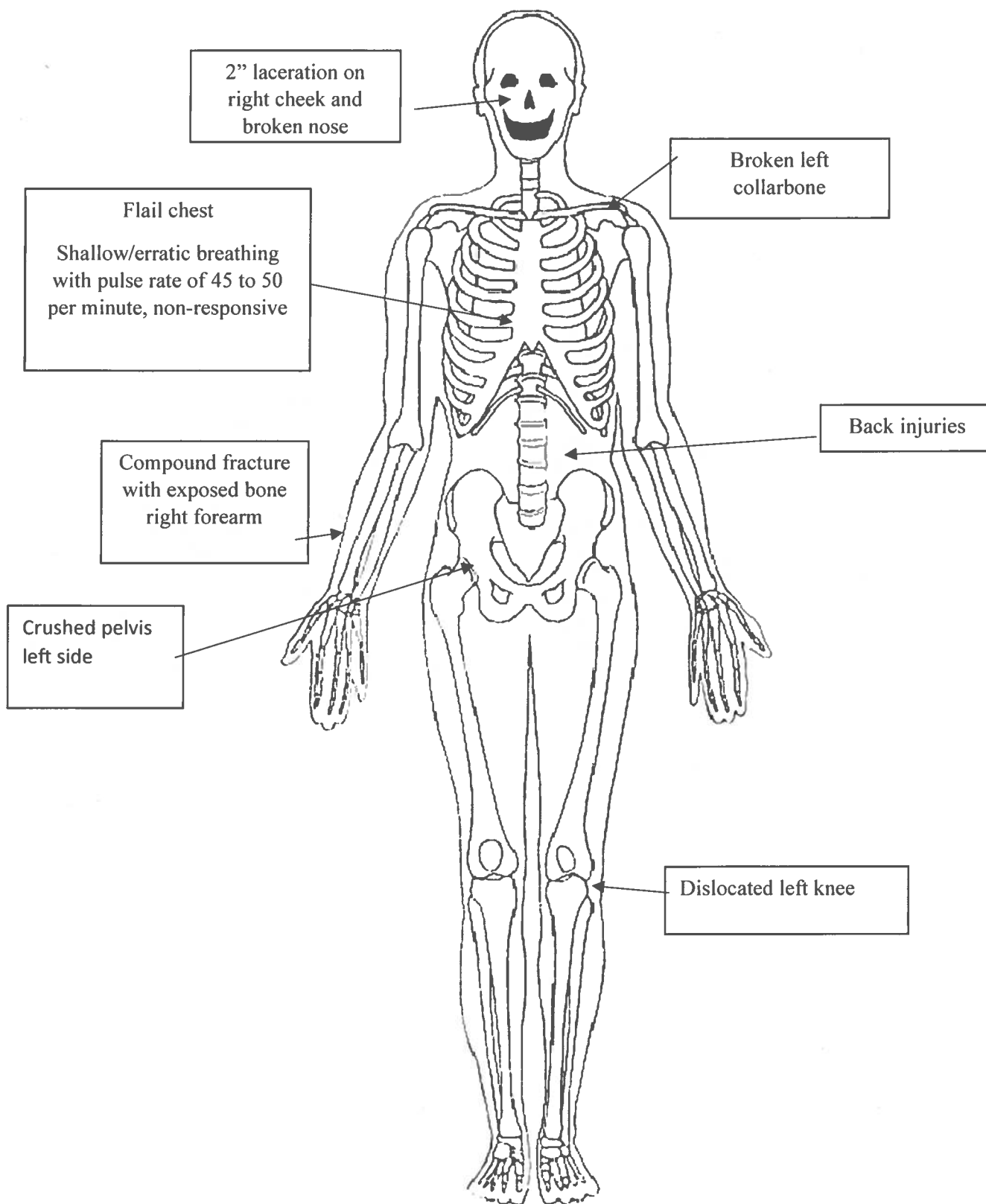


CRAIG COLORADO 2024 FIRST AID PROBLEM

Jake the miner operator in the CM section was moving the miner from the left side cut to the right side. He was tending his own cable during the move when the miner boom struck him and pinned him against the rib.

Mike the shuttle car driver pulled up to get loaded and saw Jake pinned against the rib, Mike yelled for help and with the help of the foreman they moved the miner away from Jake, Mike checked Jake for a pulse and breathing. Jake has not been moved still lying on stomach. Prepare victim for transportation, Transportation has been delayed.

PATIENT ASSESSMENT/ UNCONSCIOUS 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.

PROCEDURES		INITIAL ASSESSMENT
		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

PROCEDURES	CRITICAL SKILLS	
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

Internal Bleeding

- **1. Monitor breathing and pulse
- **2. Keep patient still
- **3. Loosen restrictive clothing
- **4. Be alert if patient vomits
- **5. Nothing by mouth
- **6. Report possibility of internal bleeding as soon as EMS personnel arrive on

SPLINTING – FLAIL CHEST

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. SELECT APPROPRIATE SPLINTING MATERIAL	<input type="checkbox"/>	A. Choose a pillow, blanket, trauma dressing, or other appropriate splinting material
3. PREPARE FOR SPLINTING	<input type="checkbox"/> <input type="checkbox"/>	*A. Remove or cut away clothing as needed. B. Cover any open wounds with sterile dressing and bandage
4. APPLY SPLINT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Affix splint to chest with adhesive tape or roller bandage B. Immobilize the site of injury C. Use caution when taping splint to chest circumferentially **D. Ensure sufficient chest expansion
5. REASSESS	<input type="checkbox"/>	**A. Assess patient response and level of comfort
6. ASSIST VENTILATIONS	<input type="checkbox"/>	**A. Assist with ventilation as needed

PATIENT ASSESSMENT

PROCEDURES

CRITICAL SKILLS

1. HEAD	<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. 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 **B. (Visually inspect and verbally state inspection of crotch and buttocks areas)
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"/>	**A. Check back
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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.

SPLINTING (RIGID) UPPER EXTREMITY FRACTURES AND DISLOCATIONS

PROCEDURES	CRITICAL SKILLS	
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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Selection of appropriate rigid splint of proper length B. Support affected limb and limit movement C. Apply appropriate padded rigid splint against injured extremity D. Place appropriate roller bandage in hand to ensure the position of function E. Secure splint to patient with roller bandage, handkerchiefs, cravats, or cloth strips F. Apply wrap distal to proximal **G. Reassess distal circulation, sensation, and motor function
3. SECURING WITH SLING	<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. Place sling over chest and under arm B. Hold or stabilize arm C. Triangle should extend behind elbow on injured side D. Pull sling around neck and tie on uninjured side E. Pad at the neck (except when C-Collar is present) F. Secure excess material at elbow G. Fingertips should be exposed **H. 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

ELBOW (STRAIGHT POSITION)

Follow Procedures No. 1 and No. 2 above

FINGER/FINGERS

Immobilize Fracture

1. Tape injured finger to an adjacent uninjured finger; or
2. Tape injured finger to a tongue depressor, aluminum splint, or pen and pencil
3. Secure with sling and swathe

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 (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

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

SPLINTING (SOFT) LOWER EXTREMITY FRACTURES AND DISLOCATIONS (ANKLE AND FOOT)

PROCEDURES	CRITICAL SKILLS
1. CARE FOR FRACTURE	<input type="checkbox"/> **A. Assess for distal circulation, sensation, and motor function <input type="checkbox"/> B. Do not attempt to reduce dislocations (if applies)
2. IMMOBILIZING FRACTURE	<input type="checkbox"/> A. Support affected limb and limit movement <input type="checkbox"/> B. Place three cravats (triangular bandage) under ankle/foot <input type="checkbox"/> C. Place pillow length wise under ankle/foot, on top of cravats (pillow should extend 6 inches beyond foot) <input type="checkbox"/> D. Lower limb, adjust cravats to tie <input type="checkbox"/> E. Tie cravats distal to proximal <input type="checkbox"/> F. Elevate with blanket or pillow <input type="checkbox"/> **G. Reassess distal circulation, sensation, and motor function

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 ships.
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

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"/>	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 SKILLS
1. CHECK FOR SIGNS AND SYMPTOMS OF SHOCK	<div data-bbox="716 506 740 537"><input type="checkbox"/></div> <div data-bbox="781 495 1490 705">**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).</div> <div data-bbox="716 716 740 747"><input type="checkbox"/></div> <div data-bbox="781 705 1490 779">**B. Check for cool, moist skin; sluggish pupils; and nausea and vomiting.</div> <div data-bbox="716 789 740 821"><input type="checkbox"/></div> <div data-bbox="781 779 1490 821">**C. Check for weakness</div>
2. TREATMENT	<div data-bbox="716 842 740 873"><input type="checkbox"/></div> <div data-bbox="797 842 1490 873">A. Ensure the ABCs are properly supported.</div> <div data-bbox="716 884 740 915"><input type="checkbox"/></div> <div data-bbox="797 884 1490 915">B. Control external bleeding.</div> <div data-bbox="716 926 740 957"><input type="checkbox"/></div> <div data-bbox="797 926 1490 957">C. Keep the patient in a supine position.</div> <div data-bbox="716 968 740 999"><input type="checkbox"/></div> <div data-bbox="781 957 1490 1020">**D. Calm and reassure the patient, and maintain a normal body temperature.</div> <div data-bbox="716 1020 740 1052"><input type="checkbox"/></div> <div data-bbox="797 1020 1490 1167">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)</div> <div data-bbox="716 1167 740 1199"><input type="checkbox"/></div> <div data-bbox="797 1167 1490 1199">F. Continue to monitor and support ABCs</div> <div data-bbox="716 1209 740 1241"><input type="checkbox"/></div> <div data-bbox="797 1209 1490 1314">G. Do not give the patient anything by mouth. Do not give any fluids or food and be alert for vomiting.</div> <div data-bbox="716 1314 740 1346"><input type="checkbox"/></div> <div data-bbox="781 1314 1490 1377">**H. Monitor the patient's ABCs at least every five minutes.</div> <div data-bbox="716 1377 740 1409"><input type="checkbox"/></div> <div data-bbox="781 1377 1490 1419">**I. Reassure and calm the patient</div>