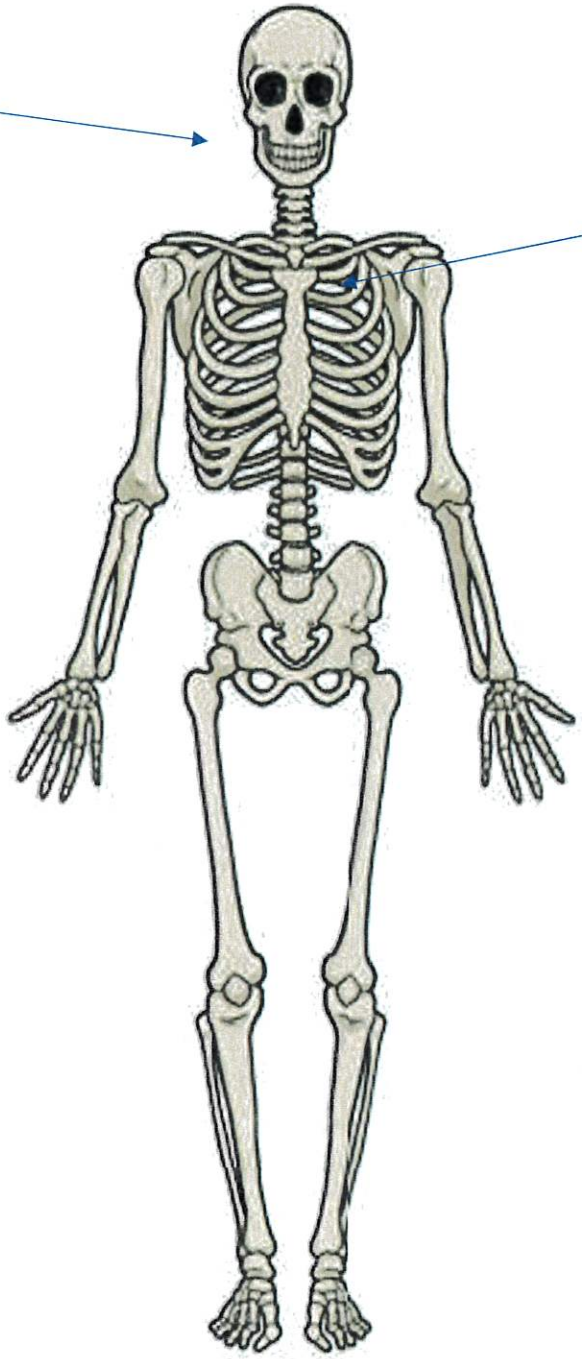
Southern West Virginia

2025 First-Aid Competition

Patient Assessment Manakin (Jason)

Partial thickness burns around mouth

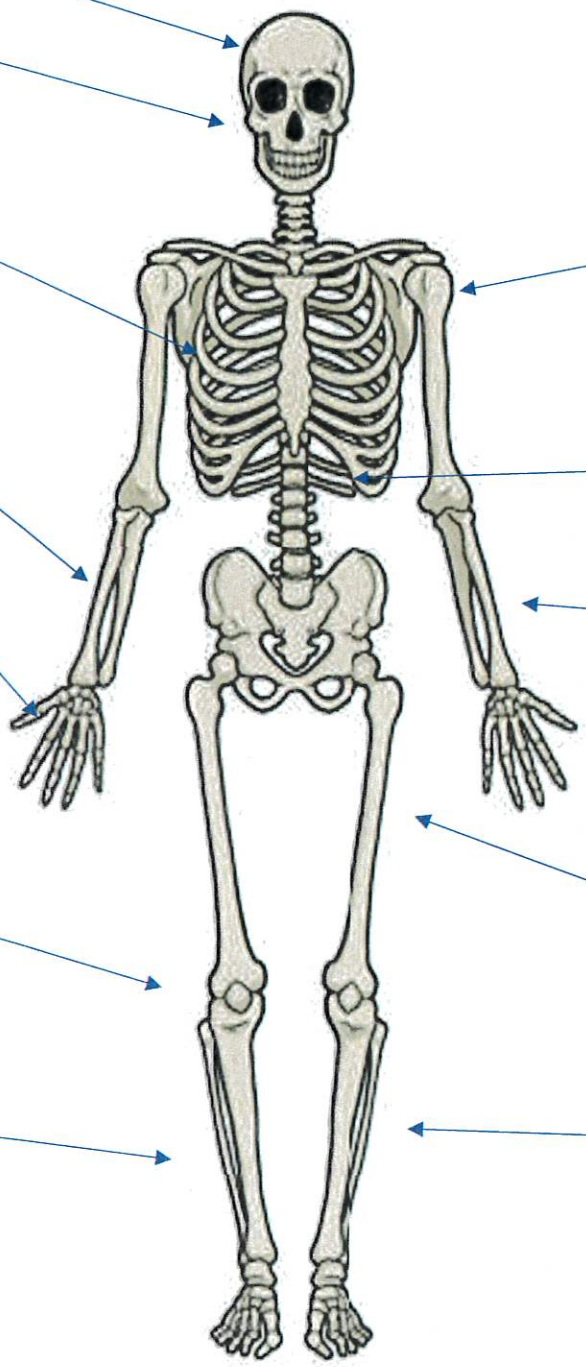


Respirations: 20

Perfusion: 1

Mental Status: able to follow commands

Patient Assessment Live Patient (Tom)



8 Inch Laceration

Impaled Object in the Check

Sucking Chest Wound

Fracture Forearm

Full Thickness Electrical Burn to hand & fingers

Dislocated Right Knee

8- Inch Laceration

Dislocated Shoulder

Open Abdominal Wound Serious

4-inch Laceration left arm

Full Thickness Electrical Burn to hand & Fingers

Life-threatening bleeding left thigh

Open Tibia Fracture left leg

Statement

Mine operator Tom and section electrician Jason were at the section power center trying to determine why the breaker on the continuous mining machine kept tripping. A coal rib along the energized power center dislodged, striking Tom and the section power center which caused an arch flash from the power center. You and your team were called to the scene to help. Tom has multiple injuries including life-threatening injuries. It appears that Jason suffered minor burns around his mouth, and he is complaining of burning pain in this throat. Electrical power has been de-energized and both employees have been moved to a safe location. Neither employee has a spinal injury. Transportation is delayed due to shortage of mantrips. The team will be notified once transportation is available.

*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 or a combination of moulage/stickers. 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, Crepitus stands for, the team may simply state BP-DOC when making their checks. Teams my use the acronym "CSM" after first stating what CSM means, circulation, sensation, and motor function, when checking.

INITIAL ASSESSMENT

PROCEDURES		CRITICAL SKILLS
1. SCENE SIZE UP	☐	**A. Observe area to ensure safety
	☐	**B. Call for help
2. MECHANISM OF INJURY	☐	**A. Determine causes of injury, if possible
	☐	**B. Triage: Immediate, Delayed, Minor or Deceased.
	☐	**C. Ask patient (if conscious) what happened
3. INITIAL ASSESSMENT	☐	**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	☐	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	☐	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

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: Tom will be the Immediate patient. After triaging both patients, teams must start initial assessment with the Tom.

SUCKING CHEST WOUND

PROCEDURES		CRITICAL SKILLS
1. EXPOSE WOUND	☐	*A. Expose entire wound
2. SEAL WOUND AND CONTROL BLEEDING	☐	*A. Place occlusive dressing over wound (If occlusive dressing is not available use gloved hand)
	☐	B. Apply direct pressure as needed to stop the bleeding
	☐	C. You must always inspect all sides of torso for wounds, depending on the Mechanism of Injury (exit wound(s))
3. APPLY AN OCCLUSIVE DRESSING	☐	A. Keep patient calm and quiet
	☐	**B. Explain to the patient what you are doing
	☐	*C. Ensure dressing is large enough not to be sucked into the wound (two inches beyond edges of wound)
	☐	D. Affix dressing with tape
	☐	*E. Seal on three sides
	☐	**F. Monitor patient closely for increasing difficulty breathing
	☐	G. Transport as soon as possible
	☐	H. Keep patient positioned on the injured side unless other injuries prohibit
	☐	**I. Reassess wound to ensure bleeding control
	☐	**J. Assess level of consciousness (AVPU), respiratory status and patient response

NOTE: Finish Initial assessment after treatment of Sucking Chest Wound.

5. ASSESS FOR CIRCULATION	☐	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

LIFE-THREATENING BLEEDING

PROCEDURES		CRITICAL SKILLS
1. DIRECT PRESSURE AND ELEVATION	□	*A. Apply direct pressure with a gloved hand (if dressing is not readily available)
	□	*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	□	A. Apply as per tourniquet skill sheet

External Bleeding

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

NOTE: Team must complete all steps listed above for bleeding to be controlled.

TOURNIQUET

PROCEDURES		CRITICAL SKILLS
1. DETERMINE NEED OR USING TOURNIQUET	□ □	If these conditions are met, a tourniquet may be the only alternative: A. Direct pressure has not been successful in stopping bleeding B. Elevation of wound above heart has not been successful in stopping of bleeding
2. SELECT APPROPRIATE MATERIALS	□	A. Select a band that will be between 1-4 inches in width and can be wrapped six or eight layers deep for improvised tourniquet or select factory tourniquet.
3. APPLY TOURNIQUET	□ □ □ □	Factory Tourniquet A. Wrap band around the extremity proximal to the wound (~~one~~ 2–3 inches above but not on a joint) Improvised Tourniquet B. Apply a bandage around the extremity proximal to the wound (one inch above but not on a joint) and tie a half knot in the bandage C. Place a stick or pencil on top of the knot and tie the ends of the bandage over the stick in a square knot D. Twist the stick until the bleeding is controlled, secure the stick in position
4. APPLY PRESSURE WITH TOURNIQUET	□ □	A. Do not cover the tourniquet with bandaging material **B. Notify other medical personnel caring for the patient
5. MARK PATIENT APPROPRIATELY	□	A. ~~Mark a piece of tape on the patient's forehead "TQ" and~~ Record time applied
6. REASSESS	□	**A. Assess level of consciousness (AVPU), respiratory status, and patient response

NOTE: Bleeding will be controlled once Tourniquet is applied.

After bleeding is controlled by applying tourniquet, give Teams envelop #1

MOUTH-TO-MASK RESUSCITATION

PROCEDURES		CRITICAL SKILLS
1. ESTABLISH UNRESPONSIVENESS	□	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	□	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	□	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	□	A. Correctly execute head tilt / chin lift or jaw thrust maneuver depending on the presence of cervical spine (neck) injuries
5. VENTILATE PATIENT	□	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	□	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"

NOTE: Team must change gloves prior to touching the manakin. After one minute of AV has been complete, give team envelop # 2

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

PROCEDURES		CRITICAL SKILLS
1. RESCUER ESTABLISH UNRESPONSIVENESS	☐	A. Tap or gently shake shoulders
	☐	**B. "Are you OK?"
	☐	C. Determine unconsciousness without compromising cervical spine (neck) injury
	☐	**D. "Call for help"
	☐	**E. "Get AED" (**Note**: If AED is used, follow local protocol)
2. RESCUER MONITOR PATIENT FOR BREATHING	☐	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	☐	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
	☐	B. Check for presence of carotid pulse for 5 to 10 Seconds
	☐	**C. Absence of pulse
	☐	D. Immediately starts CPR if no pulse
4. RESCUER POSITION FOR COMPRESSIONS	☐	A. Locate the compression point on the breastbone between the nipples
	☐	B. Place the heel of one hand on the compression point and the other hand on top of the first so hands are parallel.
	☐	C. Do not intentionally rest fingers on the chest.Keep heel of your hand on chest during and between compressions.
5. RESCUER DELIVER CARDIAC COMPRESSION	☐	A. Give 30 compressions
	☐	B. Compressions are at the rate of 100 to 120 per minute
	☐	C. Down stroke for compression must be on or through compression line
	☐	D. Return to baseline on upstroke of compression
6. RESCUER ESTABLISH AIRWAY	☐	A. Kneel at the patient's side near the head
	☐	B. Correctly execute head-tilt/chin-lift maneuver

NOTE: No shock advised after first set of CPR.

7. RESCUER VENTILATIONS BETWEEN COMPRESSIONS	□	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	□	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
9. RESCUER APPLIES THE AED (DURING THE FIFTH CYCLE OF COMPRESSIONS)	□	A. Rescuer continues compressions while other rescuer turns (simulated) on AED and applies pads.
	□	B. RESCUERS SWITCH rescuer clears victim, allowing AED to analyze. (Judges shall provide an envelope indicating a shockable or non-shockable rhythm)
	□	C. If AED indicates a shockable rhythm, rescuer clears victim again and delivers shock. *verbalize shock given
10. RESUME HIGH QUALITY CPR	□	A. Rescuer gives 30 compressions immediately after shock delivery (2 cycles).
	□	B. Other rescuer successfully delivers 2 breaths.

11. CHANGING RESCUERS	□	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
12. CHECK FOR RETURN OF PULSE	□ □	A. After providing required CPR (outlined in problem), check for return of pulse (within 10 seconds) **B. "Ask judge for presence of a pulse."

NOTE: After team completes two sets of CPR give team envelop # 3 which states patient is deceased. The team must cover the deceased patient before stopping the timing device.

Transportation is delayed so team must treat all injuries/conditions as found.

Team must change gloves before touching live patient.

PATIENT ASSESSMENT

PROCEDURES		CRITICAL SKILLS
1. HEAD	☐	**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

DRESSINGS AND BANDAGING – OPEN WOUNDS

PROCEDURES		CRITICAL SKILLS
1. EMERGENCY CARE FOR AN OPEN WOUND	☐	*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	☐	A. Use sterile dressing
	☐	B. Cover entire wound
	☐	C. Control bleeding
	☐	D. Do not remove dressing
3. APPLY BANDAGE	☐	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.

NOTE: Make sure dressing covers the entire 8-inch wound. Teams may use a combination of compresses to cover 8 inches.

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.")

NOTE: Object is not impaled in mouth. Make sure team position head for drainage. Continue with Patient Assessment.

2. NECK	□ □	**A. Check the neck **B. Inspect for medical ID
3. CHEST	□ □ □	**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	□	**A. Check abdomen (stomach)

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

**1. Apply thick moist dressing, then ~~an occlusive dressing~~ cover the dressing with plastic.
*2. Cover the ~~occlusive~~ dressing 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.

Continue with Patient Assessment

5. PELVIS	□ □	**A. Check pelvis Inspect pelvis for injury by touch **B. (Visually inspect and verbally state inspection of crotch and buttocks areas)

	L	R	
6. LEGS	□	□	**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

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

PROCEDURES		CRITICAL SKILLS
1. DETERMINE NEED FOR SPLINTING	□	**A. Assess for: ▪ Pain ▪ Swelling ▪ Deformity
	□	B. Determine if splinting is warranted
2. APPLY MANUAL STABILIZATION	□	A. Support affected limb and limit movement ▪ Do not attempt to reduce dislocations
3. SELECT APPROPRIATE SPLINT	□	A. Select appropriate splinting method depending on position of extremity and materials available
	□	B. Select appropriate padding material
4. PREPARE FOR SPLINTING	□	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

5. SPLINT	☐	A. Maintain support while splinting
		Living Splint:
	☐	A. Immobilize the site of the injury
	☐	B. Carefully place a pillow or folded blanket between the patient's knees/legs
	☐	C. Bind the legs together with wide straps or cravats
	☐	D. Carefully place patient on long spine board
	☐	E. Secure the patient to the long spine board (if primary splint)
	☐	**F. Reassess distal circulation, sensation, and motor function
		Padded Board Splint:
	☐	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.)
	☐	B. Cushion with padding in the armpit and groin and all voids created at the ankle and knee
	☐	C. Secure the splinting boards with straps and cravats
	☐	D. Carefully place the patient on long spine board
	☐	E. Secure the patient to the long spine board (if primary splint)
	☐	**F. Reassess distal circulation, sensation, and motor function
		Other Splints:
	☐	A. Immobilize the site of the injury
	☐	B. Pad as needed
	☐	C. Secure to splint distal to proximal
	☐	D. Carefully place patient on long spine board
	☐	E. Secure the patient to the long spine board (if primary splint)
	☐	**F. Reassess distal circulation, sensation, and motor function
6. REASSESS	☐	**A. Assess patient response and level of comfort

DRESSINGS AND BANDAGING – OPEN WOUNDS

PROCEDURES		CRITICAL SKILLS
1. EMERGENCY CARE FOR AN OPEN WOUND	□	*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	□	E. Use sterile dressing
	□	F. Cover entire wound
	□	G. Control bleeding
	□	H. Do not remove dressing
3. APPLY BANDAGE	□	F. Do not bandage too tightly.
	□	G. Do not bandage too loosely.
	□	H. Cover all edges of dressing.
	□	I. Do not cover tips of fingers and toes unless they are injured.
	□	J. Bandage from the bottom of the limb to the top (distal to proximal) if applicable.

NOTE: Make sure dressing covers the entire 8-inch wound. Teams may use a combination of compresses to cover 8 inches.

DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES		CRITICAL SKILLS
1. EMERGENCY CARE FOR AN OPEN WOUND	□	*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	□	I. Use sterile dressing
	□	J. Cover entire wound
	□	K. Control bleeding
	□	L. Do not remove dressing
3. APPLY BANDAGE	□	K. Do not bandage too tightly.
	□	L. Do not bandage too loosely.
	□	M. Cover all edges of dressing.
	□	N. Do not cover tips of fingers and toes unless they are injured.
	□	O. Bandage from the bottom of the limb to the top (distal to proximal) if applicable.

NOTE: Team must treat open wound before splinting the fracture.

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

PROCEDURES		CRITICAL SKILLS
1. DETERMINE NEED FOR SPLINTING	☐	**A. Assess for: ▪ Pain ▪ Swelling ▪ Deformity
	☐	B. Determine if splinting is warranted
2. APPLY MANUAL STABILIZATION	☐	B. Support affected limb and limit movement ▪ Do not attempt to reduce dislocations
3. SELECT APPROPRIATE SPLINT	☐	C. Select appropriate splinting method depending on position of extremity and materials available
	☐	D. Select appropriate padding material
4. PREPARE FOR SPLINTING	☐	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

5. SPLINT	☐	B. Maintain support while splinting
		<u>Living Splint:</u>
	☐	F. Immobilize the site of the injury
	☐	G. Carefully place a pillow or folded blanket between the patient's knees/legs
	☐	H. Bind the legs together with wide straps or cravats
	☐	I. Carefully place patient on long spine board
	☐	J. Secure the patient to the long spine board (if primary splint)
	☐	**F. Reassess distal circulation, sensation, and motor function
		<u>Padded Board Splint:</u>
	☐	F. 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.)
	☐	G. Cushion with padding in the armpit and groin and all voids created at the ankle and knee
	☐	H. Secure the splinting boards with straps and cravats
	☐	I. Carefully place the patient on long spine board
	☐	J. Secure the patient to the long spine board (if primary splint)
	☐	**F. Reassess distal circulation, sensation, and motor function
		<u>Other Splints:</u>
	☐	F. Immobilize the site of the injury
	☐	G. Pad as needed
	☐	H. Secure to splint distal to proximal
	☐	I. Carefully place patient on long spine board
	☐	J. Secure the patient to the long spine board (if primary splint)
	☐	**F. Reassess distal circulation, sensation, and motor function
6. REASSESS	☐	**A. Assess patient response and level of comfort

NOTE: Continue with Patient Assessment.

	L	R	
7. ARMS	□	□	**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

BURNS

PROCEDURES		CRITICAL SKILLS
1. DETERMINE BURN TYPE	☐	**A. Determine type ▪ Thermal ▪ Chemical ▪ Electrical
2. DETERMINE BODY SURFACE AREA	☐	**A. Determine Body Surface Area (BSA) using rule of nines
4. 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.
	☐	C. Do not flush with water unless they involve an area less than 9% of the total body surface area)
	☐	D. Remove smoldering clothing (do not remove any clothing that is melted onto the skin) jewelry
	☐	**E. Continually monitor the airway for evidence of closure
	☐	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.
	☐	**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.

4. CARE FOR CHEMICAL BURNS	☐	A. Protect yourself from exposure to hazardous materials
	☐	B. Wear gloves, eye protection, and respiratory protection
	☐	**C. Flush the burned area for at least 20 minutes. (If possible and it can be done quickly, try to identify any chemical powders before applying water)
	☐	D. Apply a dry, clean dressing.
	☐	E. If dry lime is the agent causing the burn, do not flush with water. Instead use a dry dressing to brush the substance off the patient's skin, hair, and clothing.
	☐	F. Remove any contaminated clothing or jewelry.
	☐	G. Once this is done, you may flush the area with water.
	☐	H. Use caution not to contaminate uninjured areas when flushing or brushing
5. CARE FOR ELECTRICAL BURNS	☐	**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
6. REASSESS	☐	**A. Reassess level of consciousness (AVPU), respiratory status, and patient response

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

DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES		CRITICAL SKILLS
1. EMERGENCY CARE FOR AN OPEN WOUND	□	*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	□	M. Use sterile dressing
	□	N. Cover entire wound
	□	O. Control bleeding
	□	P. Do not remove dressing
3. APPLY BANDAGE	□	P. Do not bandage too tightly.
	□	Q. Do not bandage too loosely.
	□	R. Cover all edges of dressing.
	□	S. Do not cover tips of fingers and toes unless they are injured.
	□	T. Bandage from the bottom of the limb to the top (distal to proximal) if applicable.

SPLINTING (RIGID) UPPER EXTREMITY FRACTURES AND DISLOCATIONS

PROCEDURES		CRITICAL SKILLS
1. CARE FOR FRACTURE	☐	**A. Check for distal circulation, sensation, and motor function ▪ Do not attempt to reduce dislocations (if applies)
2. IMMOBILIZING FRACTURE	☐	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	☐	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	☐	A. Use triangle cravat or factory swathe
	☐	B. Swathe is tied around chest and injured arm
	☐	**C. Reassess distal circulation, sensation, and motor function

BURNS

PROCEDURES		CRITICAL SKILLS
1. DETERMINE BURN TYPE	☐	**A. Determine type ▪ Thermal ▪ Chemical ▪ Electrical
2. DETERMINE BODY SURFACE AREA	☐	**A. Determine Body Surface Area (BSA) using rule of nines
4. 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.
	☐	C. Do not flush with water unless they involve an area less than 9% of the total body surface area)
	☐	D. Remove smoldering clothing (do not remove any clothing that is melted onto the skin) jewelry
	☐	**E. Continually monitor the airway for evidence of closure
	☐	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.
	☐	**G. Do not use any type of ointment, lotion or antiseptic
	☐	**H. Do not break blisters
	☐	**I. Ensure patient does not get hypothermic
	☐	L. 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.
	☐	M. 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.

4. CARE FOR CHEMICAL BURNS	□	C. Protect yourself from exposure to hazardous materials
	□	D. Wear gloves, eye protection, and respiratory protection
	□	**C. Flush the burned area for at least 20 minutes. (If possible and it can be done quickly, try to identify any chemical powders before applying water)
	□	I. Apply a dry, clean dressing.
	□	J. If dry lime is the agent causing the burn, do not flush with water. Instead use a dry dressing to brush the substance off the patient's skin, hair, and clothing.
	□	K. Remove any contaminated clothing orjewelry.
	□	L. Once this is done, you may flush the area with water.
	□	M. Use caution not to contaminate uninjured areas when flushing or brushing
5. CARE FOR ELECTRICAL BURNS	□	**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
6. REASSESS	□	**A. Reassess level of consciousness (AVPU), respiratory status, and patient response

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

SPLINTING (RIGID) UPPER EXTREMITY FRACTURES AND DISLOCATIONS

PROCEDURES		CRITICAL SKILLS
1. CARE FOR FRACTURE	☐	**A. Check for distal circulation, sensation, and motor function ▪ Do not attempt to reduce dislocations (if applies)
2. IMMOBILIZING FRACTURE	☐	G. Selection of appropriate rigid splint of proper length
	☐	H. Support affected limb and limit movement
	☐	I. Apply appropriate padded rigid splint against injured extremity
	☐	J. Place appropriate roller bandage in hand to ensure the position of function
	☐	K. Secure splint to patient with roller bandage, handkerchiefs, cravats, or cloth strips
	☐	L. Apply wrap distal to proximal
	☐	**G. Reassess distal circulation, sensation, and motor function
3. SECURING WITH SLING	☐	H. Place sling over chest and under arm
	☐	I. Hold or stabilize arm
	☐	J. Triangle should extend behind elbow on injured side
	☐	K. Pull sling around neck and tie-on uninjured side
	☐	L. Pad at the neck (except when C-Collar is present)
	☐	M. Secure excess material at elbow
	☐	N. Fingertips should be exposed
	☐	**H. Reassess distal circulation, sensation, and motor function
4. SECURING SLING WITH SWATHE	☐	C. Use triangle cravat or factory swathe
	☐	D. Swathe is tied around chest and injured arm
	☐	**C. Reassess distal circulation, sensation, and motor function

8. BACK SURFACES	☐	**A. Check back

IMMOBILIZATION – LONG SPINE BOARD (Backboard)

PROCEDURES		CRITICAL SKILLS
1. MOVE THE PATIENT ONTO THE LONG SPINE BOARD	☐	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	☐	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	☐	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	☐	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	☐	**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	☐	**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).
	☐	**B. Check for cool, moist skin; sluggish pupils; and nausea and vomiting.
	☐	**C. Check for weakness
2. TREATMENT	☐	A. Ensure the ABCs are properly supported.
	☐	B. Control external bleeding.
	☐	C. Keep the patient in a supine position.
	☐	**D. Calm and reassure the patient and maintain a normal body temperature.
	☐	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)
	☐	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 ABCs at least every five minutes.
	☐	**I. Reassure and calm the patient

NOTE: Let team know transportation is available. Team must verbalize "transporting patient"