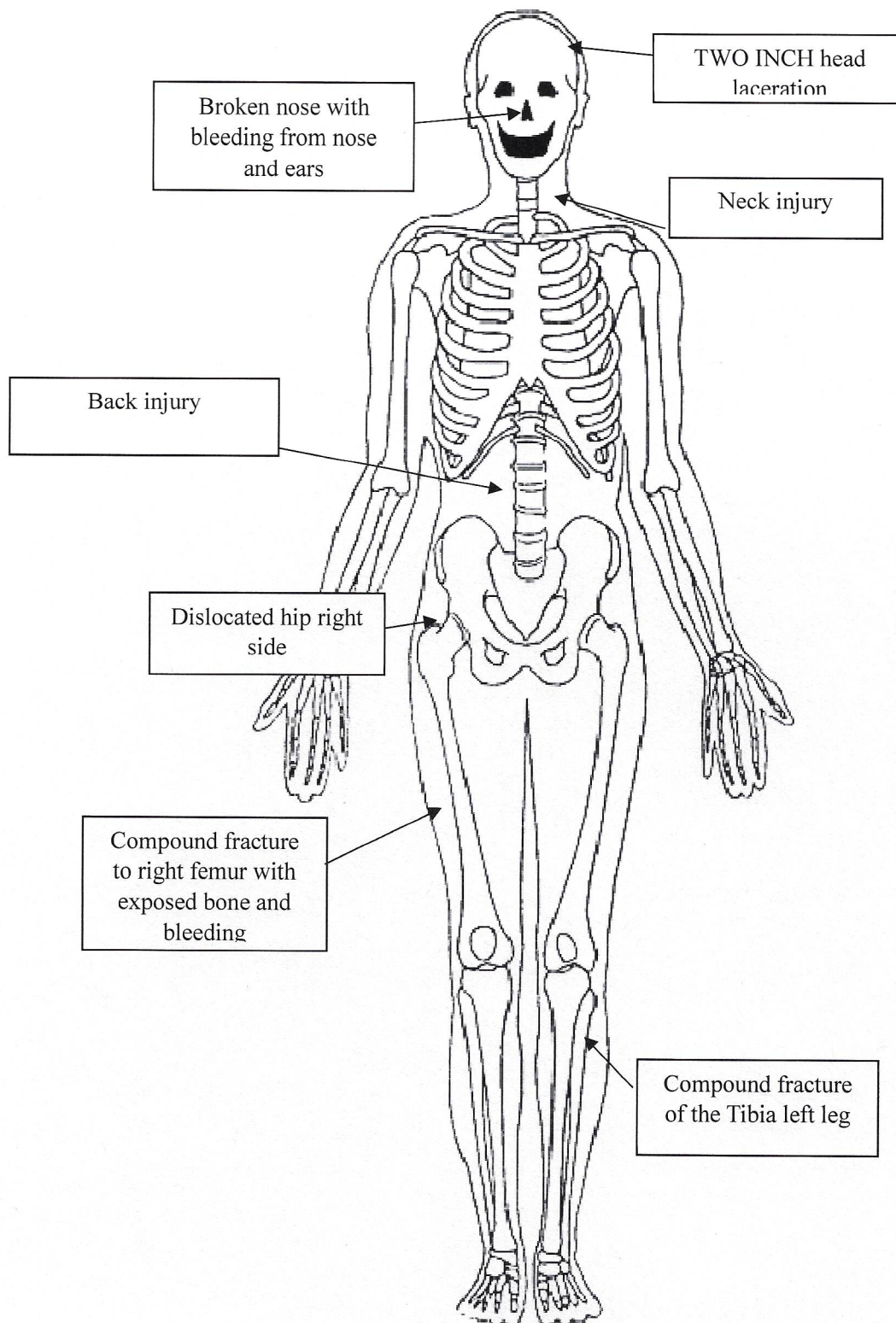


LOVELAND 2024 FIRST AID STATEMENT

Wade was walking from the feeder breaker toward the face area, while stepping across the shuttle car cable, the shuttle car operator started the machine pulling the cable tight against the rib pinning Wade against the corner of the rib. As the shuttle car moved toward the feeder the operator saw Wade pinned by the cable, he shut the machine off allowing the cable to become loose freeing WADE. The shuttle car operator yelled for help.

Victim is unresponsive with shallow breathing



***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 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.

INITIAL ASSESSMENT

PROCEDURES		CRITICAL SKILLS
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 (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

LIFE THREATENING BLEEDING

1. DIRECT PRESSURE AND ELEVATION	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*A. Apply direct pressure with a gloved hand *B. Apply a dressing to wound (cover entire wound) and continue to apply direct pressure *C. Elevate the extremity except when spinal injury exists **D. Bleeding has been controlled *E. If controlled, bandage dressing in place
2. IF NOTIFIED THAT BLEEDING IS NOT CONTROLLED, APPLY TOURIQUET	<input type="checkbox"/>	A. Apply as per tourniquet skill sheet

PROCEDURES

CRITICAL SKILLS

External Bleeding

To Control: 1st: direct pressure
 2nd: elevation & direct pressure
 Last Resort: Tourniquet

IMMOBILIZATION OF CERVICAL SPINE

PROCEDURES		CRITICAL SKILLS
	<input type="checkbox"/>	A. Place head in a neutral, in-line position unless patient complains of pain or the head is not easily
1. ESTABLISH AND MAINTAIN IN-LINE IMMOBILIZATION	<input type="checkbox"/> <input type="checkbox"/>	<p>moved into position</p> <p>B. Place head in alignment with spine</p> <p>C. Maintain constant manual in-line immobilization until the patient is properly secured to a backboard with head immobilized</p>
2. ASSESS CSM	<input type="checkbox"/>	**A. Assess distal circulation, sensation, and motor function (on all extremities)
3. ASSESS CERVICAL REGION AND NECK	<input type="checkbox"/> <input type="checkbox"/>	<p>**A. Inspect and palpate for injuries or signs of injuries</p> <p>B. Remove clothing or jewelry as necessary</p>
4. BANDAGE ANY WOUND	<input type="checkbox"/>	A. Any neck wounds
5. APPLY CERVICAL SPINE IMMOBILIZATION	<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. Apply properly sized collar or manual immobilization</p> <p><u>One piece C-collar</u></p> <p>A. Select proper sized collar</p> <p>B. Apply collar</p> <p>C. Ensure that patient's head is not twisted during application</p> <p>D. Ensure airway is open after placement</p> <p><u>Two-piece C-collar</u></p> <p>A. Select proper sized collar</p> <p>B. Apply rear section to back of neck</p> <p>C. Center rigid support on spine</p> <p>D. Apply front section (overlaps rear section)</p> <p>E. Ensure chin rests in chin cavity</p> <p>F. Secure collar with Velcro straps</p> <p>G. Ensure airway is open after placement</p>
6. SECURE HEAD TO APPROPRIATE IMMOBILIZATION DEVICE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Immobilize patient to appropriate immobilization device</p> <p>B. Use head set or place rolled blankets or towels on each side of head</p> <p>C. Tape and or strap head securely to appropriate immobilization device</p>
7. 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>

ESTABLISHING AIRWAY–SUSPECTED CERVICAL SPINE (NECK) INJURY

PROCEDURES		CRITICAL SKILLS
	<input type="checkbox"/> <input type="checkbox"/>	A. Rescuer – Position at top of the victim’s head B. Restrain victim’s head and neck to avoid
1. STABILIZE HEAD		voluntary or involuntary movement/rotation of the neck
2. ESTABLISH AIRWAY	<input type="checkbox"/>	A. Use modified jaw thrust maneuver without causing over-extension of victim’s neck
3. CHECK FOR BREATHING	<input type="checkbox"/> <input type="checkbox"/>	A. Look for absence of breathing (no chest rise and fall) or gasping, which are not considered adequate (within 10 seconds) **B. State that the victim is/is not breathing
4. MAINTAIN OPEN AIRWAY	<input type="checkbox"/>	A. Do not compromise suspected neck injury

PATIENT ASSESSMENT

PROCEDURES

CRITICAL SKILLS

	<input type="checkbox"/>	<input type="checkbox"/>	**A. Check head for BP-DOC: Bleeding, Pain, Deformities, Open wounds, Crepitus **B. Check and touch the scalp **C.
1. HEAD	<input type="checkbox"/>	<input type="checkbox"/>	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 Inspect **B. for medical ID
3. CHEST	<input type="checkbox"/>	<input type="checkbox"/>	**A. Check chest area **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)
5. PELVIS	<input type="checkbox"/>	<input type="checkbox"/>	**A. Check pelvis Inspect pelvis for injury by touch (Visually inspect and verbally state inspection of crotch and buttocks areas) **B.
6. LEGS	L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	**A. Check each leg 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
7. ARMS	L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	**A. Check each arm B. Inspect arms for injury by touch C. Unresponsive: Check arms for paralysis (pinch inner side of wrist) **D. Responsive: Check arms for motion (in a conscious patient; team places fingers in each hand of patient and states "Can you squeeze my fingers?" **E. Check for medical ID bracelet
8. BACK SURFACES	<input type="checkbox"/>	<input type="checkbox"/>	**A. Check back

DRESSINGS AND BANDAGING – OPEN WOUNDS

PROCEDURES	CRITICAL SKILLS
1. EMERGENCY CARE FOR AN 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. Cover all edges of dressing. <input type="checkbox"/> D. Do not cover tips of fingers and toes unless they are injured. <input type="checkbox"/> E. Bandage from the bottom of the limb to the top (distal to proximal) if applicable.

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

PROCEDURES	CRITICAL SKILLS
1. DETERMINE NEED FOR SPLINTING	<input type="checkbox"/> **A. Assess for: <ul style="list-style-type: none"> ▪ Pain ▪ Swelling ▪ Deformity <input type="checkbox"/> B. Determine if splinting is warranted
2. APPLY MANUAL STABILIZATION	<input type="checkbox"/> A. Support affected limb and limit movement <ul style="list-style-type: none"> ▪ Do not attempt to reduce dislocations
3. SELECT APPROPRIATE SPLINT	<input type="checkbox"/> A. Select appropriate splinting method depending on position of extremity and materials available <input type="checkbox"/> B. Select appropriate padding material
4. PREPARE FOR SPLINTING	<input type="checkbox"/> A. Remove or cut away clothing as needed <input type="checkbox"/> **B. Assess distal circulation, sensation, and motor function <input type="checkbox"/> C. Cover any open wounds with sterile dressing and bandage <input type="checkbox"/> D. Measure splint <input type="checkbox"/> E. Pad around splint for patient comfort

<p>5. SPLINT</p>		<ul style="list-style-type: none"> <input type="checkbox"/> A. Maintain support while splinting <u>Living Splint:</u> <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 <u>Padded Board Splint:</u> <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 <u>Other Splints:</u> <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>		<ul style="list-style-type: none"> <input type="checkbox"/> **A. Assess patient response and level of comfort

THREE-PERSON LOG ROLL

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
3. 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

SHOCK

PROCEDURES		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>

