

ROTATION 1-1

OBJECTIVE – *To recognize and manage a patient with a decreased level of consciousness found in a lateral position*

A carpenter fell 5 metres from a scaffold, striking the head on a stack of lumber. The worker is on the left side, eyes closed, not moving. The skin is a normal color and there is no obvious bleeding or deformity.

A ladder collapsed and a painter fell 4 metres to the ground. The worker is on the right side, eyes closed, not moving. The skin is a normal color and there is no obvious bleeding or deformity.

A stunt person from a movie set fell 5 metres from a window and landed on the ground, rather than the designated landing area. The worker is on the left side, eyes closed, not moving. The skin is a normal color and there is no obvious bleeding or deformity.

- one patient, scaffold/ladder/movie set still a hazard – **danger above**
- have workers secure scaffold/ladder/movie set
- patient **does not respond**
- activate worksite emergency response procedures – arrange for transport/equipment – patient is RTC
- establish **C-spine control**
- **assess airway** – patient is breathing
- roll patient supine with C-spine control – align head anatomical/neutral
- **open airway using a jaw thrust and check for breathing** – airway is clear, breathing is quiet
- hand off C-spine control and jaw thrust to helper
- measure and insert an oral airway
- **assess breathing** – 16, quiet and effective – equal chest expansion
- **assess radial pulse** – present
- **assess skin** is normal color, warm, dry
- **RBS** – **no obvious bleeding** or gross deformity
- apply oxygen/blanket

ROTATION 1-2

OBJECTIVE – To recognize and manage a conscious patient with a complete airway obstruction who becomes unconscious.

A co-worker stands up from the table in the lunchroom and clutches the throat. The worker is unable to speak or cough. The worker's face is red.

At a health and safety meeting, the secretary stands up and clutches the throat. The worker is unable to speak or cough. The worker's face is red.

You receive a telephone call and are summoned to the vice-president's office because he/she is choking. When you arrive in the office, the vice-president is unable to speak or cough. The face is red.

- one patient, no further dangers
- **patient is not speaking** or coughing
- activate worksite emergency response procedures – arrange for transport/equipment – patient is RTC
- **give 5 abdominal thrusts**
- **give 5 back blows**
- **PATIENT COLLAPSES**
- lay patient supine, protecting the head
- send bystanders to get the AED and update the ambulance
- **give 30 chest compressions**
- look in mouth and remove any object seen – nothing seen
- attempt to ventilate – **no air goes in**
- recheck head tilt and attempt to ventilate – **no air goes in**
- **give 30 chest compressions**
- look in mouth and remove any object seen – **food is removed**
- attempt to ventilate – **air goes in – 2 ventilations – patient is breathing**
- attempt **oral airway** – patient does not accept airway
- **assess breathing** rate & adequacy – 20 effective – equal chest expansion
- **assess radial pulse** – present
- **assess skin** – normal colour, warm and dry
- **RBS** – nothing else found
- apply **oxygen/blanket**

ROTATION 1-3

OBJECTIVE – *To recognize and manage a conscious patient in severe respiratory distress found standing*

A roofer struck the chest on a roof vent and fell 4 metres. The roofer is found standing against some roofing material. The worker is calling for help and is in obvious respiratory distress. The skin is pale.

A maintenance worker was climbing a ladder when the footing slipped. The worker fell 3 metres landing on a pile of bricks. The worker is standing, clutching the chest, calling for help and is in obvious respiratory distress. The skin is pale.

A worker was struck in the chest and violently knocked to the ground by a log when a jam was cleared. The worker is found standing, clutching the chest, calling for help and is in obvious respiratory distress. The skin is pale.

- one patient, no further dangers
- **patient is speaking** – airway is clear
- patient in **obvious respiratory distress**
- activate worksite emergency response procedures – arrange for transport/equipment – patient is RTC
- lay patient supine with C-spine control and helpers
- pass off C-spine control to the helper
- **assess airway** – clear
- **assess breathing** – gasping, labored, very distressed
- **ventilate patient – communicate** – 1 breath every 5 seconds – timed with patient breathing
- train helper to ventilate
- **apply oxygen**
- **expose and examine chest** – discoloration upper left chest, no open wounds, chest wall is stable when palpated
- **assess breathing** – 28 labored, assisted
- **assess radial pulse** - present
- **assess skin** – cool, pale and dry
- **RBS** – nothing else found
- cover with a blanket

ROTATION 1-4

OBJECTIVE – *To recognize and manage a patient in respiratory distress found prone.*

A dockworker fell 7 metres off a dock and struck a log before entering the water. Bystanders tell you the worker was face down in the water for 5 minutes. The patient has been placed prone, is not moving, cyanotic and soaking wet.

When cutting grass on a steep slope, the greens keeper was thrown out of the riding lawnmower as the mower rolled into the water. The worker was face down in the water. Bystanders placed the worker prone on the fairway. Worker is not moving, cyanotic and soaking wet.

A fisher was struck in the head and fell overboard. It took coworkers about 5 minutes to pull the fisher back into the boat. The worker is prone, not moving, cyanotic and soaking wet.

- one patient, no further hazards
- patient **does not respond**
- activate worksite emergency response procedures – arrange for transport/equipment – patient is RTC
- establish **C-spine control and assess airway – no breathing**
- **roll patient lateral** with C-spine control and helpers
- **assess airway** – no obvious obstruction – no breathing
- **roll patient supine** with C-spine control
- **open airway with jaw thrust and assess breathing**- no breathing
- assess **carotid pulse – present**
- hand off C-spine control and jaw thrust to a helper
- ventilate patient 2 breaths – **air goes in**
- ventilate patient every 5 seconds
- measure and insert oral airway
- train helper
- apply oxygen
- expose chest and assess breathing adequacy – equal chest expansion
- **assess breathing** – helper ventilating every 5 seconds – rate 12
- **assess radial pulse** – absent
- **assess carotid pulse** – present, weak
- **assess skin** – cyanotic, cold, soaking wet
- **RBS** – nothing else found
- cover with a blanket

ROTATION 2-1

OBJECTIVE – *To recognize and manage a non-breathing, cyanotic patient*

A boilermaker was struck in the head by a fire grate. The worker is supine, unresponsive and not moving. The skin is pale, cyanotic. No bleeding noted.

A millwright was hit on the head by a log. The worker is supine, unresponsive and not moving. The skin is pale, cyanotic. No bleeding noted.

A box of machine parts hit a shop teacher on the head. The worker is supine, unresponsive and not moving. The skin is pale, cyanotic. No bleeding noted.

- one patient, no further hazards
- patient **does not respond**
- activate worksite emergency response procedures – arrange for transport/equipment – patient is RTC
- establish **C-spine control**
- **open airway** with jaw thrust and **check for breathing** – patient **begins to breathe**
- hand off C-spine control and jaw thrust to a helper
- measure and **insert oral airway**
- **ventilate** patient every 5 seconds
- train helper
- apply **oxygen**
- **expose and assess breathing adequacy** – equal chest expansion
- **assess breathing** – helper ventilating every 5 seconds – rate 12
- **assess radial pulse** – present, weak
- **assess skin** – cool, pale and cyanotic
- **RBS** – nothing else found
- cover with a blanket

ROTATION 2-2

OBJECTIVE – *To recognize and manage a complete airway obstruction*

A worker is found unconscious in a chair. The worker is unresponsive and not moving. The skin is pale.

You are called to the lunchroom. A worker is found unconscious in a chair. They are unresponsive and not moving. The skin is pale.

You are called to the parking lot. A worker is found unconscious in a car. They are unresponsive and not moving. The skin is pale.

- one patient, no further hazards
- lay patient supine
- patient **does not respond**
- activate worksite emergency response procedures – arrange for transport/equipment – patient is RTC
- with helpers, lay patient supine
- apply **head tilt chin lift and check for breathing** – no obvious obstruction – **no breathing**
- **assess carotid pulse – pulse is present**
- attempt to ventilate – **no air goes in**
- measure and insert **oral airway**
- attempt to ventilate – **no air goes in**
- remove oral airway
- give **30 chest compressions**
- look in mouth and remove any object seen – **piece of food is removed**
- attempt to ventilate – **air goes in – 2 breaths**
- **assess carotid pulse – present**
- **assess breathing – patient begins to breathe – 20, regular, effective**
- attempt to reinsert **oral airway – patient rejects oral airway**
- **radial pulse – present,**
- **assess skin – cool, pale and dry**
- apply **oxygen**
- **RBS – nothing found**
- cover with a blanket

ROTATION 2-3

OBJECTIVE – *To recognize and manage arterial bleeding on a conscious patient*

A mill worker was struck on the back of the left knee by a log and knocked to the ground. The worker is lying on right side, calling for help. The skin is pale, left pant leg soaked with blood and a large pool of blood is noted on the ground.

A warehouse worker was struck in the back of the left knee by the forklift and knocked to the ground. The worker is on right side, calling for help. Skin is pale, left pant leg soaked with blood and a pool of blood is noted on the ground.

A construction worker was struck in the left knee and knocked to the ground when the nail gun misfired. The worker is on right side, calling for help. Skin is pale, left pant soaked with blood and a pool of blood is noted on the ground.

- one patient, no further hazards
- activate worksite emergency response procedures – arrange for transport/equipment – patient is RTC
- establish **C-spine control**
- **assess airway** – patient is talking clearly
- communicate with the patient about the upcoming roll
- roll patient supine with C-spine control and helpers
- hand off C-spine control to a helper
- **expose left knee** – massive arterial bleeding present
- **apply direct pressure with dressings** – bleeding slows
- another helper to take over direct pressure
- **assess breathing** – 24, effective
- **assess radial pulse** – present
- **assess skin** – cool, pale and dry
- **apply oxygen**
- **RBS** – nothing else found
- cover with a blanket
- dress and bandage the wound

ROTATION 2-4

OBJECTIVE – To recognize and manage a non-traumatic patient in cardiac arrest who vomits

Co-workers inform you this worker has been complaining of severe chest pain moments before appearing faint and had to be helped to the floor. You arrive on the scene in 6 minutes and worker is supine, not moving and cyanotic. No blood is visible.

You are called to the boardroom to attend a fellow worker who is having chest pain. You arrive on the scene in 6 minutes and the worker is unconscious in a chair and co-workers are lying the worker supine on the floor. The worker is cyanotic. No blood present.

A co-worker is found slumped over their desk. The time of collapse is not known. The worker is pale and cyanotic as you lay them on the floor.

- one patient, no further hazards
- patient **does not respond**
- activate worksite emergency response procedures – arrange for transport/equipment – patient is RTC
- **open airway with head-tilt chin-lift and check breathing – no breathing**
- **assess carotid pulse – absent, no pulse**
- instruct helpers to bring AED, if available and update ambulance
- instruct helper to watch the compressions
- expose chest as necessary – give **30 compressions**
- **ventilate** with 2 breaths – air goes in
- instruct helper to watch the compressions – give **30 compressions**
- **ventilate** with 2 breaths – air goes in
- have **helper begin compressions** – ensure adequate depth and rate
- **ventilate** 1 breath every 6 to 8 seconds – **patient vomits**
- stop compressions, support head and **roll lateral** – sweep, assess airway clear of vomit – **no breathing**
- roll patient supine
- **assess carotid pulse – absent**
- have **helper begin compressions**
- **ventilate** 1 breath every 5 to 6 seconds – airway, oxygen, BVM
- use **AED** when available

ROTATION 3-1

OBJECTIVE – *To recognize and manage a conscious patient with back pain*

A roofer fell 6 metres from the roof and landed supine in the mud. The worker is complaining of back pain. The skin is pale and there is no visible blood.

A hydro worker fell 8 metres from a pole and landed supine. The worker is complaining of back pain. The skin is pale and there is no visible blood.

A painter fell 7 metres from a ladder and landed supine on the ground. The worker is complaining of back pain. The skin is pale and there is no visible blood.

- one patient, no further dangers
- activate worksite emergency response procedures – arrange for transport/equipment – patient is RTC
- **assess airway** with C-spine control – **patient is talking clearly**
- hand off C-spine control to a helper
- **assess breathing** – 20, effective
- **assess radial pulse** – present
- **assess skin** – cool, pale and dry
- **RBS** – nothing else found
- apply oxygen/blanket

ROTATION 3-2

OBJECTIVE – *To recognize and manage a non-breathing patient found prone.*

A worker has been dragged out of the area of a gas leak. The patient is lying prone and not moving. The skin is cyanotic and there is no visible blood.

A worker was caught in an explosion. The patient is lying prone and not moving. The skin is cyanotic and there is no visible blood.

A fisher struck their head on the side of the boat and fell into the river. Fellow workers drag the patient from the water onto the boat deck. The worker is lying prone and not moving. The skin is cyanotic and there is no visible blood.

- one patient, no further dangers
- patient **does not respond**
- activate worksite emergency response procedures – arrange for transport/equipment – patient is RTC
- establish **C-spine control** and **assess airway** – no obvious obstruction – **no breathing**
- roll patient lateral with C-spine control and helpers
- **assess airway** – no obvious obstruction – **no breathing**
- roll patient supine with c-spine control
- **open airway** with jaw thrust and **assess for breathing – no breathing**
- **assess carotid pulse** – present
- hand off C-spine control and jaw thrust to a helper
- **ventilate** with 2 breaths – **air goes in**
- **ventilate** patient every 5 seconds
- measure and insert **oral airway**
- train helper and apply **oxygen**
- **expose and assess breathing adequacy** – equal chest expansion
- **assess breathing** – 12 assisted, effective
- **assess radial pulse** – present
- **assess skin** – cool, pale and cyanotic
- **RBS** – nothing else found
- cover with blanket

ROTATION 3-3

OBJECTIVE – *To recognize and manage a supine patient with blood obstructing the airway.*

A landscaper was using a come-a-long to pull out an old tree stump. A section of rotten wood broke free and struck the worker in the face. The worker is lying supine - you see blood on the face and bubbles by the nose and mouth. The skin is pale and cyanotic. As you get closer, you hear a noisy, gurgling sound.

A sawmill worker was struck in the face by a log as it broke free from a jam. The worker is lying supine – you see blood on the face and bubbles by the nose and mouth. The skin is pale, cyanotic and you hear a noisy, gurgling sound as you approach.

A steelworker was struck in the face by a beam as it broke from a cable. The worker is lying supine – you see blood on the face and bubbles by the nose and mouth. The skin is pale, cyanotic and you hear a noisy, gurgling sound as you approach.

- one patient, no further hazards
- patient **does not respond**
- activate worksite emergency response procedures – arrange for transport/equipment – patient is RTC
- **roll the patient lateral** with C-spine control and helpers
- hand off head support to a helper
- **finger sweep assess the airway** – airway is clear – breathing present
- roll patient supine with C-spine control
- **open airway** with jaw thrust and reassess – breathing is quiet
- hand off C-spine control and jaw thrust to a helper
- **ventilate patient every 5 seconds** – timed with patient's breaths
- measure and insert **oral airway** – **patient gags, rejects oral airway**
- **train helper** and apply **oxygen**
- **expose and assess breathing adequacy** – equal chest expansion
- **assess breathing** – 20 assisted
- **assess radial pulse** – present
- **assess skin** – cool, pale, cyanotic and dry
- **RBS** - nothing else found
- cover with blanket

ROTATION 3-4

OBJECTIVE – *To recognize and manage a patient with a decreased level of consciousness and arterial bleeding which is not controlled by direct pressure.*

A forklift driver is thrown out of the vehicle when it tips over. The driver is laying supine, not moving, eyes closed. The skin is pale, the pants on the left thigh are soaked with blood and there is a large pool of blood on the ground.

A logging truck driver is thrown out of the vehicle when it rolls over. The driver is laying supine, not moving, eyes closed. The skin is pale, the pants on the left thigh are soaked with blood and there is a large pool of blood on the ground.

A tree planter is thrown off the ATV when it rolls over steep hill. The driver is laying supine, not moving, eyes closed. The skin is pale, the pants on the left thigh are soaked with blood and there is a large pool of blood on the ground.

- one patient, no further danger
- patient **does not respond**
- activate worksite emergency response procedures – arrange for transport/equipment – patient is RTC
- establish **C-spine control**
- **open airway** with jaw thrust and **check for breathing** – airway is clear – breathing present
- hand off C-spine control and jaw thrust to a helper
- measure and insert an **oral airway** – **patient rejects** oral airway
- **assess breathing** – 20 quiet and effective
- **assess radial pulse** – present
- **assess skin** – cool, pale and dry
- **apply oxygen**
- expose and examine – arterial bleeding present
- **apply direct pressure** – **not effective**
- helper to maintain direct pressure
- **apply femoral pressure point** – bleeding slows
- **RBS** – nothing else found
- dress and bandage wound
- cover with blanket

ROTATION 4-1

OBJECTIVE - *To recognize and manage a conscious patient with a partially obstructed airway with good air exchange.*

A co-worker stands up from the table in the lunchroom, clutching the throat and coughing. The patient hoarsely asks for help. The skin is flushed.

You are called to the meeting room to attend to a fellow worker who is choking. As you approach, the worker is coughing effectively and asking for help. The skin is flushed.

While eating lunch with a co-worker, another worker stands up from the table, clutching the throat and coughing. The patient hoarsely asks for help. The skin is flushed.

- one patient, no further dangers
- **assess airway** – patient is coughing effectively, speaking hoarsely
- **assess breathing** – 24, good air exchange
- **assess radial pulse** – present
- **assess skin** – flushed and dry
- apply oxygen
- patient's airway clears by coughing after a few moments
- monitor patient

ROTATION 4-2

OBJECTIVE – *To recognize and manage a patient with a decreased level of consciousness who vomits.*

A drywaller fell 3 metres from a ladder and struck the head on the way down. The patient is prone, unresponsive and eyes are closed. The skin is normal and no blood is visible.

A logger was struck in the head by a branch from a falling tree. The patient is prone, unresponsive and eyes are closed. The skin is normal and no blood is visible.

A roofer fell 4 metres to the ground. The patient is prone, unresponsive and eyes are closed. The skin is normal and no blood is visible.

- one patient, no further dangers
- patient **does not respond** to verbal stimuli
- activate worksite emergency response procedures – arrange for transport/equipment – patient is RTC
- establish **C-spine control**
- **assess the airway** – **airway clear**, breathing present
- **roll patient lateral** – assess airway – **clear**, breathing present
- **roll patient supine**
- open airway with a **jaw thrust** and assess – **clear**, breathing present
- hand off C-spine control and jaw thrust to helper
- measure and insert **oral airway** – patient gags – **rejects oral airway**
- **assess breathing** – 16 quiet and effective
- **assess radial pulse** – present
- **PATIENT VOMITS**
- **retake C-spine control** and direct helper to assist rolling patient lateral
- helper takes C-spine control in lateral position
- **finger sweep, reassess airway** – airway clear, breathing present
- roll patient supine – open and assess airway – **clear**, breathing present
- **assess breathing rate** – 16 quiet and effective
- **assess skin** – normal
- **RBS** – nothing else found
- apply oxygen/blanket

ROTATION 4-3

OBJECTIVE – *To recognize and manage a conscious patient with a severed carotid artery*

A carpenter was cut in the neck by an electric chainsaw. You find the worker calling for help, kneeling and there is blood squirting from the neck area.

An ironworker was cut in the neck by a piece of sheet metal. You find the worker calling for help, kneeling and there is blood squirting from the neck.

A prison guard was cut in the neck with a knife. You find the worker calling for help, kneeling and there is blood squirting from the neck.

- one patient, no further hazards
- activate worksite emergency response procedures – arrange for transport/equipment – patient is RTC
- support the patient to the **supine position**
- **apply pressure** over the entire wound area with bulky dressings – avoid putting pressure over the air passages and the other carotid artery
- direct a helper to support the head
- direct another **helper to complete the primary survey**
- direct a **helper to apply oxygen** if possible

ROTATION 4-4

OBJECTIVE – *To recognize and manage a conscious patient in respiratory distress from a penetrating chest injury.*

A worker has been struck in the chest by a metal rod as it was propelled from a motor. The worker is supine and the rod is protruding from the right side of the chest. The airway is clear but the breathing is labored and distressed. The skin is pale and blood is visible around the rod.

A logger lost his footing, fell 3 metres down a steep bank and was impaled by a small tree branch. The worker is supine with the branch protruding from the right side of the chest. The airway is clear but the breathing is labored and distressed. The skin is pale and blood is visible around the branch.

A nurse was stabbed in the chest with a syringe by a disturbed patient and was knocked to the ground. The worker is supine and the syringe is protruding from the right side of the chest. The airway is clear but breathing is labored and distressed. The skin is pale and blood is visible around the syringe.

- one patient, no further hazards
- activate worksite emergency response procedures – arrange for transport/equipment – patient is RTC
- establish **C-spine control**
- **assess airway with C-spine control** – patient is speaking – airway clear
- hand off C-spine control to a helper
- **obvious respiratory distress** – breathing not effective
- **communicate** with patient – tell them you will be assisting ventilation
- **ventilate patient** – 1 breath every 5 seconds, **timed with patient rate**
- train helper to take over – apply **oxygen** to pocket mask
- **expose entire chest** – frothy red bubbles around protrusion, **no exit**
- another helper to seal/support
- **assess breathing** – 28, labored and assisted
- **assess radial pulse** – present
- **assess skin** – cool, pale and dry
- **RBS** – nothing else found
- cover with blanket

ROTATION 5-1

OBJECTIVE – *To recognize and manage a conscious patient with trauma to the chest and no respiratory difficulty.*

A worker walks into the first aid room complaining of being struck in the chest by a board as it fell from a scaffold. The worker's color is normal and breathing is effective. Patient tells you the chest hurts more on movements and deep breaths.

A lumber grader was struck in the chest by a piece of wood. This worker walks into your first aid room complaining of a sore chest. The worker's color is normal and breathing is effective. Patient tells you the chest hurts more on movements and deep breaths.

While stocking shelves, a worker was struck in the chest by a wooden box. This worker walks into your first aid room complaining of a sore chest. The worker's color is normal and breathing is effective. Patient tells you the chest hurts more on movements and deep breaths.

- one patient
- **patient is talking normally**
- the patient did not fall – there is no pain in the neck
- sit worker in the treatment chair
- **expose chest** – reddening of chest where board struck – no open wound
- **assess breathing** – 24, shallow and effective
- **assess radial pulse** - present
- **assess skin** – normal colour, warm and dry
- **RBS** - modified – patient was not hurt anywhere else
- method of transport not yet determined – proceed with secondary survey

ROTATION 5-2

OBJECTIVE – *To recognize and manage a conscious patient suffering from smoke inhalation.*

There has been a fire in the shipper's office. The shipper was overcome by smoke and helped from the office. The worker is standing, coughing vigorously, skin color is normal, and no bleeding is present.

You have been told there is a fire in the lunchroom area. When you arrive at the scene you are informed that a worker extinguished the fire, was overcome by smoke and was helped from the lunchroom. The worker is standing, coughing, the skin is a normal color and no bleeding is present.

There has been a fire in the stock room of your workplace. The worker, in an effort to put the fire out, was overcome by smoke and helped from the stock room. The worker is standing, coughing; the skin is a normal color, no bleeding.

- one patient, no further dangers
- the patient did not fall and was not struck
- activate worksite emergency response procedures – arrange for transport/equipment – patient is RTC
- **assess airway** – **clear**, patient coughing effectively
- **position patient** for ease of breathing – patient prefers semi-sitting
- fully support patient
- **assess breathing** – 24 effective
- **assess radial pulse** – present
- **assess skin** – normal warm and dry
- **RBS** – modified, patient does not hurt anywhere else
- **apply oxygen/blanket**

ROTATION 5-3

OBJECTIVE – *To recognize and manage a conscious patient with an amputated forearm where a pressure point is required to control bleeding.*

A conveyor operator's arm was amputated just above the elbow. The worker did not fall. The worker is speaking in a clear voice, sitting against a wall, clutching the stump. There is major arterial bleeding and the worker appears pale.

A logger's hand was amputated when the chainsaw kicked back. The worker did not fall, is found sitting against a tree, and speaking in a clear voice. There is major arterial bleeding and the worker appears pale.

A millwright's arm was amputated just above the elbow. The worker did not fall. The worker is speaking in a clear voice, sitting against a wall, clutching the stump. There is major arterial bleeding and the worker appears pale.

- one patient, no further danger
- activate worksite emergency response procedures – arrange for transport/equipment – patient is RTC
- position **patient supine** – C-spine control not required
- **airway is clear** – patient is talking
- **apply direct pressure – does not control bleeding** – helper holds
- **apply brachial pressure point – bleeding slows** – helper holds
- **assess breathing** – 24 and effective
- **assess radial pulse** – present
- **assess skin** – cool pale and dry
- apply oxygen
- **RBS** – nothing else found
- cover with blanket
- give a helper some sterile gauze and send them to look for the amputated part to bring back
- **dress and bandage** stump – note time bandages applied
- release pressure point 5 minutes after bandages applied
- check bandages for bleeding
- package amputated part to send to medical aid with the patient

ROTATION 5-4

OBJECTIVE – *To recognize and manage a conscious patient with chest pain.*

While conducting regular duties, a supervisor has developed chest pain. The worker is found standing beside the photocopier. The patient appears pale and sweaty.

A co-worker walks to your first aid room complaining of chest pain. The worker appears pale, sweaty and agitated.

You are called to the shop floor to attend to a worker complaining of chest pain. The worker is standing beside a conveyor. The patient appears pale and sweaty.

- one patient, no hazards
- patient is speaking – **airway is clear**
- **position the patient at rest** – supine for shock – the patient can decide how far up from supine feels comfortable
- **assess breathing** – 24 shallow, effective
- **assess skin** – cool, pale, and sweaty
- **apply oxygen**
- **assess radial pulse** – present
- **PPQRRST** - no history of previous chest pain, pain behind sternum, vice-like, radiates, 7 out of 10, has gotten worse over the past 40 minutes
- activate worksite emergency response procedures – arrange for transport/equipment – patient is RTC
- keep patient calm, warm and at complete rest