

**\*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.

INITIAL ASSESSMENT		
PROCEDURES		CRITICAL SKILLS
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 <del>(Rule 2)</del> .

**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

## 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

### Internal Bleeding

- \*\*1. Monitor breathing and pulse
- \*\*2. Keep patient still
- \*\*3. Loosen restrictive clothing
- \*\*4. Be alert if patient vomits
- \*\*5. Nothing by mouth
- \*\*6. Report possibility of internal bleeding as soon as EMS personnel arrive on

## SPLINTING - FLAIL CHEST

PROCEDURES	CRITICAL SKILLS
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. 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"/> *A. Remove or cut away clothing as needed. <input type="checkbox"/> B. Cover any open wounds with sterile dressing and bandage
4. APPLY SPLINT	<input type="checkbox"/> A. Affix splint to chest with adhesive tape or roller bandage <input type="checkbox"/> B. Immobilize the site of injury <input type="checkbox"/> C. Use caution when taping splint to chest circumferentially <input type="checkbox"/> **D. Ensure sufficient chest expansion
5. REASSESS	<input type="checkbox"/> **A. Assess patient response and level of comfort
6. ASSIST VENTILATIONS	<input type="checkbox"/> **A. Assist with ventilation as needed

## 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"/>	<p><b>**A.</b> Check head for BP-DOC: Bleeding, Pain, Deformities, Open wounds, Crepitus</p> <p><b>**B.</b> Check and touch the scalp</p> <p><b>**C.</b> Check the face</p> <p><b>**D.</b> Check the ears for bleeding or clear fluids</p> <p><b>**E.</b> Check the eyes for any discoloration, unequal pupils, reaction to light, foreign objects and bleeding</p> <p><b>**F.</b> Check the nose for any bleeding or drainage</p> <p><b>**G.</b> Check the mouth for loose or broken teeth, foreign objects, swelling or injury of tongue, unusual breath odor and discoloration</p>												
2. NECK	<input type="checkbox"/> <input type="checkbox"/>	<p><b>**A.</b> Check the neck Inspect</p> <p><b>**B.</b> for medical ID</p>												
3. CHEST	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p><b>**A.</b> Check chest area</p> <p><b>**B.</b> Feel chest for equal breathing movement on both sides</p> <p><b>**C.</b> Feel chest for inward movement in the rib areas during inhalations</p>												
4. ABDOMEN	<input type="checkbox"/>	<p><b>**A.</b> Check abdomen (stomach)</p>												
5. PELVIS	<input type="checkbox"/> <input type="checkbox"/>	<p><b>**A.</b> Check pelvis Inspect pelvis for injury by touch</p> <p><b>**B.</b> (Visually inspect and verbally state inspection of crotch and buttocks areas)</p>												
6. LEGS	<table style="border-collapse: collapse; width: 100%;"> <tr> <td style="text-align: center; width: 50%;">L</td> <td style="text-align: center; width: 50%;">R</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	L	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>**A.</b> Check each leg</p> <p><b>B.</b> Inspect legs for injury by touch</p> <p><b>C.</b> Unresponsive: Check legs for paralysis (pinch inner side of leg on calf)</p> <p><b>**D.</b> Responsive: Check legs for motion; places hand on bottom of each foot and states "Can you push against my hand?"</p> <p><b>**E.</b> Check for medical ID bracelet</p>
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8. BACK SURFACES	□	**A. Check back
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**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.

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

## SPLINTING (RIGID) UPPER EXTREMITY FRACTURES AND DISLOCATIONS

PROCEDURES	CRITICAL SKILLS	
1. CARE FOR FRACTURE	<input type="checkbox"/>	**A. Check for distal circulation, sensation, and motor function <ul style="list-style-type: none"> <li>▪ Do not attempt to reduce dislocations (if applies)</li> </ul>
2. IMMOBILIZING FRACTURE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Selection of appropriate rigid splint of proper length B. Support affected limb and limit movement C. Apply appropriate padded rigid splint against injured extremity D. Place appropriate roller bandage in hand to ensure the position of function E. Secure splint to patient with roller bandage, handkerchiefs, cravats, or cloth strips F. Apply wrap distal to proximal **G. Reassess distal circulation, sensation, and motor function
3. SECURING WITH SLING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Place sling over chest and under arm B. Hold or stabilize arm C. Triangle should extend behind elbow on injured side D. Pull sling around neck and tie on uninjured side E. Pad at the neck (except when C-Collar is present) F. Secure excess material at elbow G. Fingertips should be exposed **H. Reassess distal circulation, sensation, and motor function
4. SECURING SLING WITH SWATHE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Use triangle cravat or factory swathe B. Swathe is tied around chest and injured arm **C. Reassess distal circulation, sensation, and motor function

### ELBOW (STRAIGHT POSITION)

Follow Procedures No. 1 and No. 2 above

### FINGER/FINGERS

Immobilize Fracture

1. Tape injured finger to an adjacent uninjured finger; or
2. Tape injured finger to a tongue depressor, aluminum splint, or pen and pencil
3. Secure with sling and swathe

### COLLAR BONE

Support and limit movement of affected area Follow Procedures No. 1, No. 3 and No. 4 above

### SHOULDER BLADE

Support and limit movement of affected area Follow Procedures No. 1, No. 3 and No. 4 above

**NOTE: Do not reposition dislocations**

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

PROCEDURES	CRITICAL SKILLS
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>▪ Do not attempt to reduce dislocations</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



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

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

### THREE-PERSON LOG ROLL

PROCEDURES	CRITICAL SKILLS
1. STABILIZE HEAD	<ul style="list-style-type: none"> <li><input type="checkbox"/> *A. Stabilize the head and neck</li> <li><input type="checkbox"/> B. One rescuer should kneel at the top of the patient's head and hold or stabilize the head and neck in position found.</li> </ul>
2. PREPARING THE PATIENT	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. A second rescuer should kneel at the patient's side opposite the direction the face is facing.</li> <li><input type="checkbox"/> B. When placing patient on board place board parallel to the patient.</li> <li><input type="checkbox"/> C. Quickly assess the patient's arms to ensure no obvious injuries.</li> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> E. The third rescuer should kneel at the patient's hips.</li> </ul>
3. PREPARING THE RESCUER	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Rescuers should grasp the patient at the shoulders, hips, knees, and ankles.</li> <li><input type="checkbox"/> B. Give instructions to bystander (physically show), if used to support</li> </ul>
3. ROLLING THE PATIENT	<ul style="list-style-type: none"> <li><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.</li> <li><input type="checkbox"/> B. On three, slowly roll. One, two, three roll together.</li> <li><input type="checkbox"/> 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)</li> <li><input type="checkbox"/> D. Maintain stability by holding patient with one hand and placing board (if used) with other</li> <li><input type="checkbox"/> E. Roll the body as a unit onto the board (if used) (board may be slanted or flat) Center the patient on the board.</li> <li><input type="checkbox"/> F. Place the arm alongside the body</li> </ul>

## IMMOBILIZATION - LONG SPINE BOARD (Backboard)

PROCEDURES	CRITICAL SKILLS	
1. MOVE THE PATIENT ONTO THE LONG SPINE BOARD	<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"/>	A. Rescuer One at the head must maintain in-line immobilization of the head and spine B. Rescuer One at the head directs the movement of the patient C. Other Rescuers control movement of the rest of body D. Rescuer Two position themselves on same side E. Upon command of Rescuer One at the head, roll patient onto side toward Rescuer Two. 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 Rescuer 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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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	<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"/> <input type="checkbox"/>	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	<input type="checkbox"/> <input type="checkbox"/>	**A. Reassess distal circulation, sensation, and motor function **B. Assess patient response and level of comfort

## 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>



