

**KENTUCKY RIVER  
MINE RESCUE CONTEST**

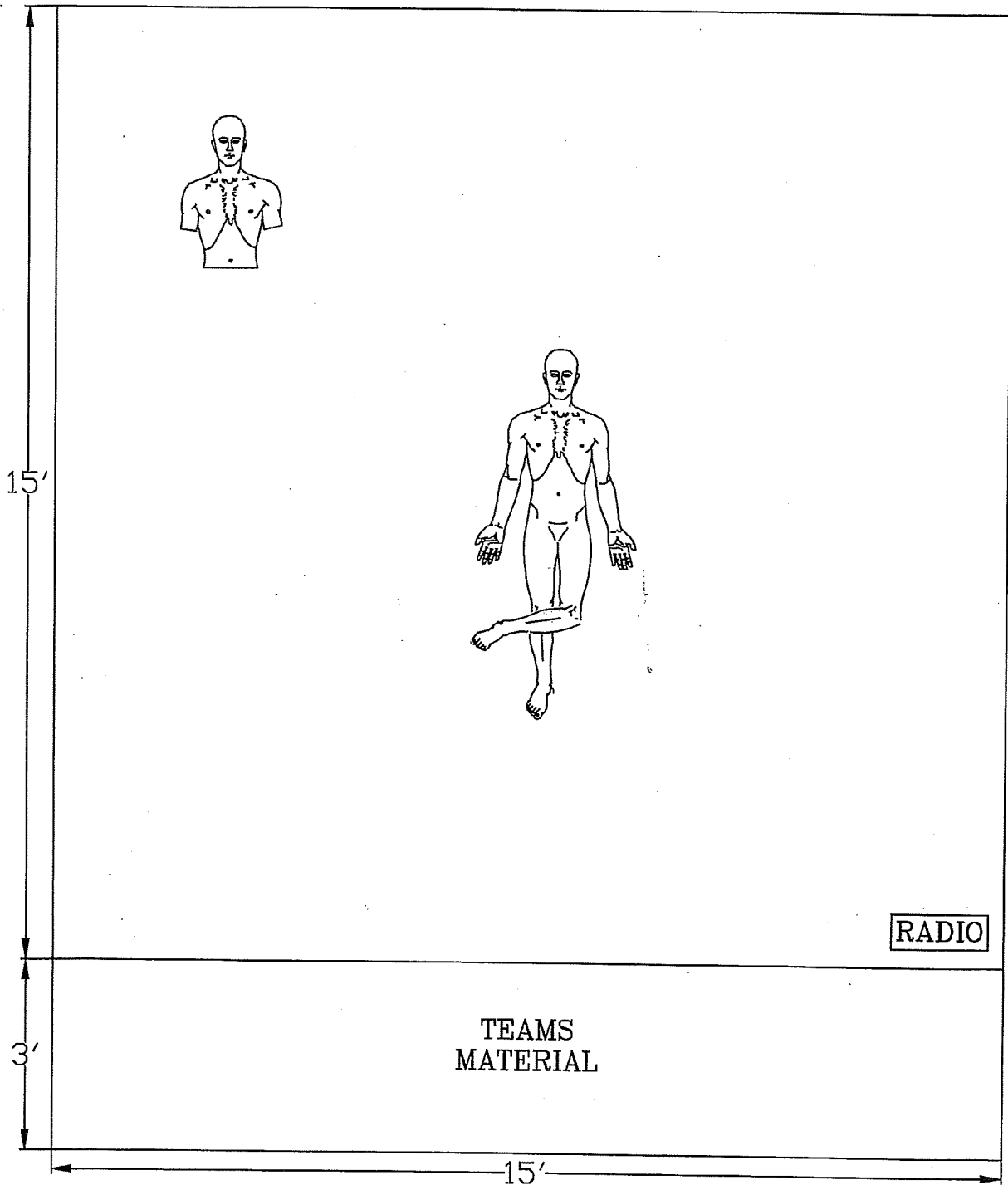


**FIRST AID PROBLEM**

**2019**

**Bryson, the mine examiner has just contacted you and informed you he found Cody the outby electrician unresponsive beside a pump starter that he was working on. Bryson tells you he has knocked and locked out the power to the pump circuit, started treatment on Cody but don't know what to do. He is going to walk to the surface to get transportation and don't know how long it will take but will notify you when transportation is available. Please help Cody! Radio the command center when Cody is being transported.**

# FIELD LAYOUT



# **LIST OF INJURIES**

**FLASH BURN RIGHT EYE AND  
CHEEK.**

**C COLLAR APPLIED BACKWARDS**

**WET GROIN AREA WITH STRONG  
SMELL OF URINE**

**DISLOCATED LEFT KNEE.**

**2<sup>ND</sup> DEGREE BURNS TO LEFT HAND  
AND FINGERS**

**2 INCH LACERATION IN PALM OF  
RIGHT HAND.**

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

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

**Transportation is delayed. Team will have to treat all injuries. They can do a rapid assessment or detailed assessment and treat as they go.**

## PATIENT ASSESSMENT

### PROCEDURES

### CRITICAL SKILL

PROCEDURES	CRITICAL SKILL
1. HEAD	<ul style="list-style-type: none"><li><input type="checkbox"/> *A. Check head for DOTS: Deformities, Open wounds, Tenderness and Swelling</li><li><input type="checkbox"/> *B. Check and touch the scalp</li><li><input type="checkbox"/> *C. Check the face</li><li><input type="checkbox"/> *D. Check the ears for bleeding or clear fluids</li><li><input type="checkbox"/> *E. Check the eyes for any discoloration, unequal pupils, reaction to light, foreign objects and bleeding</li><li><input type="checkbox"/> *F. Check the nose for any bleeding or drainage</li><li><input type="checkbox"/> *G. Check the mouth for loose or broken teeth, foreign objects, swelling or injury of tongue, unusual breath odor and discoloration</li></ul>

## **Flash Burn to Right Eye and Cheek.**

**Team will need to follow skill sheet for Burns!**  
**Injury to one eye requires both eyes to be bandaged.**  
**Flash burn would be a first degree burn.**

## BURNS

### PROCEDURES

### CRITICAL SKILLS

1. DETERMINE BURN TYPE	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>*A. Determine type                             <ul style="list-style-type: none"> <li>▪ Thermal</li> <li>▪ Chemical</li> <li>▪ <b>Electrical</b></li> </ul> </li> </ul>
2. DETERMINE BODY SURFACE AREA	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>*A. Determine Body Surface Area (BSA) using rule of nines</li> </ul>
3. BURN CARE (All Types)	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>*A. Remove patient from source of burn and prevent further contamination</li> <li>*B. Consider the type of burn and stopping the burning process initially with water or saline.</li> <li>C. Do not flush with water unless they involve an area less than 9% of the total body surface area)                             <ul style="list-style-type: none"> <li>A. Remove smoldering clothing (do not remove any clothing that is melted onto the skin) jewelry</li> </ul> </li> <li>*E. Continually monitor the airway for evidence of closure</li> <li>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.</li> <li>*G. Do not use any type of ointment, lotion or antiseptic</li> <li>*H. Do not break blisters</li> <li>*I. Ensure patient does not get hypothermic</li> <li>J. <b>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.</b></li> <li>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.</li> </ul>

## Continue Patient Assessment!

2. NECK	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>*A. Check the neck for DOTS</li> </ul>
	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>*B. Inspect for medical ID</li> </ul>

## C Collar Installed Backwards.

**Team will need to remove this and examine the neck. There is no indications of neck or spinal injury so team can leave the collar off but if the reinstall it they need to follow the skill sheet!**

### 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 function (on all extremities)
3. ASSESS CERVICAL REGION AND NECK	<input type="checkbox"/>  <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

5. APPLY CERVICAL SPINE IMMOBILIZATION	<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. Apply properly sized collar or manual immobilization</p> <p><u>One piece C-collar</u></p> <p>A. Select proper sized collar</p> <p>B. Apply collar</p> <p>C. Ensure that patient's head is not twisted during application</p> <p>D. Ensure airway is open after placement</p> <p><u>Two piece C-collar</u></p> <p>A. Select proper sized collar</p> <p>B. Apply rear section to back of neck</p> <p>C. Center rigid support on spine</p> <p>D. Apply front section ( overlaps rear section)</p> <p>E. Ensure chin rests in chin cavity</p> <p>F. Secure collar with Velcro straps</p> <p>G. Ensure airway is open after placement</p>
6. SECURE HEAD TO APPROPRIATE IMMOBILIZATION DEVICE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>B. Immobilize patient to appropriate immobilization device</p> <p>C. Use head set or place rolled blankets or towels on each side of head</p> <p>D. Tape and or strap head securely to appropriate immobilization device</p>
7. REASSESS	<input type="checkbox"/> <input type="checkbox"/>	<p>*A. Reassess distal circulation, sensation, and motor function</p> <p>*B. Assess patient response and level of comfort</p>

## Continue Patient Assessment!

3. CHEST	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>*A. Check chest area for DOTS</p> <p>*B. Feel chest for equal breathing movement on both sides</p> <p>*C. Feel chest for inward movement in the rib areas during inhalations</p>
----------	--	---

## Give Team Envelope #1

**Cody Has Stopped Breathing but has a Pulse!**

## MOUTH-TO-MASK RESUSCITATION

### PROCEDURES

### CRITICAL SKILL

1. ESTABLISH UNRESPONSIVENESS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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	<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. CHECK FOR CAROTID PULSE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Correctly locate the carotid pulse (on the side of the rescuer) B. Check for presence of carotid pulse within 10 seconds *B. Presence of pulse
4. ESTABLISH AIRWAY	<input type="checkbox"/>	A. Correctly execute head tilt / chin lift or jaw thrust maneuver depending on the presence of cervical spine (neck) injuries
5. VENTILATE PATIENT	<input type="checkbox"/> <input type="checkbox"/>	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	<input type="checkbox"/> <input type="checkbox"/>	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"

**Give Team Envelope #2**

**After 1 Additional Set of AV Cody Is Breathing On His Own Again!**

**Continue Patient Assessment!**

4. ABDOMEN	<input type="checkbox"/>	*A. Check abdomen (stomach) for DOTS
5. PELVIS	<input type="checkbox"/>	*A. Check pelvis for DOTS
	<input type="checkbox"/>	*B. Inspect pelvis for injury by touch (Visually inspect and verbally state inspection of crotch and buttocks areas)

## **Wet Groin Area with Strong Smell of Urine.**

**No Treatment required! Continue Patient Assessment.**

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"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

## **Dislocated Left Knee**

**Team Must Splint This In The Position That It Is Found. If They Straighten The Leg Then Discount Them Under Rule 10.**

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

PROCEDURE	CRITICAL SKILL
1. DETERMINE NEED FOR SPLINTING	<input type="checkbox"/> *A. Assess for: <ul style="list-style-type: none"> <li>▪ Pain</li> <li>▪ Swelling</li> <li>▪ Deformity</li> </ul> <input type="checkbox"/> 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>▪ <b>Do not attempt to reduce dislocations</b></li> </ul>
3. SELECT APPROPRIATE SPLINT	<input type="checkbox"/> A. Select appropriate splinting method depending on position of extremity and materials available <input type="checkbox"/> B. Select appropriate padding material
4. PREPARE FOR SPLINTING	<input type="checkbox"/> A. Remove or cut away clothing as needed <input type="checkbox"/> *B. Assess distal circulation, sensation, and motor function <input type="checkbox"/> C. Cover any open wounds with sterile dressing and bandage <input type="checkbox"/> D. Measure splint <input type="checkbox"/> E. Pad around splint for patient comfort

5. SPLINT	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Maintain support while splinting</li> <li><u>Living Splint:</u> <ul style="list-style-type: none"> <li><input type="checkbox"/> A. Immobilize the site of the injury</li> <li><input type="checkbox"/> B. Carefully place a pillow or folded blanket between the patients knees/legs</li> <li><input type="checkbox"/> C. Bind the legs together with wide straps or cravats</li> <li><input type="checkbox"/> D. Carefully place patient on long spine board</li> <li><input type="checkbox"/> E. Secure the patient to the long spine board (if primary splint)</li> <li><input type="checkbox"/> *F. Reassess distal circulation, sensation, and motor function</li> </ul> </li> <li><u>Padded Board Splint:</u> <ul style="list-style-type: none"> <li><input type="checkbox"/> A. Splint with two long padded splinting boards (one should be long enough to extend from the patient's armpit to beyond the foot. The other should extend from the groin to beyond the foot.) (Lower leg requires boards to extend from knee to below the foot.)</li> <li><input type="checkbox"/> B. Cushion with padding in the armpit and groin and all voids created at the ankle and knee</li> <li><input type="checkbox"/> C. Secure the splinting boards with straps and cravats</li> <li><input type="checkbox"/> D. Carefully place the patient on long spine board</li> <li><input type="checkbox"/> E. Secure the patient to the long spine board (if primary splint)</li> <li><input type="checkbox"/> *F. Reassess distal circulation, sensation, and motor function</li> </ul> </li> <li><u>Other Splints:</u> <ul style="list-style-type: none"> <li><input type="checkbox"/> A. Immobilize the site of the injury</li> <li><input type="checkbox"/> B. Pad as needed</li> <li><input type="checkbox"/> C. Secure to splint distal to proximal</li> <li><input type="checkbox"/> D. Carefully place patient on long spine board</li> <li><input type="checkbox"/> E. Secure the patient to the long spine board (if primary splint)</li> <li><input type="checkbox"/> *F. Reassess distal circulation, sensation, and motor function</li> </ul> </li> </ul>
6. REASSESS	<ul style="list-style-type: none"> <li><input type="checkbox"/> *A. Assess patient response and level of comfort</li> </ul>

## Give Team Envelope #3

Cody is Not Breathing and Does Not Have Pulse!

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

### PROCEDURES

### CRITICAL SKILL

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

<p>7. RESCUER - VENTILATIONS BETWEEN COMPRESSIONS</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Place barrier device (pocket mask / shield with one way valve) on manikin</li> <li><input type="checkbox"/> B. Give 2 breaths 1 second each</li> <li><input type="checkbox"/> C. Each breath - minimum of .8 (through .7 liter line on new manikins)</li> <li><input type="checkbox"/> 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.)</li> </ul>
<p>8. CONTINUE CPR FOR TIME STATED IN PROBLEM</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Provide 5 cycles of 30 chest compressions and 2 rescue breaths</li> <li><input type="checkbox"/> B. To check for pulse, stop chest compressions for no more than 10 seconds after the first set of CPR</li> <li><input type="checkbox"/> C. Rescuer at patient's head maintains airway and checks for adequate breathing or coughing</li> <li><input type="checkbox"/> D. The rescuer at the patient's head shall feel for a carotid pulse</li> <li><input type="checkbox"/> E. If no signs of circulation are detected, continue chest compressions and breaths and check for signs of circulation after each set</li> <li><input type="checkbox"/> 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)</li> </ul>
<p>9. RESCUER APPLIES THE AED (DURING THE FIFTH CYCLE OF COMPRESSIONS)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Rescuer continues compressions while other rescuer turns (simulated) on AED and applies pads.</li> <li><input type="checkbox"/> B. RESCUERS SWITCH rescuer clears victim, allowing AED to analyze. (Judges shall provide an envelope indicating a shockable or non-shockable rhythm)</li> <li><input type="checkbox"/> C. If AED indicates a shockable rhythm, <b>(Give Team Envelope #4, AED States No Shock Advised. Check Patient for Pulse!) (As Soon as Team Reads Envelope #4 give them Envelope #5. Cody Has a Pulse and Is Breathing!)</b></li> </ul>

## Continue Patient Assessment

	L	R	
7. ARMS	<input type="checkbox"/>	<input type="checkbox"/>	*A. Check each arm for DOTS
	<input type="checkbox"/>	<input type="checkbox"/>	B. Inspect arms for injury by touch
	<input type="checkbox"/>	<input type="checkbox"/>	C. Unresponsive: Check arms for paralysis (pinch inner side of wrist)
	<input type="checkbox"/>	<input type="checkbox"/>	*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?")
	<input type="checkbox"/>	<input type="checkbox"/>	*E. Check for medical ID bracelet

### **2 Inch Laceration in Palm of Right Hand**

### **2nd Degree Burn to Left Hand and Fingers**

**Patient Will Have a Melted Utility Knife In Their Left Hand. It Is Not Stuck To The Skin But Is Part Of The Burning Process And Has To Be Removed From The Hand To Bandage It Properly!**

**Team Has To Apply Sling And Swathe to Right Arm!**

**They can treat either injury First!**

## 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.

**NOTE:**

Slings are required for all wounds of upper extremities, including shoulder and armpit wounds. Slings will not be required for upper extremity burns. However, if a burn and wound and/or fracture/dislocation are present on the same upper extremity, a sling shall be applied.

## BURNS

PROCEDURES	CRITICAL SKILLS
4. DETERMINE BURN TYPE	<input type="checkbox"/> *B. Determine type <ul style="list-style-type: none"> <li>▪ Thermal</li> <li>▪ Chemical</li> <li>▪ <b>Electrical</b></li> </ul>
5. DETERMINE BODY SURFACE AREA	<input type="checkbox"/> *B. Determine Body Surface Area (BSA) using rule of nines
6. BURN CARE (All Types)	<input type="checkbox"/> *A. Remove patient from source of burn and prevent further contamination <input type="checkbox"/> *B. Consider the type of burn and stopping the burning process initially with water or saline. <input type="checkbox"/> C. Do not flush with water unless they involve an area less than 9% of the total body surface area) <input type="checkbox"/> E. Remove smoldering clothing (do not remove any clothing that is melted onto the skin) jewelry <input type="checkbox"/> *E. Continually monitor the airway for evidence of closure <input type="checkbox"/> G. 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. <input type="checkbox"/> *G. Do not use any type of ointment, lotion or antiseptic <input type="checkbox"/> *H. Do not break blisters <input type="checkbox"/> *I. Ensure patient does not get hypothermic <input type="checkbox"/> 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. <input type="checkbox"/> 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.

## Continue Patient Assessment

8. BACK SURFACES	<input type="checkbox"/>	*A. Check back for DOTS
------------------	--------------------------	-------------------------

## Give Team Envelope #6 Transportation Is Available!

### IMMOBILIZATION - LONG SPINE BOARD (Backboard)

PROCEDURES	CRITICAL SKILL
1. MOVE THE PATIENT ONTO THE LONG SPINE BOARD	<input type="checkbox"/> A. Rescuer One at the head must maintain in-line immobilization of the head and spine <input type="checkbox"/> B. Rescuer One at the head directs the movement of the patient <input type="checkbox"/> C. Other-Rescuers control movement of the rest of body <input type="checkbox"/> D. Rescuer Two position themselves on same side <input type="checkbox"/> E. Upon command of Rescuer One at the head, roll patient onto side toward Rescuer Two. <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 Rescuer 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 <input type="checkbox"/>
2. PAD VOIDS BETWEEN PATIENT AND LONG SPINE BOARD	<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	<input type="checkbox"/> A. Strap and secure body to board ensuring spinal immobilization, beginning at shoulder and working toward feet
4. IMMOBILIZE HEAD TO THE LONG SPINE BOARD	<input type="checkbox"/> 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	<input type="checkbox"/> *A. Reassess distal circulation, sensation, and motor function <input type="checkbox"/> *B. Assess patient response and level of comfort

## SHOCK

PROCEDURES	CRITICAL SKILL
1. CHECK FOR SIGNS AND SYMPTOMS OF SHOCK	<ul style="list-style-type: none"> <li><input type="checkbox"/> *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.</li> <li><input type="checkbox"/> *B. Check for cool, moist skin; sluggish pupils; and nausea and vomiting.</li> <li><input type="checkbox"/> *C. Check for weakness</li> </ul>
2. TREATMENT	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Ensure the ABCs are properly supported.</li> <li><input type="checkbox"/> B. Control external bleeding.</li> <li><input type="checkbox"/> C. Keep the patient in a supine position.</li> <li><input type="checkbox"/> *D. Calm and reassure the patient, and maintain a normal body temperature.</li> <li><input type="checkbox"/> 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)</li> <li><input type="checkbox"/> F. Continue to monitor and support ABCs</li> <li><input type="checkbox"/> G. Do not give the patient anything by mouth. Do not give any fluids or food, and be alert for vomiting.</li> <li><input type="checkbox"/> *H. Monitor the patient's ABCs at least every five minutes.</li> <li><input type="checkbox"/> *I. Reassure and calm the patient</li> </ul>

**TEAM SHOULD REASSESS THE PATIENTS LEVEL OF CONSCIOUSOUS, RESPIRATORY STATUS AND PATIENT RESPONSE (RULE 10).**

**TEAM SHOULD LIFT BACKBOARD AND STATE "TRANSPORTING PATIENT". (RULE 13)**

**Team Has To Call Out That Patient Is Being Transported in Accordance with the Written Statement!**

**CLEAN THE FIELD AND STOP THE CLOCK.**