

**Disciplines:**

Station A: Cardiopulmonary Resuscitation (CPR) with AED and Rescue Breathing

Station B: Patient Assessment, Control Bleeding Physical Shock, Soft-Tissue Injuries and Burns, Musculoskeletal Injuries and Preparation for Transportation.

Teams will begin competition in Station B. There will be a 20 minute time limit to complete the problem. According to the new 2016 General Rules, judges will stop the clock at 20 minutes. No warning is given.

**Scenario:**

*An unplanned explosion occurred on the 2600 level near the face. Blaster Alex “Dusty” McQueen was unaccounted for. After a brief search, miners found Dusty under some rubble and tried to dig him out as the mine rescue team arrived. Dusty was semi-conscious and complaining of severe leg pain. There was bright red blood spurting from an open wound on his right lower leg. His right eye was knocked out of the socket. Dusty had a fragment of steel impaled in his back. EMT’s on the surface ask that your team assist with transportation of the patient.*

**Injuries and Expected Treatments:**

Treatment should be given in the order of severity. In this scenario, an arterial bleed on the lower leg is life-threatening.

Direct pressure will not stop the bleeding. Teams should not elevate the leg due to the fracture. A tourniquet should be placed above the wound to stop the bleeding. When the team member properly applies a tourniquet, the judge will tell him/her the bleeding is controlled. A sterile dressing should cover the wound and a bandage should be applied to hold the dressing in place.

Tibia-fibula Fracture (open) right; Teams should expose the injury site; after the arterial bleed is addressed first (or simultaneously), rescuers should apply manual stabilization to keep the limb from moving. Rescuers should then apply a rigid splint if they have one; otherwise a soft or single splint. Dress the open wound. Check distal circulation, sensation and movement before splinting. Splint the extremity leaving the toes exposed to assess distal circulation, sensation and movement after splinting.

Right eye avulsion (eye out of socket); this injury is treated the same as an impaled object. Rescuers should apply several layers of dressings or small rolls to stabilize. Use a paper cup or other protective cover. Use dressing to hold in place and bandage

## Spectator Packet- First Aid

uninjured eye to prevent sympathetic movement. Treat for shock and provide emotional support to the patient.

Impalement; this is a minor injury-no organs affected. Rescuers should stabilize impaled object with bulky dressings. Because this impalement is on the back, teams will find the way they load and prepare for transport challenging.

Once all injuries are addressed, rescuers will prepare for transport by placing the patient on a spine board, stretcher or basket; however, they are not required to lift the patient.

When teams are ready for transport, the captain will tell the judge to stop the clock. This is where you come in- BIG ROUND of APPLAUSE!!!

Once completed, judges will briefly discuss the scenario, score the cards and inform the teams of any infractions, if applicable.

### **CPR with AED (two-person) and Rescue Breathing.**

In this station rescuers will perform skills on a manikin. Each rescuer will perform one skill. The skill they perform is determined by selecting a card. There are two CPR/AED cards and one Rescue Breathing card. The Captain selects first.

#### **The Scenario:**

*Calvin was about to get on the hoist at the end of shift when he suddenly slumped over and fell to the ground. His buddies couldn't get him to wake up and called for help. When the mine rescue team arrived, Calvin was lying on his back. Treat the patient.*

There is no time limit at this station. However, judges will be timing compressions and respirations.

**Two person CPR/AED** will start the competition. After the rescuers ensure the scene is safe to enter, they will assess consciousness, breathing and circulation. There will be no breathing and no pulse. Compressions should be started immediately followed by two breaths. While one rescuer continues CPR, the other will prepare the AED.

After the pads are placed and a shock is administered, rescuers should switch positions and continue at least two cycles of CPR/AED until the judge will inform them they saved the patient.

Note: AED's used are trainer AED's provided by the American Red Cross and do not deliver an actual shock.

**Rescue Breathing:**

One rescuer will then prepare to perform rescue breathing. The rescuer will ensure the scene is safe to enter and assess consciousness, breathing and circulation. The patient will have a pulse but will not be breathing. The rescuer will perform rescue breathing at a rate of one breath every 5 to 6 seconds or 10 to 12 breaths per minute, reassessing after two full cycles. Judges will be counting and timing the breaths. The judge will inform the rescuer that the patient was saved.

Please let the teams hear your support!!

