

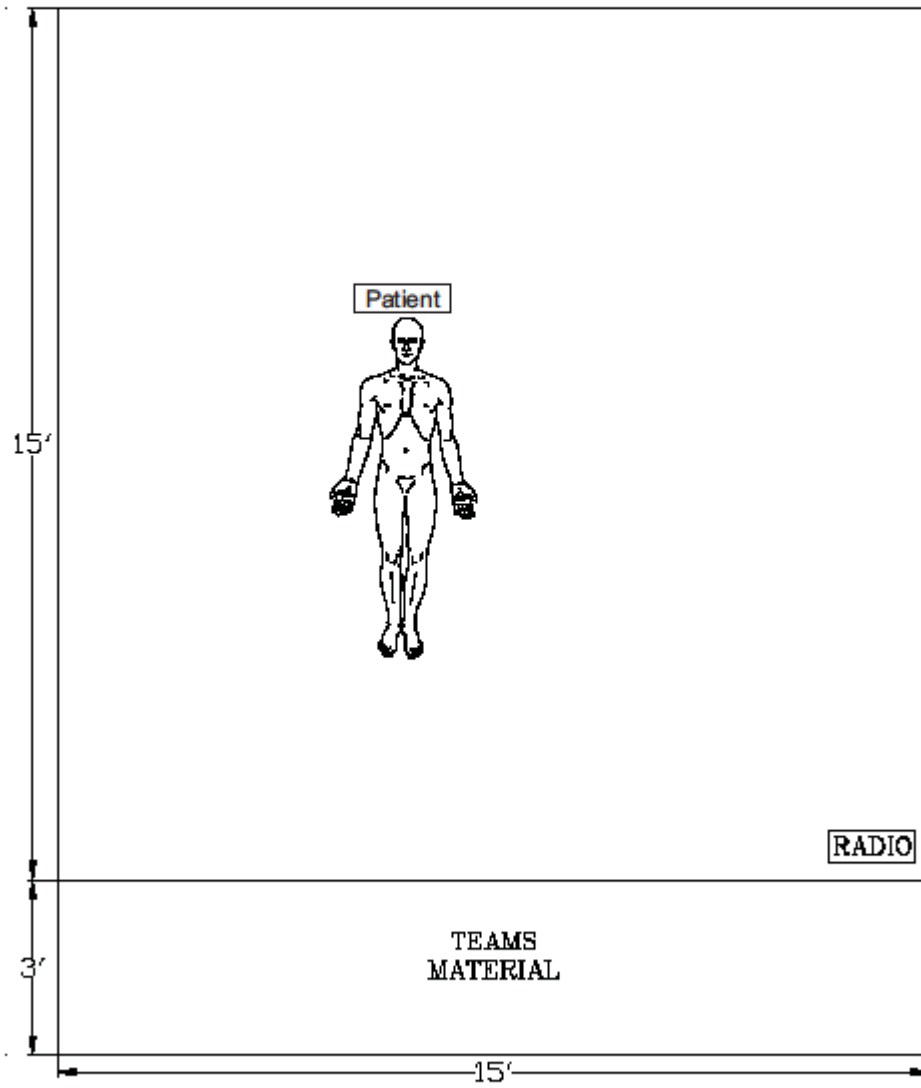
**HARLAN
COUNTY
SAFETY
DAYS
2013**

**FIRST AID
PROBLEM**

Problem

Your team has just arrived at the end of the track on a continuous mining section. As you walk toward the section, you see the cap lights of two miners ahead. There is a sudden crashing sound, with a dust cloud immediately engulfing the area where the cap lights were seen. As the dust begins to settle and you get closer, you see miner, Terri James, dragging John Doe away from the right rib and laying him on his back. You also notice there has been a large rib roll. The scene is safe for you to access the victims.

FIELD LAYOUT



LIST OF INJURIES

JOHN DOE

**1" LACERATION
ON FOREHEAD**

**CLOSED FRACTURE
C-5 VERTABRAE**

**3" LACERATION
UPPER LEG**

**LIFE THREATENING
BLEEDING**

**CLOSED FRACTURE
LOWER LEG**

**CLOSED FRACTURE
RIGHT ANKLE**

**2" LACERATION
LEFT ARM**

**CLOSED FRACTURE
RIGHT WRIST**

JOHN DOE

**1" LACERATION
ON FOREHEAD**

Respirations: 24 per minute.

Pulse: Radial pulse is present but weak and thready.

Mental Status: able to follow limited commands, but is unable to walk.

**CLOSED
FRACTURE
C-5 VERTABRAE**

**2" LACERATION
LEFT ARM**

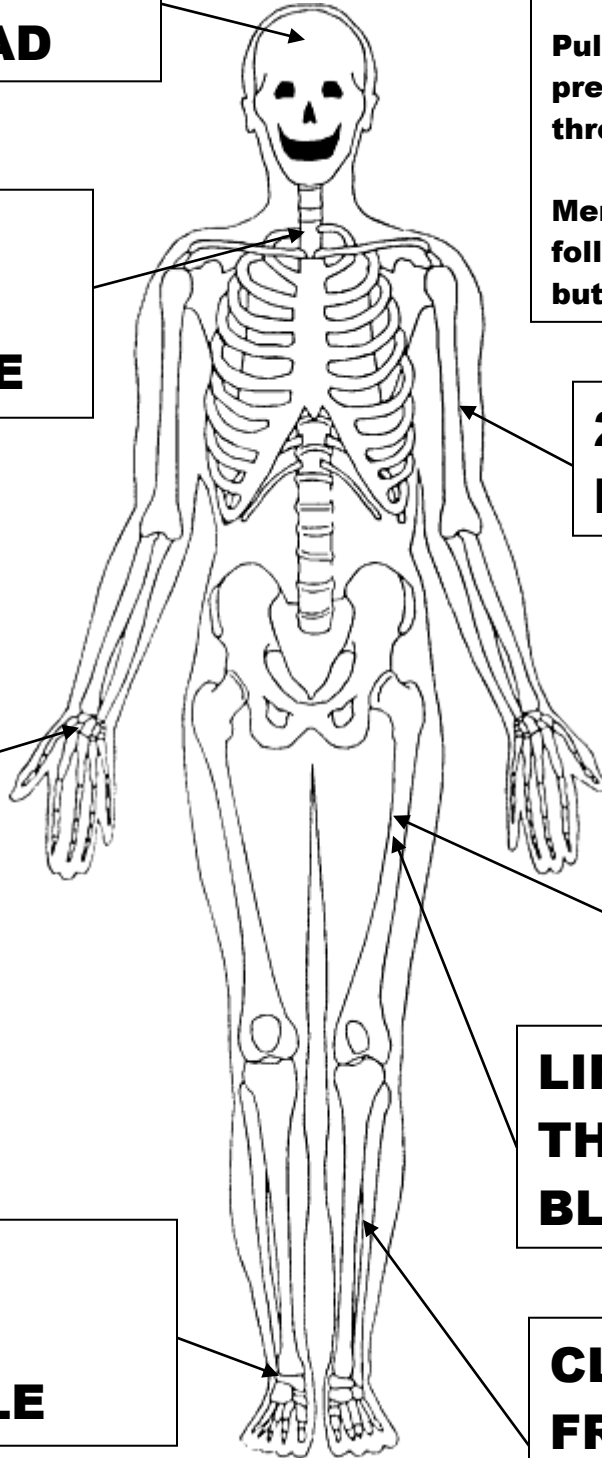
**CLOSED
FRACTURE
RIGHT WRIST**

**3" LACERATION
UPPER LEG**

**LIFE
THREATENING
BLEEDING**

**CLOSED
FRACTURE
RIGHT ANKLE**

**CLOSED
FRACTURE
LOWER LEG**



LIST OF INJURIES
TERRI JAMES

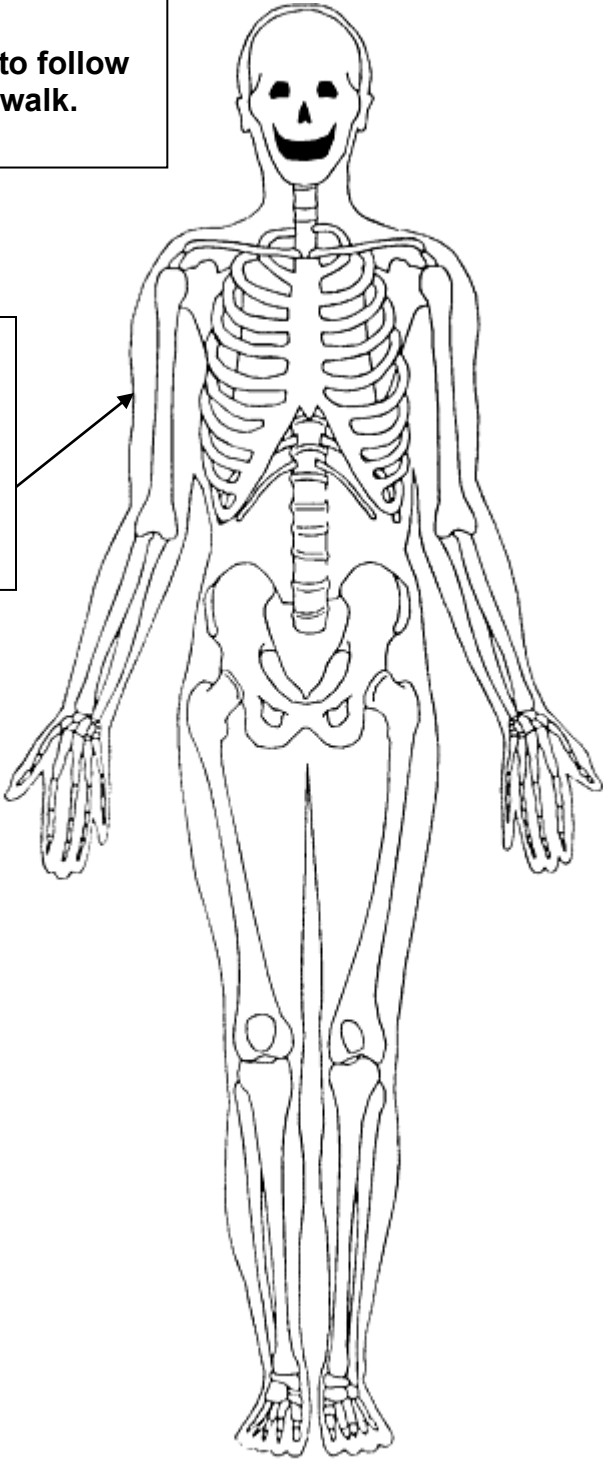
4" LACERATION
UPPER RIGHT ARM

Respirations: 20 per minute.

Pulse: Radial pulse is present.

Mental Status: Able to follow commands and can walk.

**4”
LACERATION
UPPER RIGHT
ARM**



Allow the team to lay out their equipment.

Explain the timing device to the team.

Explain the props to the team. (Radio)

Once the team is ready and starts the clock, give the team the problem envelope.

Problem- Your team has just arrived at the end of the track on a continuous mining section. As you walk toward the section, you see the cap lights of two miners ahead. There is a sudden crashing sound, with a dust cloud immediately engulfing the area where the cap lights were seen. As the dust begins to settle and you get closer, you see miner, Terri James, dragging John Doe away from the right rib and laying him on his back. You also notice there has been a large rib roll. The scene is safe for you to access the victims. Treat all patients that require treatment.

INITIAL ASSESSMENT

PROCEDURES		CRITICAL SKILL
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

Note: The team is required to call for help/call 911, once during the working of the problem. This statement must be made prior to starting triage.

Triage:

(Terri James) – Respirations: 20 per minute.

Pulse: Radial pulse is present.

**Mental Status: Able to follow commands and can walk.
(Minor)**

Note: If Terri is used to help, the team must provide BSI prior to patient contact.

Envelope 1: Statement from Terri: “We were sent to recover some material next to the rib. It suddenly began to roll toward us. I dove away, but John got hit by the falling rib.”

(John Doe) – Respirations: 24 per minute.

Pulse: Radial pulse is present but weak and thready.

**Mental Status: able to follow limited commands, but is unable to walk.
(Delayed)**

Envelope 2 – Statement from John: “I tried to get away, but it happened too fast. I feel a strange sensation in my neck and have some numbness to my arms and legs. I am bleeding badly. Please help me, I hurt all over.”

Continue Initial Assessment

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

Note: The team should consider the patient has a cervical spine (neck) injury based on the statement of the patient and the mechanism of injury.

ESTABLISHING AIRWAY-SUSPECTED CERVICAL SPINE (NECK) INJURY

PROCEDURES		CRITICAL SKILL
1. STABILIZE HEAD	<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 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) *A. State that the victim is/is not breathing
4. MAINTAIN OPEN AIRWAY	<input type="checkbox"/>	A. Do not compromise suspected neck injury

Continue Initial Assessment

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 (reference Rule 2).
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3 inch laceration with life threatening bleeding, upper left leg.

LIFE-THREATENING BLEEDING

PROCEDURES		CRITICAL SKILL
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

Note: Once the team completes direct pressure on the wound, inform the team the bleeding has been controlled by direct pressure.
The team should begin Patient Assessment on John Doe (Delayed)

PATIENT ASSESSMENT

PROCEDURES	CRITICAL SKILL
1. HEAD	<input type="checkbox"/> *A. Check head for DOTS: Deformities, Open wounds, Tenderness and Swelling <input type="checkbox"/> *B. Check and touch the scalp <input type="checkbox"/> *C. Check the face <input type="checkbox"/> *D. Check the ears for bleeding or clear fluids <input type="checkbox"/> *E. Check the eyes for any discoloration, unequal pupils, reaction to light, foreign objects and bleeding <input type="checkbox"/> *F. Check the nose for any bleeding or drainage <input type="checkbox"/> *G. Check the mouth for loose or broken teeth, foreign objects, swelling or injury of tongue, unusual breath odor and discoloration

1 inch laceration to forehead

DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES	CRITICAL SKILL
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. Do not leave loose ends. <input type="checkbox"/> D. Cover all edges of dressing. <input type="checkbox"/> E. Do not cover tips of fingers and toes, unless they are injured. <input type="checkbox"/> F. 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.

Continue Patient Assessment

2. NECK	<input type="checkbox"/> <input type="checkbox"/>	<p><i>*A. Check the neck for DOTS</i></p> <p><i>*B. Inspect for medical ID</i></p>
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Fractured C-5 vertebrae - *Continue Head Immobilization.*

Teams must apply a cervical collar at this time.

IMMOBILIZATION OF CERVICAL SPINE

PROCEDURES		CRITICAL SKILL
1. ESTABLISH AND MAINTAIN IN-LINE IMMOBILIZATION	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Place head in a neutral, in-line position unless patient complains of pain or the head is not easily 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"/>	<p><i>*A. Assess distal circulation, sensation, and motor function (on all extremities)</i></p>
3. ASSESS CERVICAL REGION AND NECK	<input type="checkbox"/> <input type="checkbox"/>	<p><i>*A. Inspect and palpate for injuries or signs of injuries using: DOTS acronym</i></p> <p><i>B. Remove clothing or jewelry as necessary</i></p>
4. BANDAGE ANY WOUND	<input type="checkbox"/>	<p>A. Any neck wounds</p>

5. APPLY CERVICAL SPINE IMMOBILIZATION	<input type="checkbox"/>	A. Apply properly sized collar or manual immobilization
		<u>One piece C-collar</u>
	<input type="checkbox"/>	A. Select proper sized collar
	<input type="checkbox"/>	B. Apply collar
	<input type="checkbox"/>	C. Ensure that patient's head is not twisted during application
	<input type="checkbox"/>	D. Ensure airway is open after placement
		<u>Two piece C-collar</u>
	<input type="checkbox"/>	A. Select proper sized collar
	<input type="checkbox"/>	B. Apply rear section to back of neck
	<input type="checkbox"/>	C. Center rigid support on spine
	<input type="checkbox"/>	D. Apply front section (overlaps rear section)
	<input type="checkbox"/>	E. Ensure chin rests in chin cavity
	<input type="checkbox"/>	F. Secure collar with Velcro straps
	<input type="checkbox"/>	G. Ensure airway is open after placement

Continue Patient Assessment

3. CHEST	<input type="checkbox"/>	<input type="checkbox"/>	*A. Check chest area for DOTS *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) for DOTS
5. PELVIS	<input type="checkbox"/>	<input type="checkbox"/>	*A. Check pelvis for DOTS *B. Inspect pelvis for injury by touch (Visually inspect and verbally state inspection of crotch and buttocks areas)
6. LEGS	L	R	*A. Check each leg for DOTS 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
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Teams may check either leg first.

Left Leg

3 inch laceration with life threatening bleeding.
(Already treated – recheck)

Closed fracture left lower leg

If air splint is used:

SPLINTING UPPER EXTREMITY/LOWER EXTREMITY FRACTURES (AIR SPLINT)

PROCEDURES		CRITICAL SKILL
1. CARE FOR FRACTURE	<input type="checkbox"/>	*A. Assess distal circulation, sensation, and motor function(fingers/toes)
2. IMMOBILIZE FRACTURE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Grasp above and below the injury site B. Maintain support C. Properly apply air splint D. Splint should be relatively free of wrinkles E. Inflate splint to point that slight dent can be made *F. Reassess distal circulation, sensation, and motor function (fingers/toes)
3. MONITOR AIR-INFLATED SPLINT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*A. Periodically check for increase or decrease in pressure *B. Monitor pressure in splint with finger tip C. Make sure desired pressure is maintained *D. Reassess distal circulation, sensation, and motor function (fingers/toes)

NOTE: Air splints may not be used with open (protruding bones) fractures.
Air splints may only be used on the lower part of the extremities (from below the elbow on the arm and below the knee to the leg).

Right Leg

Fractured Right Ankle

If air splint is used:

SPLINTING UPPER EXTREMITY/LOWER EXTREMITY FRACTURES (AIR SPLINT)

PROCEDURES		CRITICAL SKILL
4. CARE FOR FRACTURE	<input type="checkbox"/>	*A. Assess distal circulation, sensation, and motor function(fingers/toes)
5. IMMOBILIZE FRACTURE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Grasp above and below the injury site B. Maintain support C. Properly apply air splint D. Splint should be relatively free of wrinkles E. Inflate splint to point that slight dent can be made *F. Reassess distal circulation, sensation, and motor function (fingers/toes)
6. MONITOR AIR-INFLATED SPLINT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*A. Periodically check for increase or decrease in pressure *B. Monitor pressure in splint with finger tip *C Make sure desired pressure is maintained *D Reassess distal circulation, sensation, and motor function (fingers/toes)

If soft splint is used:

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

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

Continue Patient Assessment

	L	R	
7. ARMS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*A. Check each arm for DOTS 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

Teams may check either arm first.

Left arm:

2 inch laceration, left arm

DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES		CRITICAL SKILL
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"/> <input type="checkbox"/>	A. Do not bandage too tightly. B. Do not bandage too loosely. C. Do not leave loose ends. D. Cover all edges of dressing. E. Do not cover tips of fingers and toes, unless they are injured. F. Bandage from the bottom of the limb to the top (distal to proximal) if applicable.

Right Arm:

Fractured Right Wrist

Air Splint:

SPLINTING UPPER EXTREMITY/LOWER EXTREMITY FRACTURES (AIR SPLINT)

PROCEDURES		CRITICAL SKILL
1. CARE FOR FRACTURE	<input type="checkbox"/>	*A. Assess distal circulation, sensation, and motor function(fingers/toes)
2. IMMOBILIZE FRACTURE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Grasp above and below the injury site B. Maintain support C. Properly apply air splint D. Splint should be relatively free of wrinkles E. Inflate splint to point that slight dent can be made *F. Reassess distal circulation, sensation, and motor function (fingers/toes)
3. MONITOR AIR-INFLATED SPLINT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Periodically check for increase or decrease in pressure *B. Monitor pressure in splint with finger tip *C. Make sure desired pressure is maintained *D Reassess distal circulation, sensation, and motor function (fingers/toes)

Continue Patient Assessment

8. BACK SURFACES	<input type="checkbox"/>	*A. Check back for DOTS
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IMMOBILIZATION - LONG SPINE BOARD (Backboard)

PROCEDURES	CRITICAL SKILL
1. MOVE THE PATIENT ONTO THE LONG SPINE BOARD	<ul style="list-style-type: none"> <input type="checkbox"/> A. One First Aid Provider at the head must maintain in-line immobilization of the head and spine <input type="checkbox"/> B. First Aid Provider at the head directs the movement of the patient <input type="checkbox"/> C. Other First Aid Provider control movement of the rest of body <input type="checkbox"/> D. Other First Aid Provider position themselves on same side <input type="checkbox"/> E. Upon command of First Aid Provider at the head, roll patient onto side toward First Aid Providers <input type="checkbox"/> F. Quickly assess posterior body, if not already done <input type="checkbox"/> G. Place long spine board next to the patient with top of board beyond top of head <input type="checkbox"/> H. Place patient onto the board at command of the First Aid Provider at head while holding in-line immobilization using methods to limit spinal movement <input type="checkbox"/> I. Slide patient into proper position using smooth coordinated moves keeping spine in alignment
2. PAD VOIDS BETWEEN PATIENT AND LONG SPINE BOARD	<ul style="list-style-type: none"> <input type="checkbox"/> A. Select and use appropriate padding <input type="checkbox"/> B. Place padding as needed under the head <input type="checkbox"/> C. Place padding as needed under torso
3. IMMOBILIZE BODY TO THE LONG SPINE BOARD	<ul style="list-style-type: none"> <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	<ul style="list-style-type: none"> <input type="checkbox"/> A. Using head set or place rolled towels on each side of head <input type="checkbox"/> B. Tape and/or strap head securely to board, ensuring cervical spine immobilization
5. REASSESS	<ul style="list-style-type: none"> <input type="checkbox"/> *A. Reassess distal circulation, sensation, and motor function <input type="checkbox"/> *B. Assess patient response and level of comfort

Team should treat the patient for Shock

SHOCK

PROCEDURES		CRITICAL SKILL
1. CHECK FOR SIGNS AND SYMPTOMS OF SHOCK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*A. Check for pale (or bluish) skin (in victim with dark skin examine inside of mouth and nail beds for bluish coloration. *B. Check for cool, clammy skin *C. Check for weakness
2. TREATMENT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Keep victim lying down B. 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) C. Elevate according to injury *D. Reassure and calm the patient

Option 2: Lay the patient flat, face up. This is the supine position, used for patients with a spinal injury and patients who have serious injuries to the extremities that have not been supported. If the patient is placed in this position, you must constantly be prepared for vomiting.

Prior to stopping the clock, the team must reassess the patient's level of consciousness, respiratory status, and patient response.

If the team conducts a reassessment, the judges will give envelope 3.

**Envelope 3 - Respirations are 22 per minute.
 Radial pulse is present but weak and thready.
 Patient is able to follow limited commands.**

**The team should now check Terri James (Patient #2)
 Give Envelope 4.**

Envelope 4 - Terri states she has a laceration on her right arm. She refuses to allow any treatment other than the laceration on her right arm.

TEAMS MUST ASSESS TERRI

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

TEAMS MUST DO A PATIENT ASSESSMENT

PATIENT ASSESSMENT

PROCEDURES		CRITICAL SKILL
1. HEAD	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*A. Check head for DOTS: Deformities, Open wounds, Tenderness and Swelling *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 for DOTS *B. Inspect for medical ID	
3. CHEST	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*A. Check chest area for DOTS *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) for DOTS	
5. PELVIS	<input type="checkbox"/> <input type="checkbox"/>	*A. Check pelvis for DOTS *B. Inspect pelvis for injury by touch (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 for DOTS *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"/>	*E. Check each arm for DOTS *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

4" LACERATION UPPER ARM

DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES		CRITICAL SKILL
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"/> <input type="checkbox"/>	A. Do not bandage too tightly. B. Do not bandage too loosely. C. Do not leave loose ends. D. Cover all edges of dressing. E. Do not cover tips of fingers and toes, unless they are injured. F. Bandage from the bottom of the limb to the top (distal to proximal) if applicable.

TERRI has refused any other treatment in her statement to the team.

All material shall be placed behind baseline prior to stopping the timing device. After completing the problem the work area shall be cleaned of ALL material, including the infectious waste, which shall be placed in a white trash bag provided by the team. When all materials have been placed behind baseline, a team member shall stop the timing device. The judges and First Aid team will verify the working time upon completion of the problem.