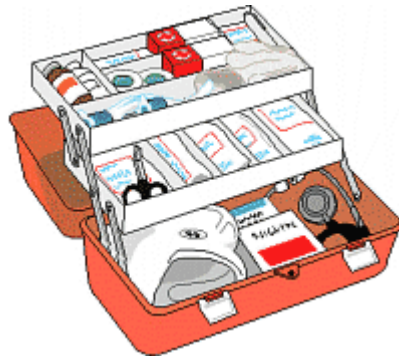


*First Aid Contest*

*Problem*

*Thursday, May 25, 2017*



*W.K.M.I. Mine Rescue Contest*  
*Madisonville, Kentucky*

Judge Name \_\_\_\_\_ Team Number \_\_\_\_\_

## First Aid Problem

You and your buddy have been called to the prep-plant due to a serious accident. Joe Miner, Plant Operator and Bob Brown, Utilityman were performing maintenance on the vibrator screens on the third floor of the prep-plant. Joe Miner had just raised a stack of replacement screens from the second floor up through the hoist well opening of the third floor. As he was preparing to set them down he lost his balance and stepped backwards falling through the hoist well opening, landing 18 feet on the floor below. Bob Brown who saw it all happen rushes to check on Joe. As you arrive, Bob says that he feels light headed, and short of breath from running down the stairs, but I'm feeling better. I can help if you need me.

The scene is safe.

Joe Miner is conscious, has a weak radial pulse, has shallow breathing, and suffers from shock throughout the problem.

There is a suspected spinal injury.

**Treat all patients and transport.**

## List of Injuries

4" Laceration to the back of the Head

Fractured Right Femur

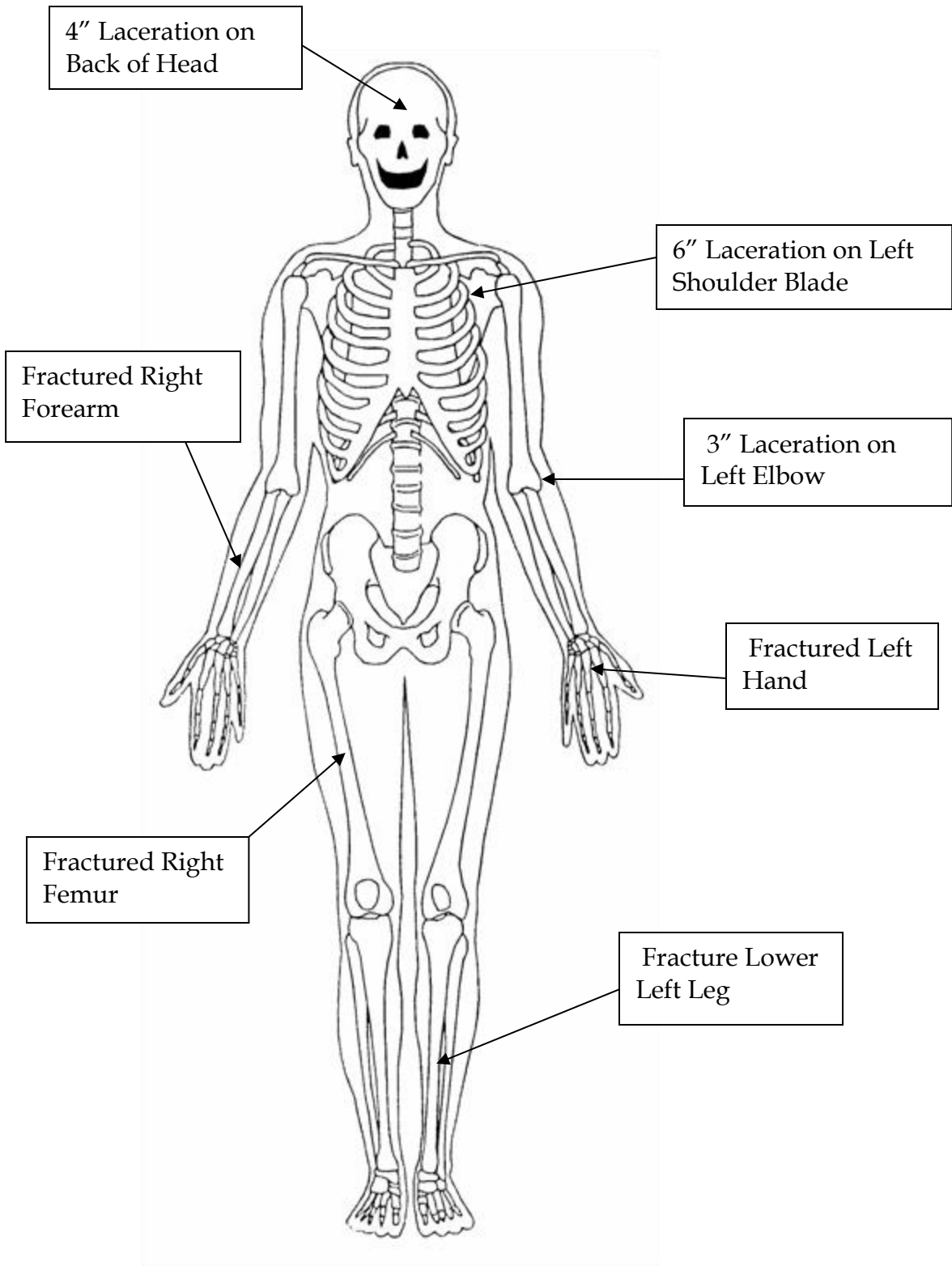
Fractured Lower Left Leg

Fractured Right Forearm

3" Laceration to Left Elbow

6" Laceration on Left Shoulder Blade

Fractured Left Hand



4" Laceration on Back of Head

6" Laceration on Left Shoulder Blade

3" Laceration on Left Elbow

Fractured Left Hand

Fracture Lower Left Leg

Fractured Right Forearm

Fractured Right Femur

2017 WKMI First Aid Problem

## *Problem*

Allow team to lay out their equipment.

Explain the timing device to the team.

Explain the prop (Radio) to the team.

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

### **Problem Envelope**

You and your buddy have been called to the prep-plant due to a serious accident. Joe Miner, Plant Operator and Bob Brown, Utilityman were performing maintenance on the vibrator screens on the third floor of the prep-plant. Joe Miner had just raised a stack of replacement screens from the second floor up through the hoist well opening of the third floor. As he was preparing to set them down he lost his balance and stepped backwards falling through the hoist well opening, landing 18 feet on the floor below. Bob Brown who saw it all happen rushes to check on Joe. As you arrive, Bob says that he feels light headed, and short of breath from running down the stairs, but I'm feeling better. I can help if you need me.

The scene is safe.

Joe Miner is conscious, has a weak radial pulse, has shallow breathing, and suffers from shock throughout the problem.

There is a suspected spinal injury.

**Treat all patients and transport.**

**If the team utilizes Bob Brown to assist, they are required to furnish him with all necessary BSI.**

## INITIAL ASSESSMENT

PROCEDURES	CRITICAL SKILL
1. SCENE SIZE UP	<input type="checkbox"/> *A. Observe area to ensure safety <input type="checkbox"/> *B. <b>Call for help (Prior to start of Triage)</b>
2. MECHANISM OF INJURY	<input type="checkbox"/> *A. Determine causes of injury, if possible <input type="checkbox"/> *B. Triage: Immediate, Delayed, Minor or Deceased. <input type="checkbox"/> *C. Ask patient (if conscious) what happened

### **Triage:**

**Brown:** Alert and responsive. Tells them he is light headed, and short of breath after running down the stairs, but I'm feeling better. I can help if you need me. **(Minor)**

**Miner:** He is conscious, has Shallow Breaths, and has a weak radial pulse. **(Delayed)**

### **Joe Miner**

3. INITIAL ASSESSMENT	<input type="checkbox"/> *A. Verbalize general impression of the patient(s) <input type="checkbox"/> *B. Determine responsiveness/level of consciousness (AVPU) Alert, Verbal, Painful, Unresponsive <input type="checkbox"/> *C. Determine chief complaint/apparent life threat
4. ASSESS AIRWAY AND BREATHING	<input type="checkbox"/> A. Correctly execute head-tilt/chin-lift or jaw thrust maneuver, depending on the presence of cervical spine (neck) injuries <input type="checkbox"/> B. Look for absence of breathing (no chest rise and fall) or gasping, which are not considered adequate (within 10 seconds) <input type="checkbox"/> C. If present, treat sucking chest wound
5. ASSESS FOR CIRCULATION	<input type="checkbox"/> A. Check for presence of a carotid pulse (5-10 seconds) <input type="checkbox"/> B. If present, control life threatening bleeding <input type="checkbox"/> C. Start treatment for all other life threatening injuries/conditions (reference Rule 2).

**NOTE: Each critical skill identified with an asterisk (\*) shall be clearly verbalized by the team as it is being conducted. After initially stating what DOTS stands for, the team may simply state "DOTS" when making their checks.**

- Teams may use the acronym "CSM" when checking circulation, sensation, and motor function after initially stating what CSM stands for.
- Teams may use the acronym "AVPU" when determining responsive/level of consciousness after initially stating what AVPU stands for.

## 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

**Teams must make statement to judge, "Removing clothing; exposing and cleaning wound surface(s)". This statement is only required to be made once during the working of the problem, prior to treating first wound.**

### 4" Laceration on Back of Head

## 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"/> <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.
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## Resume Patient Assessment

2. NECK	<input type="checkbox"/> <input type="checkbox"/>	*A. Check the neck for DOTS *B. Inspect for medical ID
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## IMMOBILIZATION OF CERVICAL SPINE

PROCEDURES	CRITICAL SKILL	
1. ESTABLISH AND MAINTAIN IN-LINE IMMOBILIZATION	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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	<input type="checkbox"/>	*A. Assess distal circulation, sensation, and motor functions (on all extremities)
3. ASSESS CERVICAL REGION AND NECK	<input type="checkbox"/>	*A. Inspect and palpate for injuries or signs of injuries using: DOTS acronym B. Remove clothing or jewelry as necessary
4. BANDAGE ANY WOUND	<input type="checkbox"/>	A. Any neck wounds



6. LEGS	L	R	
	<input type="checkbox"/>	<input type="checkbox"/>	*A. Check each leg for DOTS
	<input type="checkbox"/>	<input type="checkbox"/>	B. Inspect legs for injury by touch
	<input type="checkbox"/>	<input type="checkbox"/>	C. Unresponsive: Check legs for paralysis (pinch inner side of leg on calf)
	<input type="checkbox"/>	<input type="checkbox"/>	*D. Responsive: Check legs for motion; places hand on bottom of each foot and states "Can you push against my hand?"
	<input type="checkbox"/>	<input type="checkbox"/>	*E. Check for medical ID bracelet

## Fractured Left Lower Leg

**(Once support is taken, the second rescuer must complete the patient assessment of the leg) (Rule 23)**

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

PROCEDURE		CRITICAL SKILL
1. DETERMINE NEED FOR SPLINTING	<input type="checkbox"/> <input type="checkbox"/>	*A. Assess for: <ul style="list-style-type: none"> <li>▪ Pain</li> <li>▪ Swelling</li> <li>▪ Deformity</li> </ul> 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"> <li>▪ Do not attempt to reduce dislocations</li> </ul>
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 PMS distal to the injury: <ul style="list-style-type: none"> <li>▪ Pulse</li> <li>▪ Motor Function</li> <li>▪ Sensory Function</li> </ul> C. Cover any open wounds with sterile dressing and bandage D. Measure splint E. Pad around splint for patient comfort

5. SPLINT	<input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Maintain support while splinting</p> <p>Living Splint:</p> <p>A. Immobilize the site of the injury</p> <p>B. Carefully place a pillow or folded blanket between the patients knees/legs</p> <p>C. Bind the legs together with wide straps or cravats</p> <p>D. Carefully place patient on long spine board</p> <p>E. Secure the patient to the long spine board</p> <p>Padded Board Splint:</p> <p>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.)</p> <p>B. Cushion with padding in the armpit and groin and all voids created at the ankle and knee</p> <p>C. Secure the splinting boards with straps and cravats</p> <p>D. Carefully place the patient on long spine board</p> <p>E. Secure the patient to the long spine board</p> <p>Other Splints:</p> <p>A. Immobilize the site of the injury</p> <p>B. Pad as needed</p> <p>C. Secure to splint distal to proximal</p> <p>D. Carefully place patient on long spine board</p> <p>E. Secure the patient to the long spine board</p>
6. REASSESS	<input type="checkbox"/> <input type="checkbox"/>	<p>*A. Reassess PMS</p> <p>*B. Assess patient response and level of comfort</p>

**NOTE: Each critical skill identified with an asterisk (\*) shall be clearly verbalized by the team as it is being conducted. After initially stating what DOTS stands for, the team may simply state "DOTS" when making their checks.**

- Teams may use the acronym "PMS" when checking pulse, motor function and sensory function

## Fractured Right Femur

**(Once support is taken, the second rescuer must complete the patient assessment of the leg) (Rule 23)**

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

PROCEDURE		CRITICAL SKILL
1. DETERMINE NEED FOR SPLINTING	<input type="checkbox"/>  <input type="checkbox"/>	*A. Assess for: <ul style="list-style-type: none"><li>▪ Pain</li><li>▪ Swelling</li><li>▪ Deformity</li></ul> 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"><li>▪ Do not attempt to reduce dislocations</li></ul>
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 PMS distal to the injury: <ul style="list-style-type: none"><li>▪ Pulse</li><li>▪ Motor Function</li><li>▪ Sensory Function</li></ul> C. Cover any open wounds with sterile dressing and bandage D. Measure splint E. Pad around splint for patient comfort



## Resume Patient Assessment

7. ARMS	L	R	
	<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. 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

### 3" Laceration on Left Elbow

## 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.

## Fractured Left Hand

**(Once support is taken, the second rescuer must complete the patient assessment of the arm) (Rule 23)**

### SPLINTING (RIGID) UPPER EXTREMITY FRACTURES AND DISLOCATIONS

PROCEDURES		CRITICAL SKILL
1. CARE FOR FRACTURE	<input type="checkbox"/>	*A. Check for distal circulation, sensation, and motor function <ul style="list-style-type: none"> <li>▪ Do not attempt to reduce dislocations (if applies)</li> </ul>
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"/>	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

## Fractured Right Forearm

**(Once support is taken, the second rescuer must complete the patient assessment of the arm) (Rule 23)**

### SPLINTING (RIGID) UPPER EXTREMITY FRACTURES AND DISLOCATIONS

PROCEDURES		CRITICAL SKILL
1. CARE FOR FRACTURE	<input type="checkbox"/>	*B. Check for distal circulation, sensation, and motor function <ul style="list-style-type: none"> <li>▪ Do not attempt to reduce dislocations (if applies)</li> </ul>
2. IMMOBILIZING FRACTURE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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 *H. 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"/>	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 *I. Reassess distal circulation, sensation, and motor function
4. SECURING SLING WITH SWATHE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	C. Use triangle cravat or factory swathe D. Swathe is tied around chest and injured arm *D. Reassess distal circulation, sensation, and motor function

## Resume Patient Assessment

8. BACK SURFACES	<input type="checkbox"/>	*A. Check back for DOTS
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### 6" Laceration on Left Shoulder Blade

#### 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
5. 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
6. 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.

**Patient must be place on the back Board!!**

## IMMOBILIZATION - LONG SPINE BOARD (Backboard)

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

Treat for Shock

# SHOCK

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

## Patient is ready for Transport...

(Must Be Verbalized by team!!)

**While team is treating for shock, Bob needs to lie down on his back.**

**Then as the team turns to finish Initial Assessment on Bob Brown, they find him lying down.**

## Hand the Team Envelope 1 -

**Bob has stopped breathing and does not have a pulse  
Perform 3 sets of two person CPR with AED**

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

PROCEDURES	CRITICAL SKILL
1. RESCUER 1 - ESTABLISH UNRESPONSIVENESS	<input type="checkbox"/> A. Tap or gently shake shoulders <input type="checkbox"/> *B. "Are you OK?" <input type="checkbox"/> C. Determine unconsciousness without compromising cervical spine (neck) injury <input type="checkbox"/> *D. "Call for help" <input type="checkbox"/> *E. "Get AED" (Note: If AED is used, follow local protocol)
2. RESCUER 1 - MONITOR PATIENT FOR BREATHING	<input type="checkbox"/> A. Look for absence of breathing (no chest rise and fall) or gasping, which are not considered adequate (within 10 seconds)
3. RESCUER 1 - CHECK FOR CAROTID PULSE	<input type="checkbox"/> 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 <input type="checkbox"/> B. Check for presence of carotid pulse for 5 to 10 second <input type="checkbox"/> *C. Absence of pulse <input type="checkbox"/> *D. Immediately start CPR if no pulse
4. RESCUER 2 - POSITION FOR COMPRESSIONS	<input type="checkbox"/> A. Locate the compression point on the breastbone between the nipples <input type="checkbox"/> B. Place the heel of one hand on sternum the compression point and the other hand on top of the first so hands are parallel <input type="checkbox"/> C. Do not rest fingers on the chest Keep heel of your hand on chest during and between compressions
5. RESCUER 2 - DELIVER CARDIAC COMPRESSION	<input type="checkbox"/> A. Give 30 compressions <input type="checkbox"/> B. Compressions are at the rate of 100 to 120 per minute (30 compressions delivered within 18 seconds) <input type="checkbox"/> C. Down stroke for compression must be on or through compression line <input type="checkbox"/> D. Return to baseline on upstroke of compression

<p>6. RESCUER 1 - ESTABLISH AIRWAY</p>	<input type="checkbox"/> <input type="checkbox"/>	<p>A. Kneel at the patient's head  B. Correctly execute jaw thrust maneuver</p>
<p>7. RESCUER 1 - VENTILATIONS BETWEEN COMPRESSIONS</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>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.)</p>
<p>8. CONTINUE CPR FOR TIME STATED IN PROBLEM</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Provide 5 cycles of 30 chest compressions and 2 rescue breaths  B. To check 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 giving compressions 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)</p>
<p>9. SECOND RESCUER ARRIVES WITH AED (DURING FIFTH SET OF COMPRESSIONS)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. First rescuer continues compressions while second rescuer turns on AED and applies pads.  B. RESCUERS SWITCH-First 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, first rescuer clears victim again and delivers shock.</p>

10. RESUME HIGH-QUALITY CPR	<input type="checkbox"/> <input type="checkbox"/>	A. Second rescuer gives 30 compressions immediately after shock delivery (2 cycles). B. First rescuer successfully delivers 2 breaths.
11. CHANGING RESCUERS	<input type="checkbox"/>	A. Change of rescuers shall be made in 5 seconds or less and will be completed as outlined in problem. Team must switch every 5 cycles in less than 5 seconds.
12. CHECK FOR RETURN OF PULSE	<input type="checkbox"/> <input type="checkbox"/>	A. After providing required CPR (outlined in problem) check for return of pulse (within 10 seconds) *B. "Patient has a pulse."

**When Team States "Patient has a Pulse".**

**Hand then Envelope 2 -**

**Ambulance personal is here and will take over.**