SOUTHEAST REGIONAL

MINE RESCUE CONTEST

First Aid Problem

2025

Team Statement:

You and your team are dispatched to the 97 Volunteer Belt Line for an unknown incident. Initial statements coming out state that the belt crew was in process of inspecting the belt line. Upon arrival, you find what appears to be a underground light duty vehicle accident into fixed infrastructure with three victims. One victim appear to be unresponsive, another semi-responsive, and the other appears to be pinned between Kubota and belt line in obvious pain as he is screaming for help. *Transportation is delayed.*

Thank you for your response – there is no time limit for this problem; once completed, hand this statement back to the judges to stop the clock.

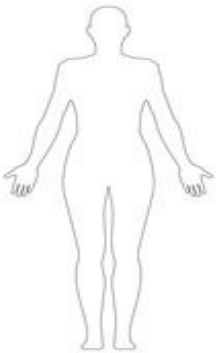
Evaluator Notes:

1. **The power to the belt MUST be disconnected and locked out. Additionally, the Kubota MUST be secured against movement, turned off, and put in park. Failure to do so would equal team endangerment for all team members and discounted under scorecard A #11 – critical skill not ensuring scene safety; lock out supplies are stationed around the disconnect box and a chock is in the back of the Kubota.**
2. **When the power is disconnected, the judge should advise that the power is off. Additionally, when Kubota is secured, judge should advise secured/safe.**
3. **Following simple triage, both the driver and pinned victim are high priority patients. The victim under the Kubota is deceased upon arrival.**
4. **Teams should call to surface to gain instructions for BP management for the pinned victim prior to moving Kubota.**
5. **Ensure glove changes are happening between patients.**
6. **Teams will also need to provide supervisor with some instructions as a bystander in the incident.**
7. **After teams initiate checking for vitals, the sheet with vitals will be given to the teams for each patient.**
8. **The time and problem starts when the scenario is given to the teams; problem and time stops once scenario is given back to the judge.**

Scene Set Up

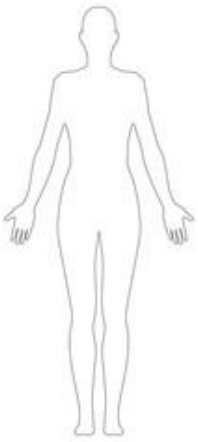
20’

17’



17’

P



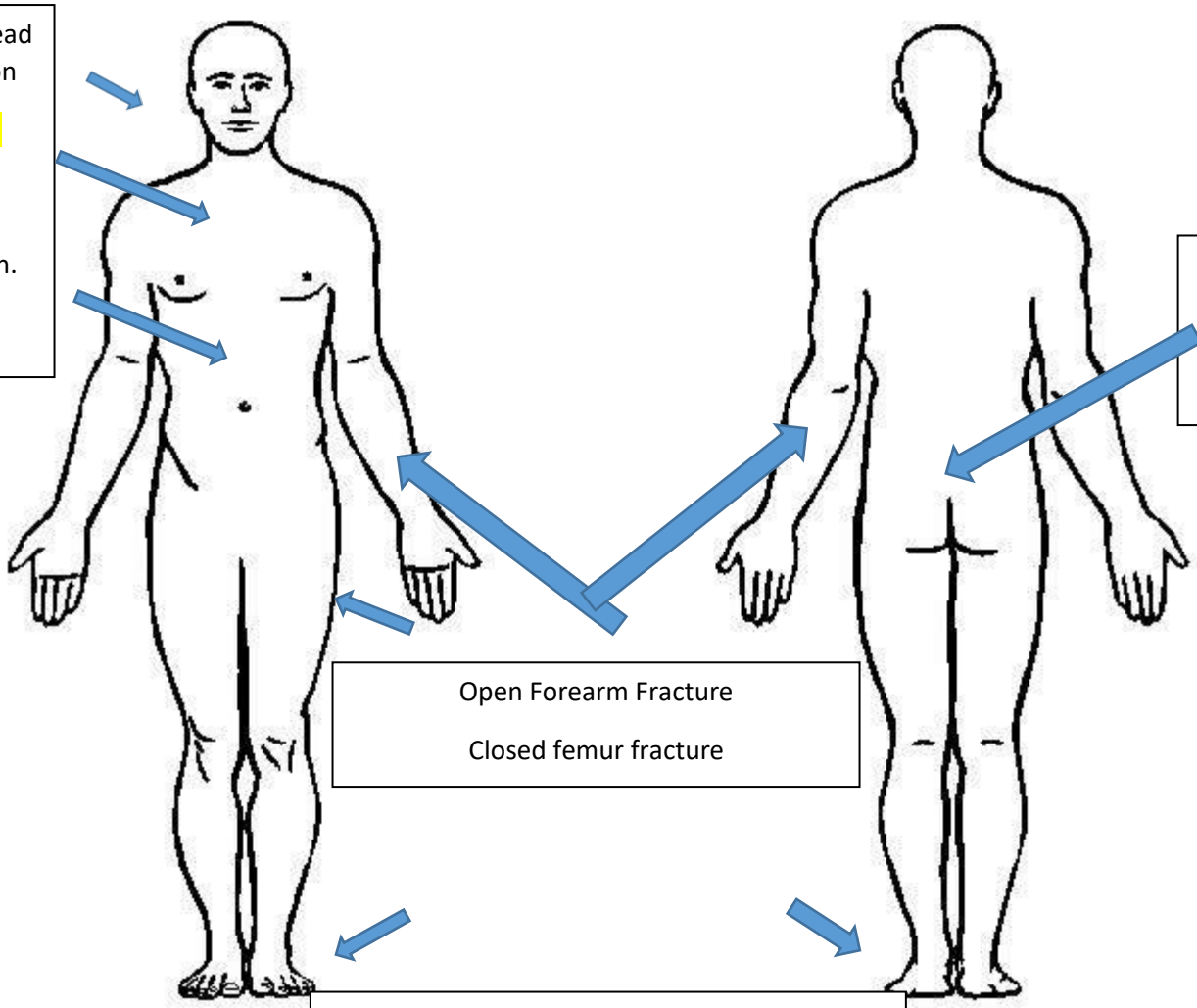
TEAMS MATERIALS

Pinned Victim

2in forehead laceration

Bruised Chest.

Bruised abdomen.



Lower Back Injury (bruising Noted)

Open Forearm Fracture

Closed femur fracture

No PMS

Initial Assessment:

Orientation: Responsive
Airway: Open
Respirations: 38
Circulation:
- Facial bleeding
- Cool and Pale Skin
- Pulse = 110

Once team treats and removes driver from Kubota, and calls for medical direction from surface to treat pinned victim, Kubota can be pushed back enough to free pinned patient. NOTE – teams will need to also remove and cover the deceased patient under the Kubota prior to moving back.

Patient under Kubota is deceased upon assessment.

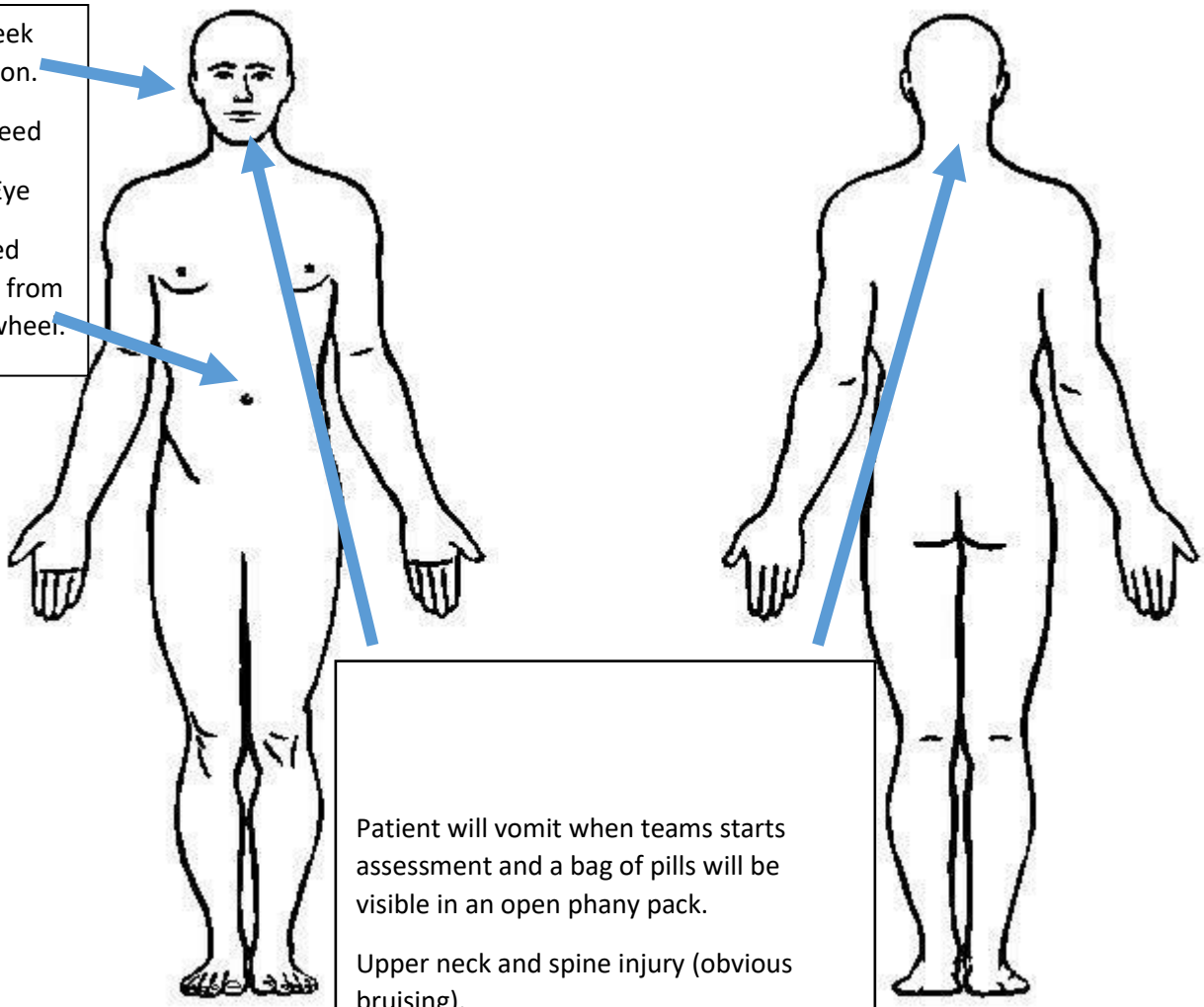
Kubota Driver

4in Cheek laceration.

Nose Bleed

Black Eye

Bruised abdomen from steering wheel.



Patient will vomit when teams starts assessment and a bag of pills will be visible in an open phany pack.

Upper neck and spine injury (obvious bruising).

Teams should consider closed head trauma given extent of facial injuries.

Orientation: semi-responsive

Airway: Open
Respirations: 11 (slow and shallow)
Circulation:
- Facial bleeding
- Cool and Clammy Skin
- Pulse = 128

Disoriented and disgruntled; tries to get out, wont stay still . .

Kubota Driver

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 (Rule 2).

IMMEDIATE: Rapid Patient Assessment treating all life threats Load and Go. If the treatment interrupts the rapid trauma assessment, the **assessment** will be completed at the end of the **treatment**.

DELAYED: Detailed Patient Assessment treating all injuries and conditions and prepare for transport.

MINOR: (Can walk) Detailed Patient Assessment treating all injuries and conditions and prepare for transport. After all IMMEDIATE and DELAYED patient(s) have been treated and transported.

DECEASED: Cover

***NOTE: Each critical skill identified with an asterisk (*) shall be clearly verbalized by the team as it is being conducted 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.

Transportation is delayed: The Team will have to perform a full assessment and treat all injuries on both patients.

Pinned Patient

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 (Rule 2).

IMMEDIATE: Rapid Patient Assessment treating all life threats Load and Go. If the treatment interrupts the rapid trauma assessment, the **assessment** will be completed at the end of the **treatment**.

DELAYED: Detailed Patient Assessment treating all injuries and conditions and prepare for transport.

MINOR: (Can walk) Detailed Patient Assessment treating all injuries and conditions and prepare for transport. After all IMMEDIATE and DELAYED patient(s) have been treated and transported.

DECEASED: Cover

***NOTE: Each critical skill identified with an asterisk (*) shall be clearly verbalized by the team as it is being conducted 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.

Scene size up would generally not be applied for this one as this has been capture with drivers initial assessment or the teams entrance to the scene.

Transportation is delayed: The Team will have to perform a full assessment and treat all injuries on both patients.

PT under Kubota (Deceased) at rear

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 (Rule 2).

IMMEDIATE: Rapid Patient Assessment treating all life threats Load and Go. If the treatment interrupts the rapid trauma assessment, the **assessment** will be completed at the end of the **treatment**.

DELAYED: Detailed Patient Assessment treating all injuries and conditions and prepare for transport.

MINOR: (Can walk) Detailed Patient Assessment treating all injuries and conditions and prepare for transport. After all IMMEDIATE and DELAYED patient(s) have been treated and transported.

DECEASED: Cover

***NOTE: Each critical skill identified with an asterisk (*) shall be clearly verbalized by the team as it is being conducted 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.**

Scene size up would generally not be applied for this one as this has been capture with drivers initial assessment or the teams entrance to the scene.

Team should cover the deceased patient.

Driver

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
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)
5. PELVIS	☐		**A.	Check pelvis Inspect pelvis for injury by touch
	☐		**B.	(Visually inspect and verbally state inspection of crotch and buttocks areas)
6. LEGS	L	R		
	☐	☐	**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	R		
	☐	☐	**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		☐	**A.	Check back

Driver

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

Teams shall give Supervisor instructions to remain by their side while caring for other PTs. They shall also reassure and calm supervisor throughout the process helping treat for shock. supervisor will be very vocal during care and care of other PTs.

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
		<u>Living Splint:</u>
	□	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
		<u>Padded Board Splint:</u>
	□	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
		<u>Other Splints:</u>
	□	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	□	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.

IMMOBILIZATION OF CERVICAL SPINE

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

Pinned 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
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)
5. PELVIS	☐		**A.	Check pelvis Inspect pelvis for injury by touch
	☐		**B.	(Visually inspect and verbally state inspection of crotch and buttocks areas)
6. LEGS	L	R		
	☐	☐	**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	R		
	☐	☐	**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	☐		**A.	Check back

1. **Pinned patient can be treated and Kubota moved only after Driver has been removed from Kubota and deceased patient has been removed from under the Kubota. Then Kubota can be rolled back enough to get patient free and start treatment. Teams must resecure Kubota from movement after moved or discounted accordingly for team safety.**

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.

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

Added to the problem

SPLINTING – FLAIL CHEST

PROCEDURES		CRITICAL SKILLS
1. DETERMINE NEED FOR SPLINTING	☐	**A. Assess for: • Pain • Swelling • Deformity
	☐	*B. Determine if splinting is warranted
2. SELECT APPROPRIATE SPLINTING MATERIAL	☐	A. Choose a pillow, blanket, trauma dressing, or other appropriate splinting material
3. PREPARE FOR SPLINTING	☐	*A. Remove or cut away clothing as needed.
	☐	B. Cover any open wounds with sterile dressing and bandage
4. APPLY SPLINT	☐	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	☐	**A. Assess patient response and level of comfort
6. ASSIST VENTILATIONS	☐	**A. Assist with ventilation as needed

IMMOBILIZATION OF CERVICAL SPINE

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

THREE-PERSON LOG ROLL

PROCEDURES		CRITICAL SKILLS
1. STABILIZE HEAD	☐	*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	☐	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	☐	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	☐	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	☐	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

Points of interest:

1. It is not uncommon for a team or provider to use different acronyms than what is used in the Brady 11th edition. It is of my opinion that not penalty should occur if a team member uses a different acronym but accurately assesses and treats the patient. The first example would be CSM and PMS, another example could be BP-DOCS and DCAPBTLS. Both memory aids are developed to help the rescuer remember the steps and are expected by the healthcare community. Regardless of the acronym/mnemonic used, the evaluation of performance should be made on the overall assessment and treatment and not which memory aid was used.
2. This problem is intended to test the skills of mine rescuers in the event of an emergency and shall be made as realistic as possible. All live props used are intended to help enhance the training and test the skills and knowledge of those involved. Patients will play a vital role in helping make as realistic as possible and all injuries will be utilized with realistic moulage and blood.