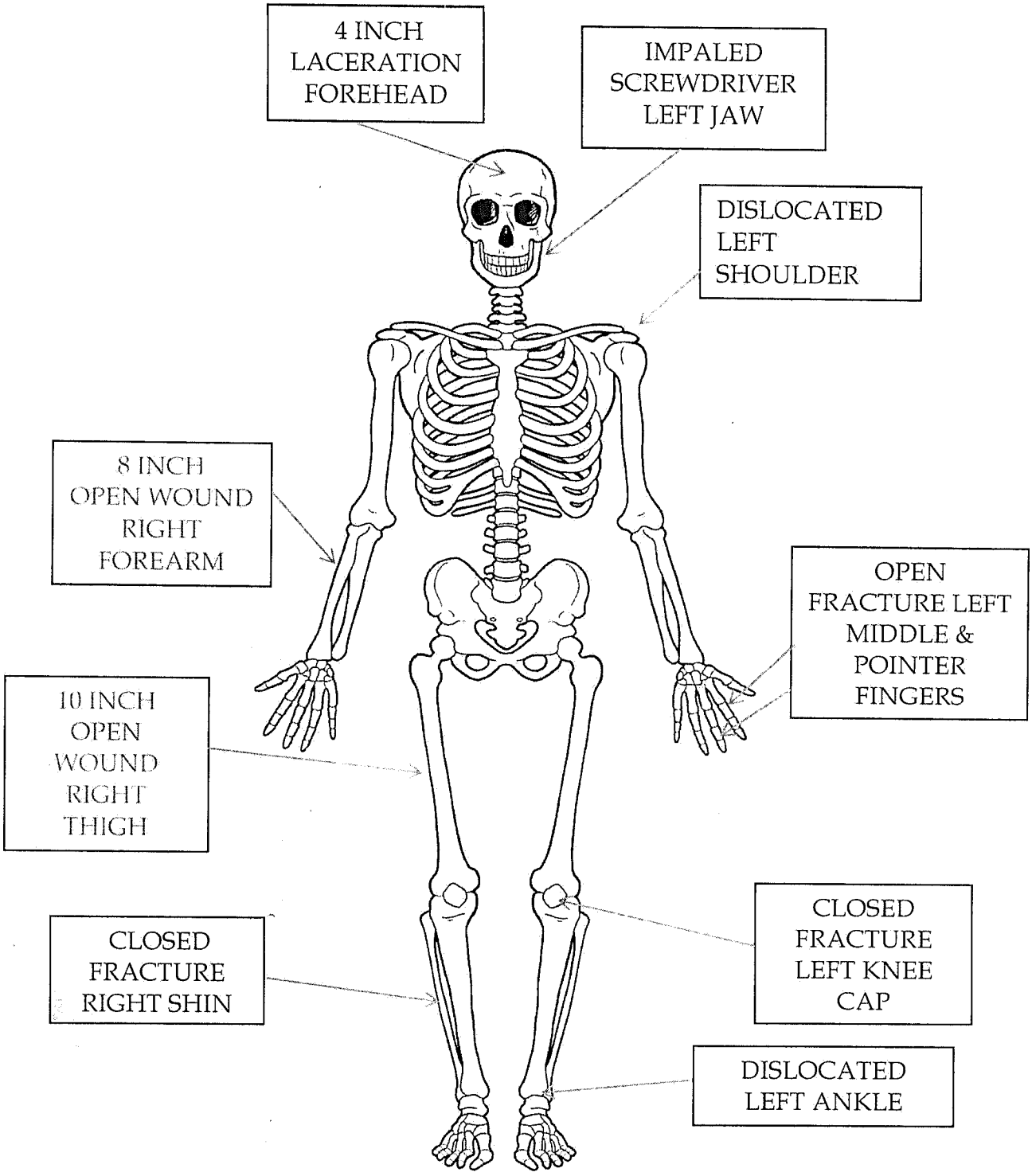
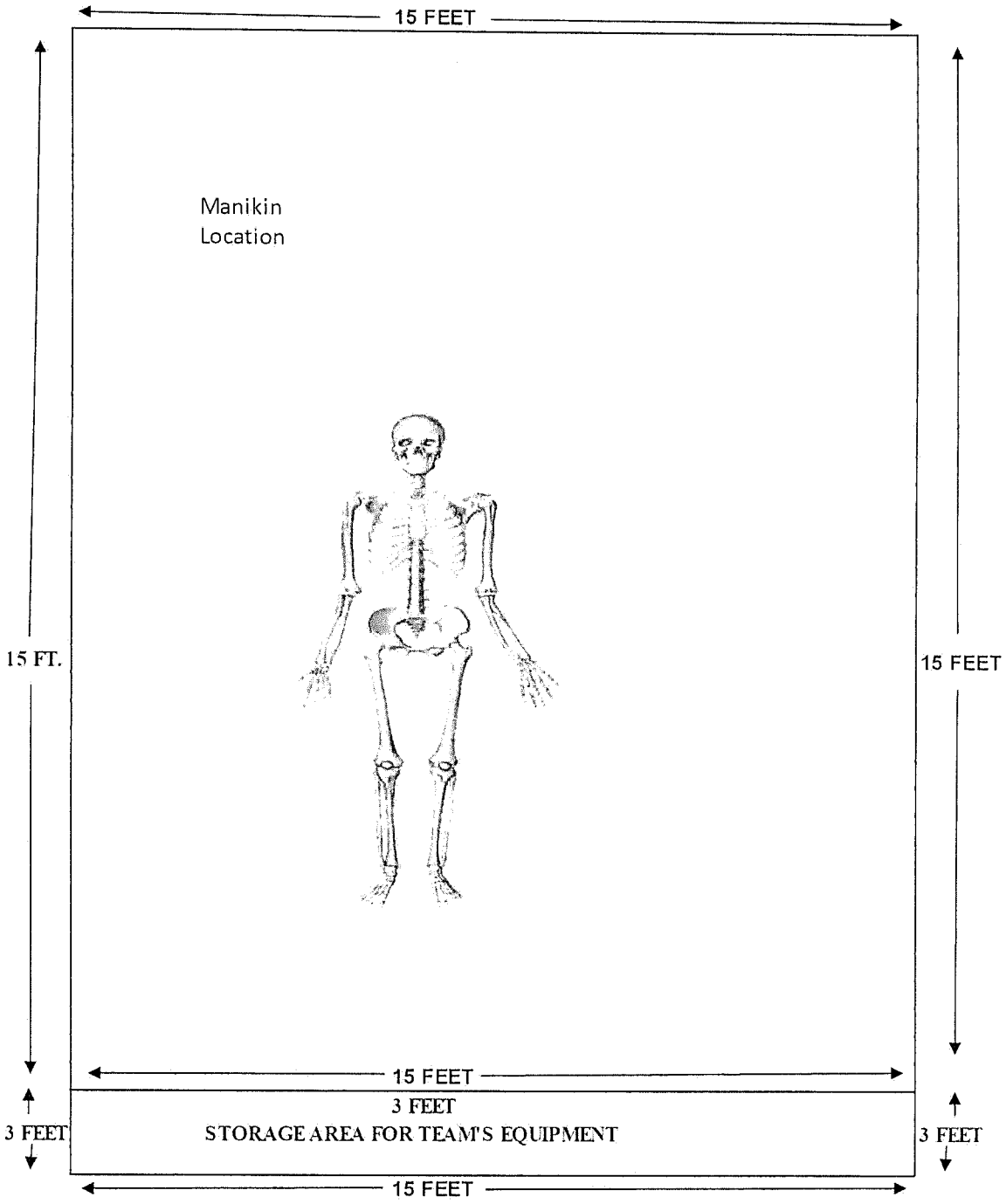


FIELD LAYOUT



INITIAL ASSESSMENT

PROCEDURES		CRITICAL SKILL
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 (reference Rule 2).

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

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.**

** 2 life threatening injuries will be found & should be treated during the initial assessment. The order in which these are found and treated does not matter.

8 INCH OPEN WOUND ON RIGHT THIGH (Must use a tourniquet to Control the Bleeding)

TREATMENT OF LIFE THREATENING BLEED

PROCEDURES		CRITICAL SKILL
1. DIRECT PRESSURE AND ELEVATION	□ □ □ □ □	*A. Apply direct pressure with a gloved hand (WHEN ASKED SAY NO NOT CONTROLLED) *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 (WHEN ASKED SAY NO NOT CONTROLLED) *E. If controlled, bandage dressing in place
2. IF NOTIFIED THAT BLEEDING IS NOT CONTROLLED, APPLY TOURIQUET	□	A. Apply as per tourniquet skill sheet

External Bleeding

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

TOURNIQUET

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

8 INCH OPEN WOUND ON RIGHT FOREARM

(Bleeding can be controlled with direct pressure & elevation, no tourniquet necessary)

TREATMENT OF LIFE THREATENING BLEED

PROCEDURES		CRITICAL SKILL
2. DIRECT PRESSURE AND ELEVATION	☐ ☐ ☐ ☐ ☐	*F. Apply direct pressure with a gloved hand (WHEN ASKED SAY "NO, NOT CONTROLLED") *G. Apply a dressing to wound (cover entire wound) and continue to apply direct pressure *H. Elevate the extremity except when spinal injury exists *I. Bleeding has been controlled (WHEN ASKED SAY "YES, CONTROLLED") *J. If controlled, bandage dressing in place
3. IF NOTIFIED THAT BLEEDING IS NOT CONTROLLED, APPLY TOURNIQUET	☐	B. Apply as per tourniquet skill sheet

External Bleeding

To Control: 1st: direct pressure
2nd: elevation & direct pressure
Last Resort: Tourniquet (Not necessary)

*TEAMS SHOULD CONTINUE PATIENT ASSESSMENT

PATIENT ASSESSMENT (Overview Checklist; See separate skill sheets for assessment and treatment requirements for each injury that's found as the team works through the assessment)

PROCEDURES			CRITICAL SKILL
1. HEAD	□		*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	□		*A. Check the neck for DOTS
	□		*B. Inspect for medical ID
3. CHEST	□		*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	□		*A. Check abdomen (stomach) for DOTS
5. PELVIS	□		*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

7. ARMS	L □ □ □ □ □	R □ □ □ □ □	*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
8. BACK SURFACES	□		*A. Check back for DOTS

TREATMENT OF IMPALED SCREWDRIVER LEFT JAW

DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES		CRITICAL SKILL
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. 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.

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

<u>Impaled Objects in the Jaw</u>

***1. Examine; inside & outside**
2. If end not impaled in mouth - pull it out
3. Position head for drainage: if spinal injury, immobilize 1st and tilt board
4. Dress outside of wound
****5. Gauze on inside only if patient alert, (Simulate only in contest and state, "I would leave 3-4 inches of gauze outside of mouth.")**

TREATMENT OF DISLOCATED LEFT SHOULDER

SPLINTING (RIGID) UPPER EXTREMITY FRACTURES AND DISLOCATIONS

PROCEDURES		CRITICAL SKILL
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

SHOULDER BLADE
Support and limit movement of affected area Follow Procedures No. 1, No. 3 and No. 4 above
NOTE: Do not reposition dislocations

TREATMENT OF DISLOCATED LEFT ANKLE

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

PROCEDURE		CRITICAL SKILL
1. DETERMINE NEED FOR SPLINTING	☐	*A. Assess for: ▪ Pain ▪ Swelling ▪ Deformity
	☐	B. Determine if splinting is warranted YES, SPLINTING IS NECESSARY
2. APPLY MANUAL STABILIZATION	☐	A. Support affected limb and limit movement ▪ Do not attempt to reduce dislocations
3. SELECT APPROPRIATE SPLINT	☐	A. Select appropriate splinting method depending on position of extremity and materials available
	☐	B. Select appropriate padding material
4. PREPARE FOR SPLINTING	☐	A. Remove or cut away clothing as needed
	☐	*B. Assess distal circulation, sensation, and motor function
	☐	C. Cover any open wounds with sterile dressing and bandage
	☐	D. Measure splint
	☐	E. Pad around splint for patient comfort

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

TREATMENT OF CLOSED FRACTURE LEFT KNEE CAP

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

PROCEDURES		CRITICAL SKILL
1. CARE FOR FRACTURE	□	*A. Assess for distal circulation, sensation, and motor function
	□	B. Do not attempt to reduce dislocations (if applies)
2. IMMOBILIZING FRACTURE	□	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

TREATMENT OF CLOSED FRACTURE RIGHT SHIN BONE

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

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

TREATMENT OF OPEN WOUND TO FOREHEAD

PROCEDURES		CRITICAL SKILL
1. DIRECT PRESSURE AND ELEVATION	□ □ □ □ □	*K. Apply direct pressure with a gloved hand BLEEDING NOT CONTROLLED *L. Apply a dressing to wound (cover entire wound) and continue to apply direct pressure *M. Elevate the extremity except when spinal injury exists *N. Bleeding has been controlled BLEEDING CONTROLLED *O. If controlled, bandage dressing in place
2.IF NOTIFIED THAT BLEEDING IS NOT CONTROLLED, APPLY TOURIQUET	□	C. Apply as per tourniquet skill sheet NOT NECESSARY

External Bleeding

To Control: 1st: direct pressure
2nd: elevation & direct pressure
Last Resort: Tourniquet- NOT NECESSARY

TREATMENT OF OPEN FRACTURES OF LEFT MIDDLE AND POINTER FINGERS

SPLINTING (SOFT) UPPER EXTREMITY FRACTURES AND DISLOCATIONS (WRIST AND HAND)

PROCEDURES		CRITICAL SKILL
1. CARE FOR FRACTURE	☐ ☐	*A. Check for distal circulation, sensation, and motor function B. Do not attempt to reduce dislocations (if applies)
2. IMMOBILIZING FRACTURE	☐ ☐ ☐ ☐ ☐	A. Support affected limb and limit movement B. Place two cravats (triangular bandage) under wrist/hand C. Place pillow length wise under wrist/hand, on top of cravats (pillow should extend past fingertips) D. Lower limb, adjust cravats to tie E. Tie cravats distal to proximal
3. SECURING WITH SLING	☐ ☐ ☐ ☐ ☐ ☐	A. Place sling over chest and under arm B. Hold or stabilize arm C. Triangle should extend behind elbow or injured side D. Secure excess material at elbow E. Fingertips should be exposed *F. 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

NOTE: Air splints may not be used with open (protruding bones) fractures.

*AFTER ALL INJURIES HAVE BEEN TREATED BY THE TEAM (AT LEAST THE ONES THEY PLAN ON TREATING) AND THE BACK SURFACES HAVE BEEN CHECKED FOR DOTS AND GIVE THE TEAM ENVELOPE #1

ENVELOPE #1

JOHN IS NOT BREATHING AND DOES NOT HAVE A PULSE. CONDUCT 2-SETS OF 1-PERSON CPR. AED IS NOT OPERABLE AND WILL NOT BE AVAILBLE

ONE-PERSON CPR (MANIKIN ONLY)

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

6. ESTABLISH AIRWAY	□ □	A. Kneel at the patient's side near the head B. Correctly execute head-tilt/ chin-lift or jaw thrust maneuver depending on the presence of cervical spine injuries
7. VENTILATIONS BETWEEN COMPRESSIONS	□ □ □ □	A. Place barrier device (pocket mask / shield with one way valve) on manikin B. Give 2 breaths 1 second each C. Each breath - minimum of .8 (through .7 liter line on new manikins) D. Complete breaths and return to compressions in less than 10 seconds (This will be measured from the end of last down stroke to the start of the first down stroke of the next cycle.)
8. CONTINUE CPR FOR TIME STATED IN PROBLEM	□ □ □ □ □ □	A. Provide 5 cycles of 30 chest compressions and 2 rescue breaths B. To check for pulse, stop chest compressions for no more than 10 seconds after the first set of CPR C. Rescuer opens airway and checks for adequate breathing or coughing D. Rescuer checks for a carotid pulse E. If no signs of circulation are detected, continue chest compressions and breaths and check for signs of circulation after each set F. A maximum of 10 seconds will be allowed to complete ventilations and required pulse checks between sets (this will be measured from the end of the last down stroke to the start of the first down stroke of the next cycle)
9. CHECK FOR RETURN OF PULSE	□ □	A. After providing required CPR (outlined in problem), check for return of pulse (within 10 seconds) *B. "Patient has a pulse."

* AFTER 2-SETS OF 1-PERSON CPR GIVE ENVELOPE #2

ENVELOPE #2

JOHN IS NOW BREATHING AND HAS A PULSE

*** TEAM SHOULD NOW PREPARE THE PATIENT FOR TRANSPORTATION

TWO-PERSON LOG ROLL

PROCEDURES		CRITICAL SKILL
1. STABILIZE HEAD	□	*A. Stabilize the head and neck
2. PREPARING THE PATIENT	□	A. When placing patient on board place board parallel to the patient
	□	B. 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
3. PREPARING THE RESCUER	□	A. Grasp the patient at the shoulder and pelvis area
	□	B. Give instructions to bystander, if used to support
4. ROLLING THE PATIENT	□	B. While stabilizing the head, roll the patient toward the rescuer by pulling steadily and evenly at the shoulder and pelvis areas
	□	C. The head and neck should remain on the same plane as the torso
	□	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)
	□	F. Place the arm alongside the body

IMMOBILIZATION - LONG SPINE BOARD (Backboard)

PROCEDURES		CRITICAL SKILL
1. MOVE THE PATIENT ONTO THE LONG SPINE BOARD	□	A. One First Aid Provider at the head must maintain in-line immobilization of the head and spine
	□	B. First Aid Provider at the head directs the movement of the patient
	□	C. Other First Aid Provider control movement of the rest of body
	□	D. Other First Aid Provider position themselves on same side
	□	E. Upon command of First Aid Provider at the head, roll patient onto side toward First Aid Providers
	□	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 First Aid Provider 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 SKILL
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. D. 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) E. Continue to monitor and support ABCs F. Do not give the patient anything by mouth. Do not give any fluids or food, and be alert for vomiting. G. Monitor the patient's vital signs. This must be done at least every five minutes. *H. Reassure and calm the patient

****AS PER WRITTEN INSTRUCTIONS:** To prepare for transportation, a team will be required to properly place and secure a patient on a backboard as outlined in the skill sheets, cover with a blanket and lift patient from the floor. After the patient has been lifted from the floor, the team will verbalize - "transporting patient".