

# **SOUTHEAST REGIONAL**

## **MINE RESCUE CONTEST**

### **First Aid Problem**

**2023**



## **Team Statement:**

**You and your team are dispatched to the 187 Beltline for an unknown incident. Initial statements coming out state that Stinky Pete's shirt got caught up in the belt; then, Silly Billy jumped up onto the belt to cut the power off to save Stinky Pete when he lost footing and grabbed the electric cable blowing him off the belt. Upon arrival, you find what appears to be a belt related incident with two victims. One victim (Silly Billy) appears to be unresponsive and the other (Stinky Pete) appears to be entangled in the belt and in obvious pain as he is screaming for help. Transportation is delayed.**

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

# **Evaluator Notes:**

- 1. The power to the belt should be disconnected and locked out. Failure to do so would equal team endangerment for all team members and discounted under scorecard A #11 – critical skill not ensuring scene safety; lock out supplies are stationed around the disconnect box.**
- 2. When the power is disconnected, the judge should advise that the belt is secured.**
- 3. Following simple triage, Stinky Pete is the highest priority patient. Given that Stinky Pete is verbal, Silly Billy should be checked 1<sup>st</sup> and then teams should move to Stinky Pete following rules of triage.**
- 4. Teams would be required to go back to Silly Billy after freeing, and treating Stinky Pete; ensure glove changes are happening between patients.**
- 5. Teams will also need to provide Stinky Pete with some instructions, kept calm for shock, and keep check on him as they work on Silly Billy; if teams do not provide instructions or keep a check on him, then have patient walk away from scene.**
- 6. After teams initiate checking for vitals, the sheet with vitals will be given to the teams for each patient.**
- 7. The time and problem starts when the scenario is given to the teams; problem and time stops once scenario is given back to the judge.**

**All props will be shown on a table prior to teams starting the clock – without looking at the field set up. LOTO and scaling bar.**

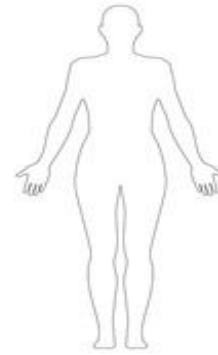
# Scene Set Up

20'

17'



Beltline



Stinky Pete

Power box

17'

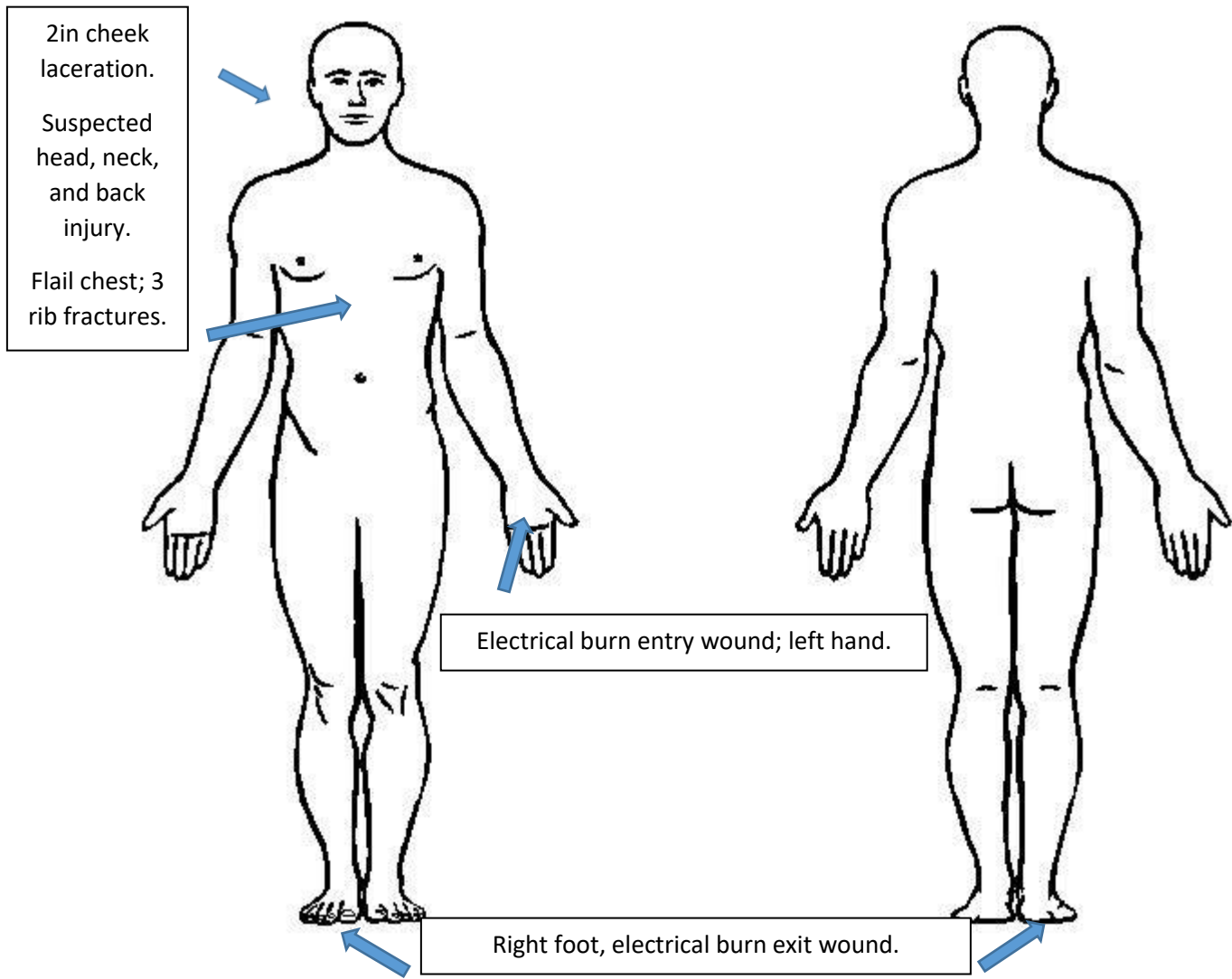
Silly Billy laying on muckpile



Foam blocks as muckpile

TEAMS MATERIALS

# Silly Billy



Initial Assessment:

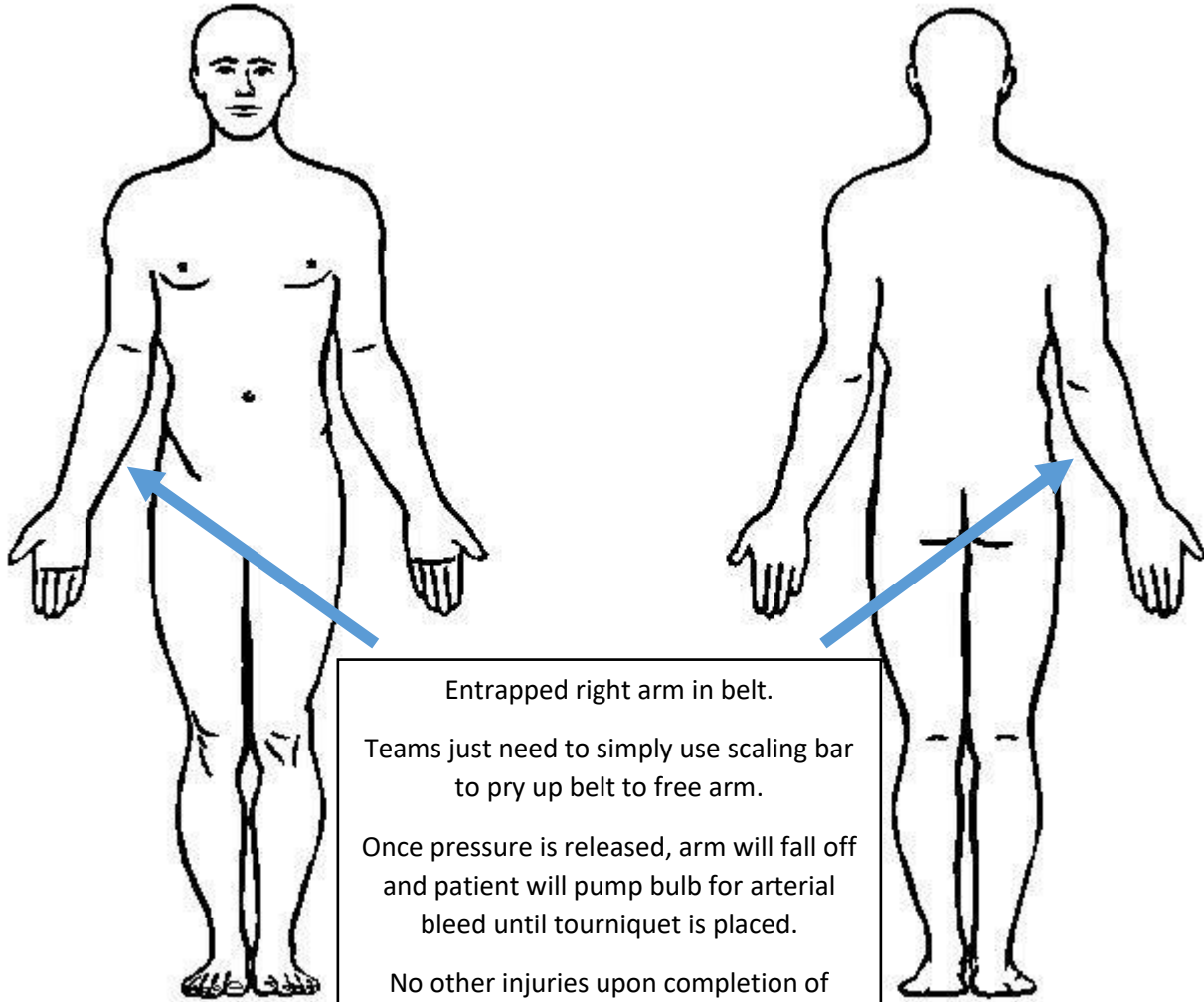
Orientation: Unresponsive  
Airway: Open  
Respirations: 8 and labored – Flail chest  
Circulation:  
    Bleeding to check  
    Cool and Pale Skin  
    Pulse = 30

Once team frees and treats Stinky Pete, teams should go back and reassess Silly Billy and find that the pules is absent; CPR should be started on Silly Billy. After 1<sup>st</sup> shock with AED, Silly Billy will raise up and scream; then will lye back down responsive to painful stimuli only. Stinky Pete will freak out around this time asking what are you doing to my buddy?

Secondary Assessment After CPR:

Orientation: Awake, responsive to painful stimuli  
Airway: Open  
Respirations: 12 and labored – non labored after splinting of flail chest  
Circulation:  
    Bleeding to cheek and forearm  
    Cool and Pale Skin  
    Pulse = 68

# Stinky Pete



Entrapped right arm in belt.

Teams just need to simply use scaling bar to pry up belt to free arm.

Once pressure is released, arm will fall off and patient will pump bulb for arterial bleed until tourniquet is placed.

No other injuries upon completion of secondary assessment.

Teams will have to treat for shock and calm patient to get vitals down.

Patient can walk at this point; if team does not check or leaves alone, patient will walk off field.

Orientation: Responsive

Airway: Open

Respirations: 26

Circulation:

Amputation to right arm with arterial bleed

Cool and Clammy Skin

Pulse = 132

Disoriented and disgruntled after treatment while team works on Silly Billy.

# Silly Billy

PROCEDURES	INITIAL ASSESSMENT	
		CRITICAL SKILLS
1. SCENE SIZE UP	<input type="checkbox"/> <input type="checkbox"/>	<b>**</b> A. Observe area to ensure safety <b>**</b> B. Call for help
2. MECHANISM OF INJURY	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>**</b> A. Determine causes of injury, if possible <b>**</b> B. Triage: Immediate, Delayed, Minor or Deceased. <b>**</b> C. Ask patient (if conscious) what happened
3. INITIAL ASSESSMENT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>**</b> A. Verbalize general impression of the patient(s) <b>**</b> B. Determine responsiveness/level of consciousness (AVPU) Alert, Verbal, Painful, Unresponsive <b>**</b> 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 (Rule 2).

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

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

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

DECEASED: Cover

**\*NOTE: Each critical skill identified with an asterisk (\*) shall be clearly verbalized by the team as it is being conducted at contest not utilizing moulage. Each critical skill identified with a double asterisk (\*\*) shall be clearly verbalized by the team as it is being conducted at all contests.**

**After initially stating what BP-DOC- Bleeding, Pain, Deformities, Open wounds stands for, the team may simply state BP-DOC- Bleeding, Pain, Deformities, Open wounds when making their checks. Teams may use the acronym "CSM" when checking circulation, sensation and motor function.**

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

## Stinky Pete

PROCEDURES	INITIAL ASSESSMENT	
	CRITICAL SKILLS	
1. SCENE SIZE UP	<input type="checkbox"/> <input type="checkbox"/>	<b>**A.</b> Observe area to ensure safety <b>**B.</b> Call for help
2. MECHANISM OF INJURY	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>**A.</b> Determine causes of injury, if possible <b>**B.</b> Triage: Immediate, Delayed, Minor or Deceased. <b>**C.</b> Ask patient (if conscious) what happened
3. INITIAL ASSESSMENT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>**A.</b> Verbalize general impression of the patient(s) <b>**B.</b> Determine responsiveness/level of consciousness (AVPU) Alert, Verbal, Painful, Unresponsive <b>**C.</b> Determine chief complaint/apparent life threat
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IMMEDIATE: Rapid Patient Assessment treating all life threats Load and Go. If the treatment interrupts the rapid trauma assessment, the **assessment** will be completed at the end of the **treatment**.

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

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

DECEASED: Cover

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**After initially stating what BP-DOC- Bleeding, Pain, Deformities, Open wounds stands for, the team may simply state BP-DOC- Bleeding, Pain, Deformities, Open wounds when making their checks. Teams may use the acronym "CSM" when checking circulation, sensation and motor function.**

**Scene size up would generally not be applied for Stinky Pete as this has been capture with Silly Billy's initial assessment or the teams entrance to the scene.**

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

# Stinky Pete

## LIFE-THREATENING BLEEDING

PROCEDURES	CRITICAL SKILLS
1. DIRECT PRESSURE AND ELEVATION	<input type="checkbox"/> *A. Apply direct pressure with a gloved hand <input type="checkbox"/> *B. Apply a dressing to wound (cover entire wound) and continue to apply direct pressure <input type="checkbox"/> *C. Elevate the extremity except when spinal injury exists <input type="checkbox"/> **D. Bleeding has been controlled <input type="checkbox"/> *E. If controlled, bandage dressing in place
2. IF NOTIFIED THAT BLEEDING IS NOT CONTROLLED, APPLY TOURIQUET	<input type="checkbox"/> A. Apply as per tourniquet skill sheet

### External Bleeding

To Control: 1<sup>st</sup>: Direct pressure  
 2<sup>nd</sup>: Elevation & direct pressure  
 3<sup>rd</sup>: Last Resort: Tourniquet

**Team is unable to control the arterial bleeding from amputation and must apply a tourniquet to the right forearm. Amputated part will need care as well per Brady standards.**

### Amputations

- \*\*1. Wrap in slightly moistened sterile dressing
2. Place in plastic bag or wrap in plastic
- \*3. Keep part cool avoid freezing
- \*4. Do not place in water or direct contact with ice
- \*\*5. Transport with patient
6. Label with patients name

### **NOTE:**

A sling and swathe are generally effective for musculoskeletal injuries to the shoulder, upper arm, elbows, lower arm and wrists. 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.

## Stinky Pete

### TOURNIQUET

PROCEDURES	CRITICAL SKILLS
1. DETERMINE NEED OR USING TOURNIQUET	<ul style="list-style-type: none"> <li><input type="checkbox"/> If these conditions are met, a tourniquet may be the only alternative:</li> <li><input type="checkbox"/> A. Direct pressure has not been successful in stopping bleeding</li> <li><input type="checkbox"/> B. Elevation of wound above heart has not been successful in stopping of bleeding</li> </ul>
2. SELECT APPROPRIATE MATERIALS	<ul style="list-style-type: none"> <li><input type="checkbox"/> 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.</li> </ul>
3. APPLY TOURNIQUET	<ul style="list-style-type: none"> <li><input type="checkbox"/> <u>Factory Tourniquet</u></li> <li><input type="checkbox"/> A. Wrap band around the extremity proximal to the wound (one inch above but not on a joint)</li> <li><input type="checkbox"/> <u>Improvised Tourniquet</u></li> <li><input type="checkbox"/> 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</li> <li><input type="checkbox"/> C. Place a stick or pencil on top of the knot and tie the ends of the bandage over the stick in a squareknot</li> <li><input type="checkbox"/> D. Twist the stick until the bleeding is controlled, secure the stick in position</li> </ul>
4. APPLY PRESSURE WITH TOURNIQUET	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Do not cover the tourniquet with bandaging material</li> <li><input type="checkbox"/> **B. Notify other medical personnel caring for the patient</li> </ul>
5. MARK PATIENT APPROPRIATELY	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Mark a piece of tape on the patient's forehead "TQ" and time applied</li> </ul>
6. REASSESS	<ul style="list-style-type: none"> <li><input type="checkbox"/> **A. Assess level of consciousness (AVPU), respiratory status, and patient response</li> </ul>

**Once the tourniquet is applied, the judges should ask the team, "How do you know when the tourniquet is tight enough?" Appropriate answer will consist of: when the bleeding is controlled.**

**With the correct answer, the judges will inform the team that the bleeding is now controlled or with correct application method.**

**\*The Team should now start Patient Assessment\***

# Stinky Pete

## PATIENT ASSESSMENT

PROCEDURES		CRITICAL SKILLS	
1. HEAD	<input type="checkbox"/>	<b>**A.</b> Check head for BP-DOC; Bleeding, Pain, Deformities, Open wounds, Crepitus	
	<input type="checkbox"/>	<b>**B.</b> Check and touch the scalp	
	<input type="checkbox"/>	<b>**C.</b> Check the face	
	<input type="checkbox"/>	<b>**D.</b> Check the ears for bleeding or clear fluids	
	<input type="checkbox"/>	<b>**E.</b> Check the eyes for any discoloration, unequal pupils, reaction to light, foreign objects and bleeding	
	<input type="checkbox"/>	<b>**F.</b> Check the nose for any bleeding or drainage	
	<input type="checkbox"/>	<b>**G.</b> 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"/>	<b>**A.</b> Check the neck <del>BP-DOC</del>	
	<input type="checkbox"/>	<b>**B.</b> Inspect for medical ID	
3. CHEST	<input type="checkbox"/>	<b>**A.</b> Check chest area <del>for BP-DOC</del>	
	<input type="checkbox"/>	<b>**B.</b> Feel chest for equal breathing movement on both sides	
	<input type="checkbox"/>	<b>**C.</b> Feel chest for inward movement in the rib areas during inhalations	
4. ABDOMEN	<input type="checkbox"/>	<b>**A.</b> Check abdomen (stomach) <del>for BP-DOC</del>	
5. PELVIS	<input type="checkbox"/>	<b>**A.</b> Check pelvis <del>for BP-DOC</del>	
	<input type="checkbox"/>	<b>**B.</b> Inspect pelvis for injury by touch (Visually inspect and verbally state inspection of crotch and buttocks areas)	
6. LEGS	L	R	<b>**A.</b> Check each leg <del>for BP-DOC</del> <b>B.</b> Inspect legs for injury by touch <b>C.</b> Unresponsive: Check legs for paralysis (pinch inner side of leg on calf) <b>**D.</b> Responsive: Check legs for motion; places hand on bottom of each foot and states "Can you push against my hand?" <b>**E.</b> 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"/>	
7. ARMS	L	R	<b>**A.</b> Check each arm <del>for BP-DOC</del> <b>B.</b> Inspect arms for injury by touch <b>C.</b> Unresponsive: Check arms for paralysis (pinch inner side of wrist) <b>**D.</b> Responsive: Check arms for motion (in a conscious patient; team places fingers in each hand of patient and states "Can you squeeze my fingers?" <b>**E.</b> 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"/>	
8. BACK SURFACES	<input type="checkbox"/>	<b>**A.</b> Check back <del>for BP-DOC</del>	

## Stinky Pete

### SHOCK

PROCEDURES	CRITICAL SKILLS
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>

#### Shock Care with Stinky Pete

Teams shall give Stinky Pete instructions to remain by their side while caring for Silly Billy. They shall also reassure and calm Stinky Pete throughout the process helping treat for shock. Stinky Pete will be very vocal during care and care of Silly Billy.

If teams forget out Stinky Pete or don't provide instructions, Stinky Pete will walk away from the scene. Teams will then be discounted under Scorecard A rule 9 - Handling of a patient by a team or team member in such a manner that could compromise condition of the patient. Not ensuring patient safety at the scene while other patients are tended to or when other work is done can be considered mishandling of the patient.

## Silly Billy

After completion of care and assessment of Stinky Pete, teams should go back and re-assess Silly Billy. Pulse is now absent, and teams should start CPR on Silly Billy. Giving the initial statement of “Silly Billy jumped up onto the belt to cut the power off to save Stinky Pete when he lost footing and grabbed the electric cable ***blowing him off the belt***” team members should automatically suspect possible head, neck, and back injuries. Thus, establishing an airway of suspected cervical spine patients.

Teams shall be discounted accordingly for failure to use modified jaw thrust.

### ESTABLISHING AIRWAY-SUSPECTED CERVICAL SPINE (NECK) INJURY

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

## Silly Billy

### TWO-RESCUER CPR WITH AED (WITH SPINAL INJURY - MANIKIN ONLY)

PROCEDURES	CRITICAL SKILLS
1. RESCUER ESTABLISH UNRESPONSIVENESS	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Tap or gently shake shoulders</li> <li><input type="checkbox"/> **B. "Are you OK?"</li> <li><input type="checkbox"/> C. Determine unconsciousness without compromising cervical spine (neck) injury</li> <li><input type="checkbox"/> **D. "Call for help"</li> <li><input type="checkbox"/> **E. "Get AED" (<u>Note</u>: If AED is used, follow local protocol)</li> </ul>
2. RESCUER MONITOR PATIENT FOR BREATHING	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Look for absence of breathing (no chest rise and fall) or gasping, which are not considered adequate (within 10 seconds)</li> </ul>
3. RESCUER CHECK FOR CAROTID PULSE	<ul style="list-style-type: none"> <li><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</li> <li><input type="checkbox"/> B. Check for presence of carotid pulse for 5 to 10 second</li> <li><input type="checkbox"/> **C. Absence of pulse</li> <li><input type="checkbox"/> D. Immediately start CPR if no pulse</li> </ul>
4. RESCUER POSITION FOR COMPRESSIONS	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Locate the compression point on the breastbone between the nipples</li> <li><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</li> <li><input type="checkbox"/> C. Do not rest fingers on the chest Keep heel of your hand on chest during and between compressions</li> </ul>
5. RESCUER DELIVER CARDIAC COMPRESSION	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Give 30 compressions</li> <li><input type="checkbox"/> B. Compressions are at the rate of 100 to 120 per minute</li> <li><input type="checkbox"/> C. Down stroke for compression must be on or through compression line</li> <li><input type="checkbox"/> D. Return to baseline on upstroke of compression</li> </ul>
6. RESCUER ESTABLISH AIRWAY	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Kneel at the patient's head</li> <li><input type="checkbox"/> B. Correctly execute jaw thrust maneuver</li> </ul>

## Silly Billy

<p>7. RESCUER VENTILATIONS BETWEEN COMPRESSIONS</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Rescuer should place the barrier device (pocket mask/Shield with one way valve) on manikin</p> <p>B. Rescuer Gives 2 breaths 1 second each</p> <p>C. Each breath - minimum of .8 (through .7 liter line on new manikins)</p> <p>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"/> <input type="checkbox"/>	<p>A. Provide 5 cycles of 30 chest compressions and 2 rescue breaths</p> <p>B. To check pulse, stop chest compressions for no more than 10 seconds after the first set of CPR</p> <p>C. Rescuer at patient's head maintains airway and checks for adequate breathing or coughing</p> <p>D. The rescuer giving compressions shall feel for a carotid pulse</p> <p>E. If no signs of circulation are detected, continue chest compressions and breaths and check for signs of circulation after each set</p> <p>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. RESCUER APPLIES THE AED (DURING THE FIFTH CYCLE OF COMPRESSIONS)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Rescuer continues compressions while other rescuer turns on AED and applies pads.</p> <p>B. RESCUERS SWITCH rescuer clears victim, allowing AED to analyze. (Judges shall provide an envelope indicating a shockable or non-shockable rhythm)</p> <p>C. If AED indicates a shockable rhythm, rescuer clears victim again and delivers shock. *verbalize shock given</p>

CPR will stop after 1 shock has been given as Silly Billy will be instructed to raise up and scream once AED advises shocking; thus, CPR scorecard will end at #9 for this scenario. Silly Billy will lie back down awake, but only responding to painful stimuli only for rest of assessment. Silly Billy will be instructed to scream out upon assessment of injured areas.

New vitals will be dropped after shock is given and Silly Billy raises up and screams. Teams should then move from the CPR dummy back to patient to complete PT assessment and treatment.

## Silly Billy

### PATIENT ASSESSMENT

PROCEDURES			CRITICAL SKILLS
1. HEAD	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>**A.</b> Check head for BP-DOC: Bleeding, Pain, Deformities, Open wounds, Crepitus <b>**B.</b> Check and touch the scalp <b>**C.</b> Check the face <b>**D.</b> Check the ears for bleeding or clear fluids <b>**E.</b> Check the eyes for any discoloration, unequal pupils, reaction to light, foreign objects and bleeding <b>**F.</b> Check the nose for any bleeding or drainage <b>**G.</b> 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"/>		<b>**A.</b> Check the neck <del>BP-DOC</del> <b>**B.</b> Inspect for medical ID
3. CHEST	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>**A.</b> Check chest area <del>for BP-DOC</del> <b>**B.</b> Feel chest for equal breathing movement on both sides <b>**C.</b> Feel chest for inward movement in the rib areas during inhalations
4. ABDOMEN	<input type="checkbox"/>		<b>**A.</b> Check abdomen (stomach) <del>for BP-DOC</del>
5. PELVIS	<input type="checkbox"/> <input type="checkbox"/>		<b>**A.</b> Check pelvis <del>for BP-DOC</del> <b>**B.</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"/>	<b>**A.</b> Check each leg <del>for BP-DOC</del> B. Inspect legs for injury by touch C. Unresponsive: Check legs for paralysis (pinch inner side of leg on calf) <b>**D.</b> Responsive: Check legs for motion; places hand on bottom of each foot and states "Can you push against my hand?" <b>**E.</b> 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"/>	<b>**A.</b> Check each arm <del>for BP-DOC</del> B. Inspect arms for injury by touch C. Unresponsive: Check arms for paralysis (pinch inner side of wrist) <b>**D.</b> Responsive: Check arms for motion (in a conscious patient; team places fingers in each hand of patient and states "Can you squeeze my fingers?" <b>**E.</b> Check for medical ID bracelet
8. BACK SURFACES	<input type="checkbox"/>		<b>**A.</b> Check back <del>for BP-DOC</del>

## Silly Billy

The patient assessment for Silly Billy will denote the following findings:

1. 2in laceration to the cheek.
2. Tracheal deviation indicating pressure in the lung and pleural cavity is less than the other side; complications from the flail chest.
3. Flail chest – severe pain when palpating the area.
4. Burn entrance wound left hand.
5. Burn exit wound right foot.

### DRESSINGS AND BANDAGING - OPEN WOUNDS

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

# Silly Billy

## SPLINTING - FLAIL CHEST

PROCEDURES	CRITICAL SKILLS	
1. DETERMINE NEED FOR SPLINTING	<input type="checkbox"/>          <input type="checkbox"/>	<b>**A.</b> Assess for: <ul style="list-style-type: none"> <li>• Pain</li> <li>• Swelling</li> <li>• Deformity</li> </ul> <b>*B.</b> Determine if splinting is warranted
2. SELECT APPROPRIATE SPLINTING MATERIAL	<input type="checkbox"/>	A. Choose a pillow, blanket, trauma dressing, or other appropriate splinting material
3. PREPARE FOR SPLINTING	<input type="checkbox"/>  <input type="checkbox"/>	<b>*A.</b> Remove or cut away clothing as needed. <b>B.</b> Cover any open wounds with sterile dressing and bandage
4. APPLY SPLINT	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<b>A.</b> Affix splint to chest with adhesive tape or roller bandage <b>B.</b> Immobilize the site of injury <b>C.</b> Use caution when taping splint to chest circumferentially <b>**D.</b> Ensure sufficient chest expansion
5. REASSESS	<input type="checkbox"/>	<b>**A.</b> Assess patient response and level of comfort
6. ASSIST VENTILATIONS	<input type="checkbox"/>	<b>**A.</b> Assist with ventilation as needed



## Silly Billy

4. CARE FOR CHEMICAL BURNS	<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. Protect yourself from exposure to hazardous materials</p> <p>B. Wear gloves, eye protection, and respiratory protection</p> <p>**C. Flush the burned area for at least 20 minutes. (If possible and it can be done quickly, try to identify any chemical powders before applying water)</p> <p>D. Apply a dry, clean dressing.</p> <p>E. If dry lime is the agent causing the burn, do not flush with water. Instead use a dry dressing to brush the substance off the patient's skin, hair, and clothing.</p> <p>F. Remove any contaminated clothing or jewelry.</p> <p>G. Once this is done, you may flush the area with water.</p> <p>H. Use caution not to contaminate uninjured areas when flushing or brushing</p>
5. CARE FOR ELECTRICAL BURNS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>**A. Ensure safety before removing patient from the electrical source</p> <p>**B. If the patient is still in contact with the electrical source or you are unsure, do not approach or touch the patient, contact power company</p> <p>**C. Monitor the patient closely for respiratory and cardiac arrest</p> <p>D. Treat the soft tissue injuries associated with the burn</p> <p>**E. Look for both an entrance and exit wound</p>
6. REASSESS	<input type="checkbox"/>	<p>**A. Reassess level of consciousness (AVPU), respiratory status, and patient response</p>

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

For this scenario, burns 4. A-H will not apply as not a chemical burn.

Burns will need to be assessed twice for both the hand (entry wound) and foot (exit wound).

Burns will have to be treated as per procedures listed in patient assessment – teams will systematically conduct a patient assessment. Each area of the body shall be examined in its entirety prior to treating injuries in that area (except taking support). ***All injuries must be treated on the area being examined prior to moving to the next area to be examined.***

Therefore under systematic assessment, **the foot (exit wound) must be treated before the hand (entry wound).**

## Silly Billy

### IMMOBILIZATION OF CERVICAL SPINE

PROCEDURES	CRITICAL SKILLS
1. ESTABLISH AND MAINTAIN IN-LINE IMMOBILIZATION	<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 <input type="checkbox"/> B. Place head in alignment with spine <input type="checkbox"/> 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"/> **A. Inspect and palpate for injuries or signs of injuries <input type="checkbox"/> 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"/> 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
6. SECURE HEAD TO APPROPRIATE IMMOBILIZATION DEVICE	<input type="checkbox"/> A. Immobilize patient to appropriate immobilization device <input type="checkbox"/> B. Use head set or place rolled blankets or towels on each side of head <input type="checkbox"/> C. Tape and or strap head securely to appropriate immobilization device
7. REASSESS	<input type="checkbox"/> **A. Reassess distal circulation, sensation, and motor function <input type="checkbox"/> **B. Assess patient response and level of comfort

## Silly Billy

### THREE-PERSON LOG ROLL

PROCEDURES	CRITICAL SKILLS	
1. STABILIZE HEAD	<input type="checkbox"/> <input type="checkbox"/>	*A. Stabilize the head and neck B. One rescuer should kneel at the top of the patient's head and hold or stabilize the head and neck in position found.
2. PREPARING THE PATIENT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. A second rescuer should kneel at the patient's side opposite the direction the face is facing. B. When placing patient on board place board parallel to the patient. C. Quickly assess the patient's arms to ensure no obvious injuries. D. Kneel at the patient's shoulders opposite the board (if used) leaving room to roll the patient toward knees. Raise the patient's arm, if not injured (the one closer to the rescuer) above the patient's head. E. The third rescuer should kneel at the patient's hips.
3. PREPARING THE RESCUER	<input type="checkbox"/> <input type="checkbox"/>	A. Rescuers should grasp the patient at the shoulders, hips, knees, and ankles. B. Give instructions to bystander (physically show), if used to support
4. ROLLING THE PATIENT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. While stabilizing the head, the rescuer at the patient's head should signal and give directions, all rescuers should slowly roll the patient toward the rescuers in a coordinated move, keeping the spine in a neutral, in-line position. B. On three, slowly roll. One, two, three roll together. C. The head and neck should remain on the same plane as the torso, the rescuer holding the head should not initially try to turn the head with the body. (if the head is already facing sideways, allow the body to come into alignment with the head) D. Maintain stability by holding patient with one hand and placing board (if used) with other E. Roll the body as a unit onto the board (if used) (board may be slanted or flat) Center the patient on the board. F. Place the arm alongside the body

## Silly Billy

### IMMOBILIZATION - LONG SPINE BOARD (Backboard)

PROCEDURES		CRITICAL SKILLS
1. MOVE THE PATIENT ONTO THE LONG SPINE BOARD	<ul style="list-style-type: none"> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>A. Rescuer One at the head must maintain in-line immobilization of the head and spine</li> <li>B. Rescuer One at the head directs the movement of the patient</li> <li>C. Other Rescuers control movement of the rest of body</li> <li>D. Rescuer Two position themselves on same side</li> <li>E. Upon command of Rescuer One at the head, roll patient onto side toward Rescuer Two.</li> <li>F. Quickly assess posterior body, if not already done</li> <li>G. Place long spine board next to the patient with top of board beyond top of head</li> <li>H. Place patient onto the board at command of the Rescuer at head while holding in-line immobilization using methods to limit spinal movement</li> <li>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"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>A. Select and use appropriate padding</li> <li>B. Place padding as needed under the head</li> <li>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"/></li> </ul>	<ul style="list-style-type: none"> <li>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"/></li> <li><input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>A. Using head set or place rolled towels on each side of head</li> <li>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"/></li> <li><input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>**A. Reassess distal circulation, sensation, and motor function</li> <li>**B. Assess patient response and level of comfort</li> </ul>

## Silly Billy

### SHOCK

PROCEDURES		CRITICAL SKILLS
1. CHECK FOR SIGNS AND SYMPTOMS OF SHOCK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>**A.</b> 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>**B.</b> Check for cool, moist skin; sluggish pupils; and nausea and vomiting. <b>**C.</b> Check for weakness
2. TREATMENT	<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"/>	A. Ensure the ABCs are properly supported. B. Control external bleeding. C. Keep the patient in a supine position. <b>**D.</b> Calm and reassure the patient, and maintain a normal body temperature. E. Cover with blanket to prevent loss of body heat and place a blanket under the patient. (Do not try to place blanket under patient with possible spinal injuries) F. Continue to monitor and support ABCs G. Do not give the patient anything by mouth. Do not give any fluids or food and be alert for vomiting. <b>**H.</b> Monitor the patient's ABCs at least every five minutes. <b>**I.</b> Reassure and calm the patient

Once Silly Billy has been loaded onto the spine board and treated for shock, teams will have completed the problem and may turn their statement back in to stop the clock.

Please ensure teams do not pick the patient up after on backboard for patient safety.

## **Points of interest:**

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