

2023
HARLAN COUNTY SAFETY DAYS
FIRST AID CONTEST

PRESENTED BY
DIVISION OF MINE SAFETY



HARLAN, KY

Judge Name_____ Team Number_____

First Aid Problem

You are at the surface area of the underground coal mine, Boulder Block Coal. Aaron the forklift operator is unloading a flatbed truck with transformers on it. The semi-truck driver Josh is helping Aaron unload his flatbed by hooking and unhooking the chains to the forks of the forklift to speed the process up so he can get back on the road.

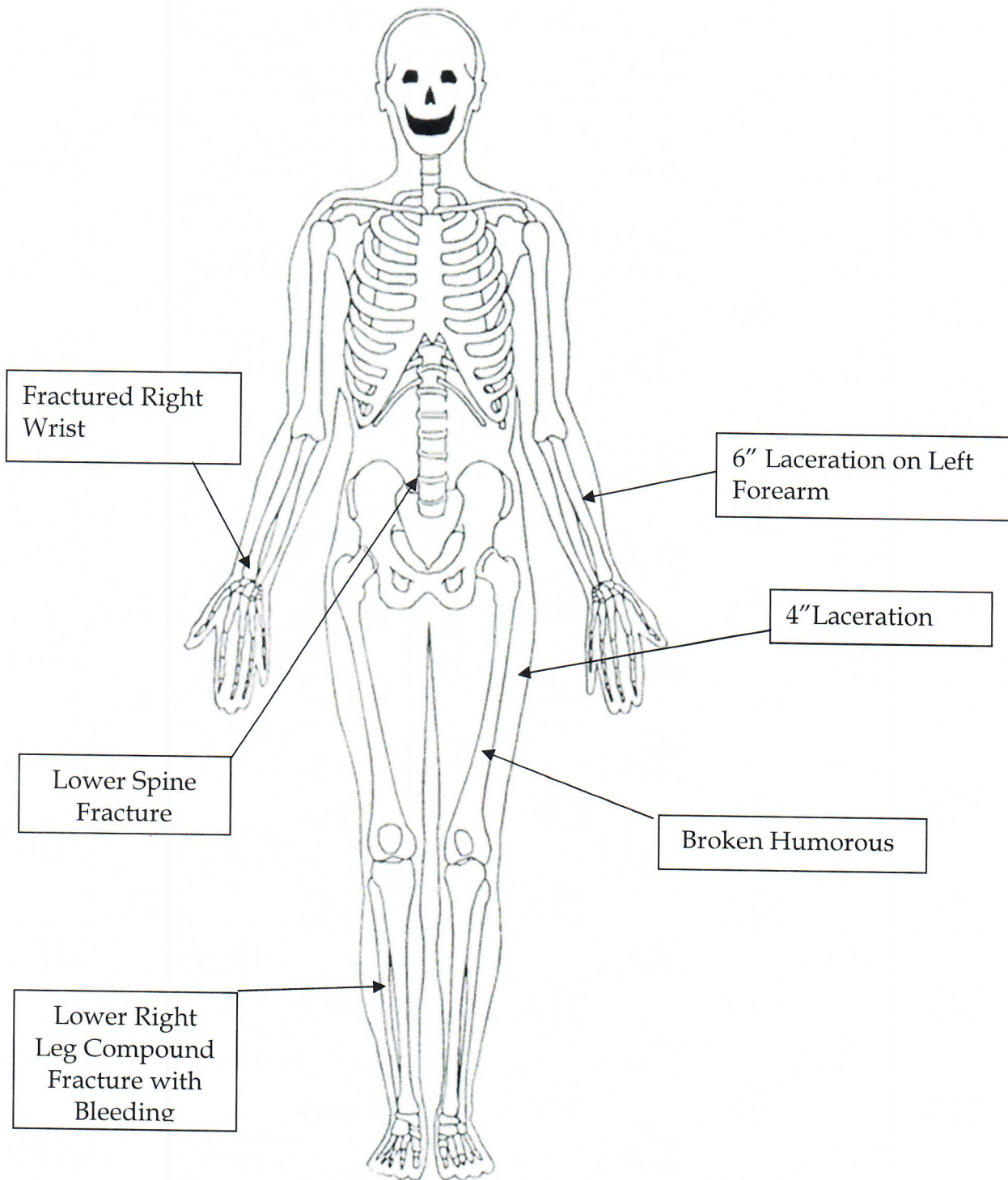
Josh hooks the forklift chain up to one of the transformers and jumps down from the truck to unhook the forklift from the transformer once Aaron sets it on the ground. As he's walking behind the forklift he doesn't realize Aaron doesn't see him and Aaron runs over top of Josh with the rear tire of the fork lift.

Aaron hears screams, hops off the forklift, and drags Josh out from under the forklift. You and your team are the first on the scene. Please treat all injuries necessary and prepare Josh for transport. The scene is safe.

The scene is safe.

Treat all injuries that can be treated and transport.

Josh



2023WKMI First Aid Problem

***NOTE:** Each critical skill identified with an asterisk (*) shall be clearly verbalized by the team as it is being conducted at contest **not utilizing moulage**. Each critical skill identified with a double asterisk (**) shall be clearly verbalized by the team as it is being conducted at all contests.

After initially stating what BP-DOC- Bleeding, Pain, Deformities, Open wounds, and **Crepitus** stands for, the team may simply state BP-DOC- Bleeding, Pain, Deformities, Open wounds when making their checks. Teams may use the acronym "CSM" when checking circulation, sensation, and motor function.

PROCEDURES		INITIAL ASSESSMENT	
		CRITICAL SKILLS	
1. SCENE SIZE UP	<input type="checkbox"/>	**A.	Observe area to ensure safety
	<input type="checkbox"/>	**B.	Call for help
2. MECHANISM OF INJURY	<input type="checkbox"/>	**A.	Determine causes of injury, if possible
	<input type="checkbox"/>	**B.	Triage: Immediate, Delayed, Minor or Deceased.
	<input type="checkbox"/>	**C.	Ask patient (if conscious) what happened
3. INITIAL ASSESSMENT	<input type="checkbox"/>	**A.	Verbalize general impression of the patient(s)
	<input type="checkbox"/>	**B.	Determine responsiveness/level of consciousness (AVPU) Alert, Verbal, Painful, Unresponsive
	<input type="checkbox"/>	**C.	Determine chief complaint/apparent life threat
4. ASSESS AIRWAY AND BREATHING	<input type="checkbox"/>	A.	Correctly execute head-tilt/chin-lift or jaw thrust maneuver, depending on the presence of cervical spine (neck) injuries
	<input type="checkbox"/>	B.	Look for absence of breathing (no chest rise and fall) or gasping, which are not considered adequate (within 10 seconds)
	<input type="checkbox"/>	C.	If present, treat sucking chest wound
5. ASSESS FOR CIRCULATION	<input type="checkbox"/>	A.	Check for presence of a carotid pulse (5-10 seconds)
	<input type="checkbox"/>	B.	If present, control life threatening bleeding
	<input type="checkbox"/>	C.	Start treatment for all other life-threatening injuries/conditions (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

PATIENT ASSESSMENT

PROCEDURES

CRITICAL SKILLS

1. HEAD	<input type="checkbox"/>	<input type="checkbox"/>	<p>**A. Check head for BP-DOC: Bleeding, Pain, Deformities, Open wounds, Crepitus</p> <p>**B. Check and touch the scalp</p> <p>**C. Check the face</p> <p>**D. Check the ears for bleeding or clear fluids</p> <p>**E. Check the eyes for any discoloration, unequal pupils, reaction to light, foreign objects and bleeding</p> <p>**F. Check the nose for any bleeding or drainage</p> <p>**G. Check the mouth for loose or broken teeth, foreign objects, swelling or injury of tongue, unusual breath odor and discoloration</p>
2. NECK	<input type="checkbox"/>	<input type="checkbox"/>	<p>**A. Check the neck BP-DOC</p> <p>**B. Inspect for medical ID</p>
3. CHEST	<input type="checkbox"/>	<input type="checkbox"/>	<p>**A. Check chest area for BP-DOC</p> <p>**B. Feel chest for equal breathing movement on both sides</p> <p>**C. Feel chest for inward movement in the rib areas during inhalations</p>
4. ABDOMEN	<input type="checkbox"/>	<input type="checkbox"/>	<p>**A. Check abdomen (stomach) for BP-DOC</p>
5. PELVIS	<input type="checkbox"/>	<input type="checkbox"/>	<p>**A. Check pelvis for BP-DOC</p> <p>**B. Inspect pelvis for injury by touch (Visually inspect and verbally state inspection of crotch and buttocks areas)</p>
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"/>	<p>**A. Check each leg for BP-DOC</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>
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"/>	<p>**A. Check each arm for BP-DOC</p> <p>B. Inspect arms for injury by touch</p> <p>C. Unresponsive: Check arms for paralysis (pinch inner side of wrist)</p> <p>**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?"</p> <p>**E. Check for medical ID bracelet</p>

DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES		CRITICAL SKILLS
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"/>	A. Do not bandage too tightly. B. Do not bandage too loosely. C. Cover all edges of dressing. D. Do not cover tips of fingers and toes, unless they are injured. E. 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.

Impaled Objects

- *1. Do not remove
2. Expose wound
3. Control bleeding
4. Stabilize with a bulky dressing; criss-cross the layers
5. Tie 4in. wide cravats around to hold in place, or tape in place
- *6. Check for exit wound (treat when found)
7. Immobilize affected area

Impaled Objects in the Jaw

- *1. Examine; inside & outside
2. If end not impaled in mouth – pull it out
3. Position head for drainage: if spinal injury, immobilize 1st and tilt board
4. Dress outside of wound
- **5. Gauze on inside only if patient alert, (Simulate only in contest and state, “I would leave 3-4 inches of gauze outside of mouth.”)

Impaled Objects in the Eye

1. Stabilize with 3 inch gauze or folded 4x4
2. Put cup (no Styrofoam) over object and allow cup to rest on roller gauze or 4x4

3. Secure cup with roller gauze (not over top of cup)
- *4. Cover uninjured eye too

Open Neck Wound (Serious or Life Threatening)

- *1. Gloved hand over wound
- *2. Occlusive dressing over wound- 2 inches larger than wound site
3. Gauze dressing over occlusive
4. Place roller gauze beside site and wrap around figure 8 under opposite arm

Abdominal Injury

- *1. Place on back with legs flexed at the knees (for closed or open wounds)

Additional Steps for Open Abdominal Wounds (Serious or Life Threatening)

- **1. Apply moist dressing, then an occlusive dressing
- *2. Cover the occlusive with pads or a towel for warmth
- *3. If an object is impaled in abs, stabilize it and do not flex legs- leave them in the position you found them.

Skull Fractures and Brain Injuries

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

Amputations

- **1. Wrap in slightly moistened sterile dressing
2. Place in plastic bag or wrap in plastic
- *3. Keep part cool avoid freezing
- *4. Do not place in water or direct contact with ice
- **5. Transport with patient
6. Label with patients name

NOTE:

~~Slings are required for all wounds of upper extremities, including shoulder and armpit wounds. A sling and swathe are generally effective for musculoskeletal injuries to the shoulder, upper arm, elbows, lower arm and wrists. Slings will not be required for upper extremity burns. However, if a burn and wound and/or fracture/dislocation are present on the same upper extremity, a sling shall be applied.~~

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

PROCEDURES		CRITICAL SKILLS
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

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COLLAR BONE

Support and limit movement of affected area Follow Procedures No. 1, No. 3 and No. 4 above

SHOULDER BLADE

Support and limit movement of affected area Follow Procedures No. 1, No. 3 and No. 4 above

NOTE: Do not reposition dislocations

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

PROCEDURES		CRITICAL SKILLS
1. CARE FOR FRACTURE	<input type="checkbox"/> <input type="checkbox"/>	** A. Check 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"/>	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 or factory swathe B. Swathe is tied around chest and injured arm ** C. Reassess distal circulation, sensation, and motor function

TWO-PERSON LOG ROLL

PROCEDURES		CRITICAL SKILLS
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

THREE-PERSON LOG ROLL

PROCEDURES		CRITICAL SKILLS
1. STABILIZE HEAD	<input type="checkbox"/> <input type="checkbox"/>	*A. Stabilize the head and neck B. One rescuer should kneel at the top of the patient's head and hold or stabilize the head and neck in position found.
2. PREPARING THE PATIENT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. A second rescuer should kneel at the patient's side opposite the direction the face is facing. B. When placing patient on board place board parallel to the patient. C. Quickly assess the patient's arms to ensure no obvious injuries. D. 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. E. The third rescuer should kneel at the patient's hips.
3. PREPARING THE RESCUER	<input type="checkbox"/> <input type="checkbox"/>	A. Rescuers should grasp the patient at the shoulders, hips, knees, and ankles. B. Give instructions to bystander (physically show), if used to support
4. ROLLING THE PATIENT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. While stabilizing the head, the rescuer at the patient's head should signal and give directions, all rescuers should slowly roll the patient toward the rescuers in a coordinated move, keeping the spine in a neutral, in-line position. B. On three, slowly roll. One, two, three roll together. C. The head and neck should remain on the same plane as the torso, the rescuer holding the head should not initially try to turn the head with the body. (if the head is already facing sideways, allow the body to come into alignment with the head) D. Maintain stability by holding patient with one hand and placing board (if used) with other E. Roll the body as a unit onto the board (if used) (board may be slanted or flat) Center the patient on the board. F. Place the arm alongside the body

IMMOBILIZATION - LONG SPINE BOARD (Backboard)

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

SHOCK

PROCEDURES

CRITICAL SKILLS

CRITICAL SKILLS		
1. CHECK FOR SIGNS AND SYMPTOMS OF SHOCK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>**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.</p> <p>**B. Check for cool, moist skin; sluggish pupils; and nausea and vomiting.</p> <p>**C. Check for weakness</p>
2. TREATMENT	<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. Ensure the ABCs are properly supported.</p> <p>B. Control external bleeding.</p> <p>C. Keep the patient in a supine position.</p> <p>**D. Calm and reassure the patient, and maintain a normal body temperature.</p> <p>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)</p> <p>F. Continue to monitor and support ABCs</p> <p>G. Do not give the patient anything by mouth. Do not give any fluids or food and be alert for vomiting.</p> <p>**H. Monitor the patient's ABCs at least every five minutes.</p> <p>**I. Reassure and calm the patient</p>

MOUTH-TO-MASK RESUSCITATION

PROCEDURES		CRITICAL SKILLS
1. ESTABLISH UNRESPONSIVENESS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Tap or gently shake shoulders **B. "Are you OK?" C. Determine unconsciousness without compromising C-spine injury **D. "Call for help" **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"/> <input type="checkbox"/> <input type="checkbox"/>	A. Correctly locate the carotid pulse (on the side of the rescuer) B. Check for presence of carotid pulse for 5 to 10 second. **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"/> <input type="checkbox"/>	A. Place barrier device (pocket mask/shield with one-way valve on manikin) 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"/> <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 **B. "Patient is breathing and has a pulse"