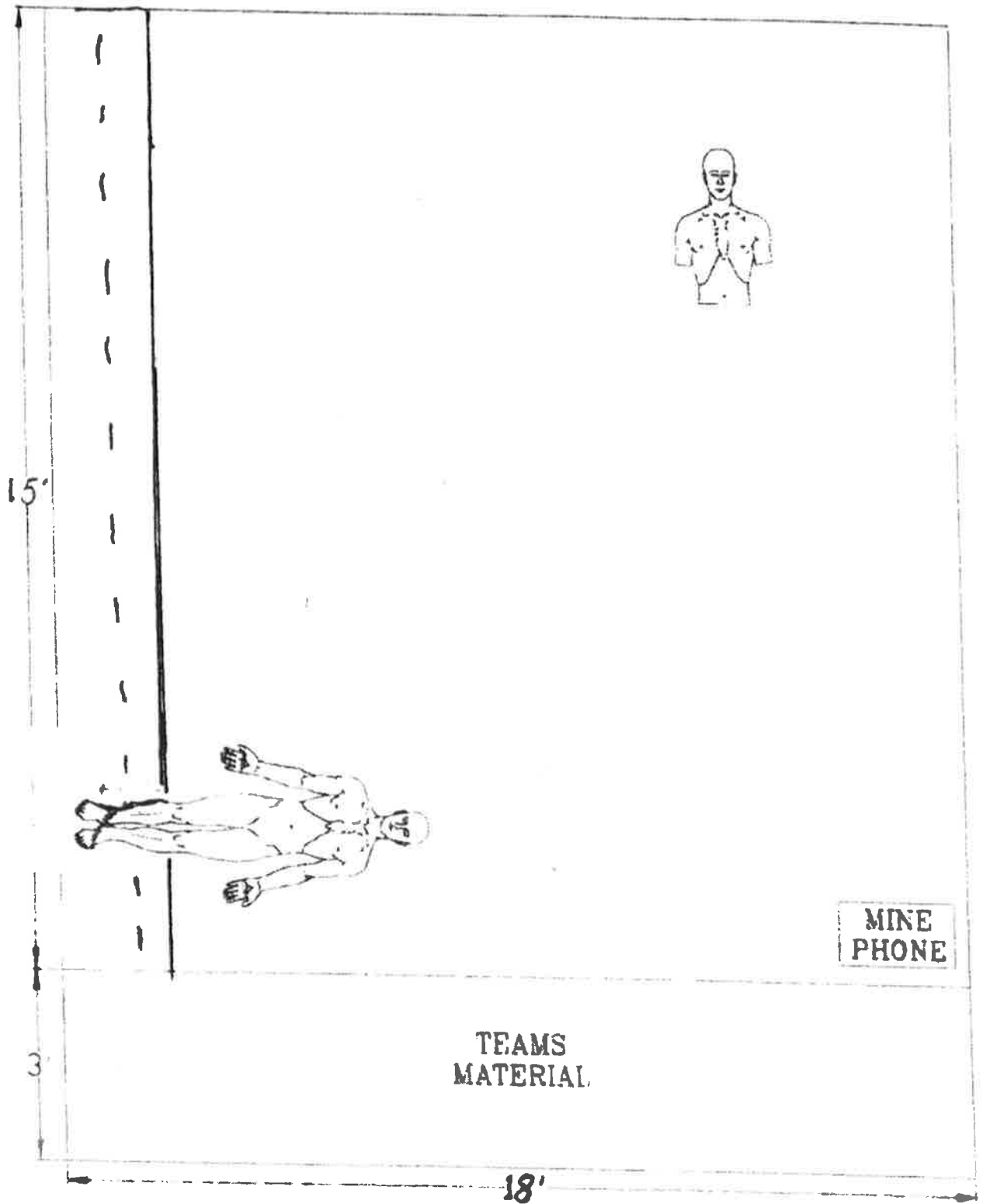
**FIRST AID
PROBLEM**

LOCATION: MORGAN COAL COMPANY #1 MINE

TIME: 5:00 a.m. Johnny is working on a set of batteries in the Battery Barn. He has installed new leads and is connecting several cells by melting lead with a torch. Joey, a helper, is filling a container with acid to fill other batteries in the Barn when he hears an explosion. Turning he sees Johnny dive thru a man door. Johnny appears to be on fire! Joey runs to the man door, he sees Johnny running into everything. Joey runs to catch Johnny, but Johnny trips over some old cables and falls into an area of unsafe roof. Joey can't help Johnny because Joey panics. Joey freaks out and runs 5 crosscuts back to the section. You and your partner hear someone yelling. You hear Joey yelling that Johnny has fell. You tell your partner to get the first aid kit but the AED is not operable. You head down the return to look for Johnny and find him. Johnny's lying on the ground and the fire is out. He appears to have electrical burns. He is unconscious. Please notify the communications room when calling for an ambulance, the maneuver used to get Johnny to a safe location for treatment. Also, please list all dangers, maneuvers, injuries, and treatments during patient care and give it to the transporting EMS. There are no spinal injuries. Transportation is delayed because the ambulanced wrecked on the way.

NOTE: THIS MINE HAS A HISTORY OF BAD ROOF!!

FIELD LAYOUT



**3" LACERATION
TOP OF HEAD**

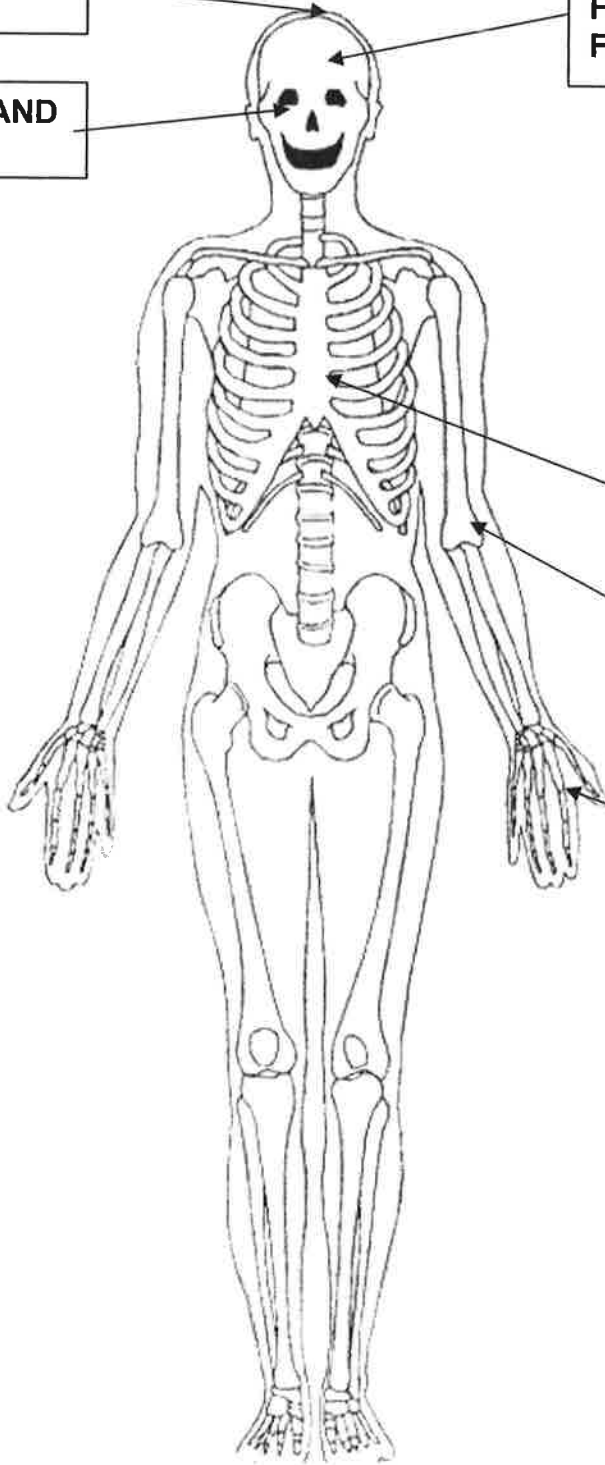
**BURNT EYE AND
EYE LID**

**2ND DEGREE BURNS
FACE AND
FOREHEAD**

**3RD DEGREE
BURNS ON
CHEST**

**3RD DEGREE
BURNS
ENTIRE ARM**

**3RD
DEGREE
BURNS
ON HAND
AND
FINGERS**



- ▼
- *Respirations = 35 per minute**
 - *Capillary refill 8 seconds**
 - *MENTAL STATUS UNABLE TO FOLLOW COMMANDS.**
- ▼

LIST OF INJURIES

- 1. 3" LACERATION TOP OF HEAD**
- 2. BURNT EYE AND EYE LID**
- 3. 2ND DEGREE BURNS FACE AND FOREHEAD**
- 4. 3RD DEGREE BURNS ON CHEST**
- 5. 3RD DEGREE BURNS ENTIRE ARM**

6. 3RD DEGREE BURNS ON HAND AND FINGERS

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

SHIRT DRAG

PROCEDURES		CRITICAL SKILL
1. POSITIONING	<input type="checkbox"/>	A. Rescuer - Kneel at the head of the patient and place one hand under each of the shoulders
2. MOVING PATIENT	<input type="checkbox"/> <input type="checkbox"/>	A. Rescuer - Grasp shirt at the shoulder area B. Drag patient in a straight (keep spine as straight as possible avoid dragging a patient sideways, by one arm, or one leg. A sideways drag can cause twisting motions of the spine that could aggravate existing injuries.)
3. MOVING PATIENT DOWN STAIRS OR INCLINE	<input type="checkbox"/>	A. When using a drag to move a patient down stairs or down an incline, grab the patient under the shoulders and pull the patient head first as you walk backward. If possible try to cradle the patient's head in your forearms as you drag.

OR

ONE RESCUER BLANKET DRAG

PROCEDURES		CRITICAL SKILL
1. VICTIM SUPINE ON GROUND	<input type="checkbox"/> <input type="checkbox"/>	A. Properly prepare blanket for use in blanket drag B. Spread blanket alongside patient with approximately one half the width gathered lengthwise into pleats
2. POSITION PATIENT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Properly roll victim on one side B. Take patients arm on side of body opposite to blanket and extend arm over head C. Support head and neck roll patient on side away from Blanket
3. PLACE PATIENT ON BLANKET	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Properly position on blanket B. Hold patient on side while pleated portion of blanket is pulled in close to victim's back C. Roll patient onto blanket, extend opposite arm and roll onto opposite side D. Smooth out pleats and roll patient onto back E. Snugly wrap patient in blanket with arms at sides
4. PREPARE TO DRAG PATIENT	<input type="checkbox"/> <input type="checkbox"/>	A. Proper blanket drag of patient B. Grasp portion of blanket beneath victim's head and drag victim to safety

OR

TWO RESCUER EXTREMITY GROUND LIFT

PROCEDURES	CRITICAL SKILL
1. POSITIONING	<input type="checkbox"/> A. Rescuer 1 - Kneel at the head of the patient and place one hand under each of the shoulders <input type="checkbox"/> B. Rescuer 2 - Kneel by the patients feet and grasp the patient's wrist

<p>2. RAISING PATIENT TO A SITTING POSITION</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>A. Direct rescuer 2-to pull patient into a sitting position.</p> <p>B. Rescuer 1 - push patient's shoulders up, slip your arms under the patient's armpits and grasp wrist.</p> <p>C. Rescuer 2 - Gently pull on patient's arms</p>
<p>3. POSITIONING AND LIFTING</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>A. Rescuer 1 -Once the patient is in a semi sitting position have rescuer 2 crouch down and grasp the patient's legs behind the knees.</p> <p>B. Rescuer 1-Directs rescuer 2 so you both stand at the same time. Then move as a unit when carrying the patient.</p> <p>C. The rescuer at the head to direct the rescuer at the feet when to stop the carry and when to place the patient down in a supine or seated position.</p>

**AS SOON AS PATIENT IS DRAGGED IN A SAFE AREA & THE TEAM LAYS PATIENT DOWN.....
GIVE ENVELOPE #1
(PATIENT HAS STOPPED BREATHING AND NOW HAS NO PULSE....**

PLEASE BEGIN ONE PERSON C.P.R ON JOHNNY) "THE A.E.D. IS NOT OPERABLE".

ONE-PERSON CPR (MANIKIN ONLY)

PROCEDURES	CRITICAL SKILL
1. RESCUER † 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 † 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 † 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 <input type="checkbox"/> *D. Immediately start CPR if no pulse
4. 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 <input type="checkbox"/> D. Keep heel of your hand on chest during and between

		compressions
5. DELIVER CARDIAC COMPRESSION	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Give 30 compressions B. Compressions are at the rate of 100-120 per minute (30 compressions delivered within 18 seconds) C. Down stroke for compression must be on or through compression line D. Return to baseline on upstroke of compression
6. ESTABLISH AIRWAY	<input type="checkbox"/> <input type="checkbox"/>	A. Kneel at the patient's side near the head B. Correctly execute head-tilt/ chin-lift or jaw thrust maneuver depending on the presence of cervical spine injuries
7. VENTILATIONS BETWEEN COMPRESSIONS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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.)
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"/>	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 opens airway and checks for adequate breathing or coughing D. Rescuer checks 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)
9. CHECK FOR RETURN OF PULSE	<input type="checkbox"/> <input type="checkbox"/>	A. After providing required CPR (outlined in problem), check for return of pulse (within 10 seconds) *A. "Patient has a pulse."

AFTER 5 CYCLES (1 SET) OF C.P.R. GIVE ENVELOPE #2 (PATIENT IS NOW BREATHING AND HAS A PULSE)

Continued Initial Assessment

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.

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"/> *A. Check head for DOTS: Deformities, Open wounds, Tenderness and Swelling <input type="checkbox"/> *B. Check and touch the scalp <input type="checkbox"/> *C. Check the face <input type="checkbox"/> *D. Check the ears for bleeding or clear fluids <input type="checkbox"/> *E. Check the eyes for any discoloration, unequal pupils, reaction to light, foreign objects and bleeding <input type="checkbox"/> *F. Check the nose for any bleeding or drainage <input type="checkbox"/> *G. Check the mouth for loose or broken teeth, foreign objects, swelling or injury of tongue, unusual breath odor and discoloration

3" LACERATION TO TOP OF THE HEAD

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.

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

2ND DEGREE BURNS FACE AND FOREHEAD

PROCEDURES		BURNS CRITICAL SKILLS
1. DETERMINE BURN TYPE	<input type="checkbox"/>	*A. Determine type <ul style="list-style-type: none"> ▪ Electrical
2. DETERMINE BODY SURFACE AREA	<input type="checkbox"/>	*A. Determine Body Surface Area (BSA) using rule of nines

<p>3. BURN CARE (All Types)</p>	<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"/> <input type="checkbox"/> <input type="checkbox"/>	<p>*A. Remove patient from source of burn and prevent further contamination</p> <p>*B. Consider the type of burn and stopping the burning process initially with water or saline.</p> <p>C. Do not flush with water unless they involve an area less than 9% of the total body surface area)</p> <p>A. Remove smoldering clothing (do not remove any clothing that is melted onto the skin) jewelry</p> <p>*E. Continually monitor the airway for evidence of closure</p> <p>F. Prevent further contamination. Keep the burned area clean by covering it with a dressing. Cover partial- and full-thickness burns with dry clean dressings. In most cases place dry, sterile dressings onto the burned area.</p> <p>*G. Do not use any type of ointment, lotion or antiseptic</p> <p>*H. Do not break blisters</p> <p>*I. Ensure patient does not get hypothermic</p> <p>J. If eyes or eyelids have been burned, place dressings or pads over them. Moisten these pads with sterile water if possible. Both eyes will be covered.</p> <p>K. If serious burn (partial or full-thickness burns) involves the hands or feet, always place a clean pad between toes or fingers when completing the dressing.</p>
<p>4. CARE FOR ELECTRICAL BURNS</p>	<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>5. 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.

BURNT EYE AND EYELID

BURNS

PROCEDURES

CRITICAL SKILLS

1.)DETERMINE BURN TYPE	□	*B. Determine type ▪ Electrical
2.)DETERMINE BODY SURFACE AREA	□	*B. Determine Body Surface Area (BSA) using rule of nines
3.)BURN CARE (All Types)	□	<ul style="list-style-type: none"> □ *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. □ C. Do not flush with water unless they involve an area less than 9% of the total body surface area) □ B. Remove smoldering clothing (do not remove any clothing that is melted onto the skin) jewelry □ *E. Continually monitor the airway for evidence of closure □ G. Prevent further contamination. Keep the burned area clean by covering it with a dressing. Cover partial- and full-thickness burns with dry clean dressings. In most cases place dry, sterile dressings onto the burned area. □ *G. Do not use any type of ointment, lotion or antiseptic □ *H. Do not break blisters □ *I. Ensure patient does not get hypothermic □ J. If eyes or eyelids have been burned, place dressings or pads over them. Moisten these pads with sterile water if possible. Both eyes will be covered. □ K. If serious burn (partial or full-thickness burns) involves the hands or feet, always place a clean pad between toes or fingers when completing the dressing.

<p>5. CARE FOR ELECTRICAL BURNS</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>*D. Ensure safety before removing patient from the electrical source</p> <p>*E. 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>*F. Monitor the patient closely for respiratory and cardiac arrest</p> <p>E. Treat the soft tissue injuries associated with the burn</p> <p>*F. Look for both an entrance and exit wound</p>
<p>6. REASSESS</p>	<input type="checkbox"/>	<p>*B. Reassess level of consciousness (AVPU), respiratory status, and patient response</p>

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

CONTINUE PATIENT ASSESSMENT

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

3RD DEGREE BURNS ON CHEST

BURNS

PROCEDURES

CRITICAL SKILLS

1.) DETERMINE BURN TYPE	<input type="checkbox"/>	*C. Determine type <ul style="list-style-type: none"> ▪ Electrical
2.) DETERMINE BODY SURFACE AREA	<input type="checkbox"/>	*A. Determine Body Surface Area (BSA) using rule of nines

<p>3.)BURN CARE (All Types)</p>	<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"/>	<p>*A. Remove patient from source of burn and prevent further contamination</p> <p>*B. Consider the type of burn and stopping the burning process initially with water or saline.</p> <p>C. Do not flush with water unless they involve an area less than 9% of the total body surface area)</p> <p>C. Remove smoldering clothing (do not remove any clothing that is melted onto the skin) jewelry</p> <p>*E. Continually monitor the airway for evidence of closure</p> <p>H. Prevent further contamination. Keep the burned area clean by covering it with a dressing. Cover partial- and full-thickness burns with dry clean dressings. In most cases place dry, sterile dressings onto the burned area.</p> <p>*G. Do not use any type of ointment, lotion or antiseptic</p> <p>*H. Do not break blisters</p> <p>*I. Ensure patient does not get hypothermic</p> <p>J. If eyes or eyelids have been burned, place dressings or pads over them. Moisten these pads with sterile water if possible. Both eyes will be covered.</p> <p>K. If serious burn (partial or full-thickness burns) involves the hands or feet, always place a clean pad between toes or fingers when completing the dressing.</p>
<p>5.)CARE FOR ELECTRICAL BURNS</p>	<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.

CONTINUE PATIENT ASSESSMENT

5. PELVIS	<input type="checkbox"/> <input type="checkbox"/>	<p>*A. Check pelvis for DOTS</p> <p>*B. Inspect pelvis for injury by touch (Verbally state inspection of crotch and buttocks areas)</p>												
6. LEGS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;">L</td> <td style="text-align: center; width: 50%;">R</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> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </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"/>	<p>*A. Check each leg for DOTS</p> <p>B. Inspect legs for injury by touch</p> <p>C. Unresponsive: Check legs for paralysis (pinch inner side of leg on calf)</p> <p>*D. Responsive: Check legs for motion; places hand on bottom of each foot and states "Can you push against my hand?"</p> <p>*E. Check for medical ID bracelet</p>
L	R													
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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"/>	

3RD DEGREE BURNS ENTIRE ARM, HAND, AND FINGERS.

TEAMS MUST PAD BETWEEN THE FINGERS

PROCEDURES	BURNS	
		CRITICAL SKILLS
DETERMINE BURN TYPE	<input type="checkbox"/>	*D. Determine type <ul style="list-style-type: none"> ▪ Electrical
6. DETERMINE BODY SURFACE AREA	<input type="checkbox"/>	*C. Determine Body Surface Area (BSA) using rule of nines

7. 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>*A. Remove patient from source of burn and prevent further contamination</p> <p>*B. Consider the type of burn and stopping the burning process initially with water or saline.</p> <p>C. Do not flush with water unless they involve an area less than 9% of the total body surface area)</p> <p>1 Remove smoldering clothing (do not remove any clothing that is melted onto the skin) jewelry</p> <p>*E. Continually monitor the airway for evidence of closure</p> <p>I. Prevent further contamination. Keep the burned area clean by covering it with a dressing. Cover partial- and full-thickness burns with dry clean dressings. In most cases place dry, sterile dressings onto the burned area.</p> <p>*G. Do not use any type of ointment, lotion or antiseptic</p> <p>*H. Do not break blisters</p> <p>*I. Ensure patient does not get hypothermic</p> <p>J. If eyes or eyelids have been burned, place dressings or pads over them. Moisten these pads with sterile water if possible. Both eyes will be covered.</p> <p>K. If serious burn (partial or full-thickness burns) involves the hands or feet, always place a clean pad between toes or fingers when completing the dressing.</p>
8. CARE FOR ELECTRICAL BURNS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>*G. Ensure safety before removing patient from the electrical source</p> <p>*H. 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>*I. Monitor the patient closely for respiratory and cardiac arrest</p> <p>F. Treat the soft tissue injuries associated with the burn</p> <p>*G. Look for both an entrance and exit wound</p>
9. REASSESS	<input type="checkbox"/>	<p>*C. Reassess level of consciousness (AVPU), respiratory status, and patient response</p>

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

CONTINUE PATIENT ASSESSMENT

8. BACK SURFACES	□	*A. Check back for DOTS
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DOTS: Deformities, Open Wounds, Tenderness and Swelling

NOTE: Each critical skill identified with an **asterisk (*)** shall be clearly verbalized by the team as it is being conducted. After initially stating what DOTS stands for, the team may simply state "DOTS" when making their checks.

- **Teams may use the acronym "PMS" when checking pulse, motor function and sensory function**

PREPARE FOR TRANSPORT

IMMOBILIZATION - LONG SPINE BOARD (Backboard)

PROCEDURES

CRITICAL SKILL

PROCEDURES		CRITICAL SKILL
1. MOVE THE PATIENT ONTO THE LONG SPINE BOARD	<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. Rescuer One at the head must maintain in-line immobilization of the head and spine B. Rescuer One at the head directs the movement of the patient C. Other-Rescuers control movement of the rest of body D. Rescuer Two position themselves on same side E. Upon command of Rescuer One at the head, roll patient onto side toward Rescuer Two. F. Quickly assess posterior body, if not already done G. Place long spine board next to the patient with top of board beyond top of head H. Place patient onto the board at command of the Rescuer at head while holding in-line immobilization using methods to limit spinal movement 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"/> <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 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"/> <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

PROCEDURES	CRITICAL SKILL
1. CHECK FOR SIGNS AND SYMPTOMS OF SHOCK	<ul style="list-style-type: none"> <input type="checkbox"/> *A. Check restlessness; anxiety; altered mental status; increased heart rate; normal to slightly low blood pressure; mildly increased breathing rate; pale (or bluish) skin (in victim with dark skin examine inside of mouth and nailbeds for bluish coloration. <input type="checkbox"/> *B. Check for cool, moist skin; sluggish pupils; and nausea and vomiting. <input type="checkbox"/> *C. Check for weakness
2. TREATMENT	<ul style="list-style-type: none"> <input type="checkbox"/> A. Ensure the ABCs are properly supported. <input type="checkbox"/> B. Control external bleeding. C. Keep the patient in a supine position. *D. Calm and reassure the patient, and maintain a normal body temperature. <input type="checkbox"/> E. 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) <input type="checkbox"/> F. Continue to monitor and support ABCs G. Do not give the patient anything by mouth. Do not give any fluids or food, and be alert for vomiting. *H. Monitor the patient's vital signs ABCs. This must be done at least every five minutes. *I. Reassure and calm the patient

TRANSPORT PATIENT
(PLEASE TELL THE TEAM
TRANSPORTATION HAS ARRIVED)

! - KEYS TO THE PROBLEM- !

- **After the team starts the clock....the team must remove the patient from the UNSAFE ROOF before treatment! A blanket drag or shirt drag will be the proper procedures used, a two-rescuer extremity ground lift cannot be done because the patients legs are in unsafe roof. NOTE: JUDGES.... (MAKE SURE A BLANKET IS UNDER THE PATIENT!)**
- **WHEN THE TEAM CALLS FOR HELP THEY MUST NOTIFY THE COMMUNICATION ROOM THE MANEUVER USED TO GET JOHNNY OUT OF THE UNSAFE ROOF (Shirt Drag or Blanket drag) DISCOUNT UNDER**

WRITTEN INSTRUCTIONS. SCORECARD A RULE 16

- **WHEN TEAMS TRANSPORT THE PATIENT THEY MUST HAND THE JUDGE A COMPLETE LIST OF DANGERS, MANEUVERS, INJURIES AND TREATMENTS FOUND AND CORRECTED AT THE END OF THE PROBLEM. (THIS LIST WILL BE GRADED FOR DISCOUNTS UNDER WRITTEN INSTRUCTIONS SCORECARD A RULE 16.)**

ENVELOPES

- **GIVE ENVELOPE # 1.**When the team removes the patient from the unsafe roof and places the patient in the middle of the field.
- **GIVE ENVELOPE # 2. AFTER 1 SET / 5 CYCLES OF C.P.R HAS BEEN PERFORMED.**

**REQUIRED LIST FROM TEAM
MUST INCLUDE ALL ITEMS BELOW.**

EXAMPLE:

DANGERS

- **UNSAFE ROOF**

MANEUVERS

- **SHIRT DRAG OR BLANKET DRAG**

INJURIES / TREATMENTS

- **STOPPED BREATHING-NO
PULSE.....PERFORMED C.P.R.**

- **3” LACERATION TOP OF HEAD.
TREATMENT..... BANDAGED.**
- **2ND DEGREE BURNS FACE AND
FOREHEAD.....BANDAGED**
- **BURNT EYE AND
EYELID.....BANDAGED BOTH EYES
COVERED.**
- **3RD DEGREE BURNS ON
CHEST.....BANDAGED**
- **3RD DEGREE BURNS ENTIRE
ARM,HAND, AND
FINGERS.....BANDAGED**
- **PUT PATIENT ON SPINEBOARD.**
- **TREATED FOR SHOCK.**