

Skills Checklist



H.A.I.N.E.S. Recovery Position—Adult, Child, Baby

Participant Name: _____

Date: _____

MUST-SEE STEPS	DETAILS	SKILL SUCCESSFULLY DEMONSTRATED	
		YES	NO
Arm Placement	Starting with the person on his back: <input type="checkbox"/> Kneel beside the person’s waist. Raise the person’s farthest arm away from you by rotating it outwards while keeping the palm facing upwards. <input type="checkbox"/> Place the arm nearest to you across the person’s chest, with the fingers pointing to the opposite shoulder.		
Leg Placement	<input type="checkbox"/> Bend the person’s nearest leg at the knee.		
Head and Neck Placement	<input type="checkbox"/> Carefully place your forearm that is nearest to the person’s head and neck under the person’s shoulder to provide extra leverage. <input type="checkbox"/> Place the hand of that arm under the hollow of the person’s neck and head to stabilize the person. DO NOT push or lift the person’s head or neck.		
Roll	<input type="checkbox"/> Carefully roll the person away from you by lifting simultaneously on the person’s nearest shoulder with your stabilizing forearm and pushing on the person’s flexed knee with your other hand.		
Final Drainage Placement	<input type="checkbox"/> Pull the person’s top leg closer to the chest by bending it at the knee. <input type="checkbox"/> Place the person’s upper hand on the outstretched arm against the forehead. <input type="checkbox"/> Check the person’s airway and, if required, clear the airway with the face turned slightly downward to permit drainage from the mouth. <input type="checkbox"/> Treat the person for shock, ensure the person’s ABCs are present, and monitor the quality of the person’s vital signs. <input type="checkbox"/> Ensure the person’s head remains in contact with the outstretched arm and is supported by your hand.		

Skills Checklist



Assessment

Participant Name: _____

Date: _____

MUST-SEE STEPS	DETAILS	SKILL SUCCESSFULLY DEMONSTRATED	
		YES	NO
Scene Survey	<input type="checkbox"/> Is it safe? <input type="checkbox"/> What happened? <input type="checkbox"/> How did it happen? <input type="checkbox"/> How many ill or injured people are there? <input type="checkbox"/> Is there someone to help me? <input type="checkbox"/> Is there someone who looks to be unconscious?		
Primary Survey	<input type="checkbox"/> Wear gloves and use a barrier device. If it is safe to do so, check the person: <input type="checkbox"/> Ask the person, "Are you okay?" <input type="checkbox"/> If the person does not respond to your voice, tap the person on the shoulder. For a baby, clap loudly and gently flick the bottom of the baby's feet. <input type="checkbox"/> Get consent to help. Does the person want your help? Tell the person: <input type="checkbox"/> Who you are <input type="checkbox"/> That you are trained in first aid <input type="checkbox"/> That you are here to help <input type="checkbox"/> Check the person's ABCs (Airway, Breathing, and Circulation) simultaneously. Checking the ABCs is a rapid assessment that should take no more than 5 to 10 seconds. <input type="checkbox"/> Tilt the head back and lift the chin. <input type="checkbox"/> A = Check the Airway / B = Check Breathing <input type="checkbox"/> C = Check Circulation. Look for deadly bleeding and signs of shock. Quickly look at the person from head to toe. <input type="checkbox"/> Consider spinal precautions.		
Care for Shock	While you are waiting for help to arrive: <input type="checkbox"/> Care for the cause of the shock. <input type="checkbox"/> Have the person rest. <input type="checkbox"/> Keep the person warm. <input type="checkbox"/> Ensure the person's ABCs are present. <input type="checkbox"/> Give comfort and reassurance.		

(continued)

Skills Checklist

Assessment (continued)

MUST-SEE STEPS	DETAILS	SKILL SUCCESSFULLY DEMONSTRATED	
		YES	NO
Secondary Survey:			
Subjective Assessment	<p>Ask the SAMPLE questions:</p> <p><input type="checkbox"/> S = Signs and symptoms Are there any cuts or bruises? How do you feel? Do you feel any pain? Does anything feel different?</p> <p><input type="checkbox"/> A = Allergies Are you allergic to anything?</p> <p><input type="checkbox"/> M = Medications Do you take any medicine? What is it for?</p> <p><input type="checkbox"/> P = Past medical history Do you have any medical conditions such as heart disease or another illness? Has this happened before?</p> <p><input type="checkbox"/> L = Last meal When did you last eat? What did you eat?</p> <p><input type="checkbox"/> E = Events leading up to the emergency What happened?</p>		
Objective Assessment	<p><input type="checkbox"/> Level of consciousness</p> <p><input type="checkbox"/> Breathing</p> <p><input type="checkbox"/> Circulation</p> <p><input type="checkbox"/> Skin</p>		
Head-to-Toe Check	<p>If the person is conscious and able to answer questions:</p> <p><input type="checkbox"/> Tell the person what you are going to do and ask the person to stay still.</p> <p><input type="checkbox"/> Look at all exposed areas of the body for discoloration or deformities.</p> <p><input type="checkbox"/> Ask the person to move each body part one at a time, beginning with the head, to see if anything hurts.</p> <p>(a) If the person has neck pain, do not move the neck. If there is no neck pain, ask if the person can slowly move the head from side to side.</p> <p>(b) Look in the ears, nose, and mouth for blood or other fluids.</p> <p>(c) Ask the person to shrug the shoulders. Ask if there is any pain or discomfort.</p> <p>(d) Check the chest by asking the person to take a deep breath and then blow air out.</p> <p>(e) Check the abdomen by asking the person to push the stomach out and then pull it in.</p>		

(continued)

Skills Checklist

Assessment (continued)

MUST-SEE STEPS	DETAILS	SKILL SUCCESSFULLY DEMONSTRATED	
		YES	NO
Head-to-Toe Check (continued)	(f) Check the hips by asking the person to move them slightly. <ul style="list-style-type: none"> • If there is no pain in the hips, ask the person to wiggle the toes. • If there is no pain in the toes, ask the person to move the ankles. • If there is no pain in the ankles, ask the person to bend the knees. (g) Check the hands by asking the person to wiggle the fingers. <ul style="list-style-type: none"> • If there is no pain in the fingers, ask the person to move the wrists. • If there is no pain in the wrists, ask the person to move the elbows. <input type="checkbox"/> If the person doesn't complain of any pain and doesn't have tender areas or signs of injury, ask the person to rest for a few minutes in a comfortable position. <input type="checkbox"/> Check the quality of vital signs and make sure the ABCs are present. If you see no problem, help the person to stand up slowly when ready. <input type="checkbox"/> If the person has pain or dizziness or cannot move a body part, check the ABCs again. Have the person rest, help keep the body temperature normal, and give reassurance. <input type="checkbox"/> If you find any injuries, provide first aid as needed.		
Assessment Summary	<input type="checkbox"/> Identify the injury or illness.		
Plan	<input type="checkbox"/> Identify the priority level. <input type="checkbox"/> Identify the action plan (e.g., evacuation, extended care, sending messengers, etc.).		

Skills Checklist



Severe Choking—Conscious Adult or Child

Participant Name: _____

Date: _____

MUST-SEE STEPS	DETAILS	SKILL SUCCESSFULLY DEMONSTRATED	
		YES	NO
Scene Survey	<input type="checkbox"/> Check the scene to ensure it is safe. <input type="checkbox"/> Shout for help.		
Primary Survey	<input type="checkbox"/> Wear gloves and use a barrier device. <input type="checkbox"/> If it is safe to do so, check the person and the person's ABCs.		
First Aid:			
Positioning	<input type="checkbox"/> Stand (or kneel for a small child) behind the person and wrap one of your arms diagonally across the person's chest. <input type="checkbox"/> Bend the person forward at the waist until the person's upper airway is at least parallel to the ground.		
Back Blows	<input type="checkbox"/> With the heel of your other hand, deliver five firm back blows between the shoulder blades. To deliver effective back blows, you may need to stand behind and slightly to the side of the person rather than directly behind the person.		
Abdominal Thrusts	<input type="checkbox"/> If the object has not been dislodged, make a fist and place it just above the belly button. <input type="checkbox"/> Place your other hand over the fist and pull sharply in and up, doing five abdominal thrusts. <input type="checkbox"/> Continue the cycle of five firm back blows and five abdominal thrusts until the object comes out or the person begins to breathe or cough or becomes unconscious.		
Continual Care	<input type="checkbox"/> If the person becomes unconscious, support the person to the ground, protecting the head. Place the person on her back. Recheck the person's ABCs. Follow the steps for an unconscious, choking adult.		

Skills Checklist



Severe Choking—Conscious Baby

Participant Name: _____

Date: _____

MUST-SEE STEPS	DETAILS	SKILL SUCCESSFULLY DEMONSTRATED	
		YES	NO
Scene Survey	<input type="checkbox"/> Check the scene to ensure it is safe. <input type="checkbox"/> Shout for help.		
Primary Survey	<input type="checkbox"/> Wear gloves and use a barrier device. <input type="checkbox"/> If it is safe to do so, check the baby and the baby's ABCs.		
First Aid:			
Positioning	<input type="checkbox"/> Kneel on the ground. Sandwich the baby between your forearms, supporting the head. <input type="checkbox"/> Turn the baby face down with the head lower than the body.		
Back Blows	<input type="checkbox"/> Lower your forearm onto your thigh. With the heel of your hand, deliver five firm back blows between the shoulder blades.		
Chest Thrusts	<input type="checkbox"/> If the object has not been dislodged, while still supporting the head, turn the baby face up, with your arm supported on your thigh. <input type="checkbox"/> Place two fingers on the middle of the chest just below the nipple line and "push hard, push fast"—at least 4 cm (1.5 in.) or 1/3 to 1/2 the depth of the baby's chest—five times. <input type="checkbox"/> Repeat the five firm back blows and five chest thrusts until the object is coughed up; the baby starts to cry, breathe, or cough; or the baby becomes unconscious.		
Continual Care	<input type="checkbox"/> If the baby becomes unconscious, follow the steps for an unconscious, choking baby.		

Skills Checklist



Unconscious, Choking Adult, Child, or Baby

Participant Name: _____

Date: _____

MUST-SEE STEPS	DETAILS	SKILL SUCCESSFULLY DEMONSTRATED	
		YES	NO
Scene Survey	<input type="checkbox"/> Check the scene to ensure it is safe. <input type="checkbox"/> Shout for help.		
Primary Survey	<input type="checkbox"/> Wear gloves and use a barrier device. <input type="checkbox"/> If it is safe to do so, check the person and the person's ABCs.		
Call (urban setting only)	<input type="checkbox"/> If the person does not respond, have someone call EMS/9-1-1 and get an AED. <input type="checkbox"/> If alone with an adult or child, call EMS/9-1-1 yourself, get an AED, and then return to care for the person. If alone with a baby, do five cycles (two minutes) of CPR first. If a head and/or spine injury is not suspected, take the baby with you to call EMS/9-1-1 and get an AED, and then return to providing care.		
First Aid:			
Chest Compressions	<input type="checkbox"/> Start chest compressions in the middle of the person's chest. <input type="checkbox"/> "Push hard, push fast"—at least 5 cm (2 in.) for an adult. <input type="checkbox"/> "Push hard, push fast"—at least 5 cm (2 in.) for a child (or 1/3 to 1/2 the depth of the child's chest). <input type="checkbox"/> "Push hard, push fast"—at least 4 cm (1.5 in.) for a baby (or 1/3 to 1/2 the depth of the baby's chest). <input type="checkbox"/> Allow the chest to recoil after each compression. <input type="checkbox"/> Perform 30 compressions in about 18 seconds.		
Airway	<input type="checkbox"/> Open the airway using a head-tilt/chin-lift.		
Breathing	<input type="checkbox"/> Give one rescue breath lasting one second, with just enough volume to make the chest start to rise. <input type="checkbox"/> If the person's chest does not rise after the first breath, perform the head-tilt/chin-lift again. For an adult or a child, tilt the head farther back. <input type="checkbox"/> Attempt to give another breath. <input type="checkbox"/> If your breath still does not go in, repeat the cycle of 30 compressions, then look in the person's mouth by grasping both the tongue and lower jaw and lifting. <input type="checkbox"/> If the object is not visible, return to the rescue breathing steps. <input type="checkbox"/> If you see an object, turn the person's head to the side, slide your finger down the inside of the cheek to the base of the tongue, and try to sweep the object out. When the object is out of the mouth, return to giving rescue breaths. <input type="checkbox"/> After repositioning the head and attempting to give a second breath once, do not repeat the repositioning step between chest compression cycles.		

(continued)

Skills Checklist

Unconscious, Choking Adult, Child, or Baby (continued)

MUST-SEE STEPS	DETAILS	SKILL SUCCESSFULLY DEMONSTRATED	
		YES	NO
Considerations	<input type="checkbox"/> When both breaths go in and there is no obvious response, start the CPR sequence of 30 compressions and 2 breaths. <input type="checkbox"/> If there is any change in the person's condition during the CPR sequence, stop and check the person's ABCs. <input type="checkbox"/> If there are two First Aiders present, alternate every five cycles (about two minutes). <input type="checkbox"/> Continue CPR until an AED arrives, more advanced care takes over, the scene becomes unsafe, you become physically unable to continue, or you are in a wilderness situation and 30 minutes have passed.		

Skills Checklist



CPR—Adult or Child

Participant Name: _____

Date: _____

MUST-SEE STEPS	DETAILS	SKILL SUCCESSFULLY DEMONSTRATED	
		YES	NO
Scene Survey	<input type="checkbox"/> Check the scene to ensure it is safe. <input type="checkbox"/> Shout for help.		
Primary Survey	<input type="checkbox"/> Wear gloves and use a barrier device. <input type="checkbox"/> If it is safe to do so, check the person and the person's ABCs.		
Call (urban setting only)	<input type="checkbox"/> If the person does not respond, have someone call EMS/9-1-1 and get an AED. <input type="checkbox"/> If alone, call EMS/9-1-1 yourself, get an AED, and then return to care for the person.		
First Aid:			
Chest Compressions	<input type="checkbox"/> Start chest compressions in the middle of the person's chest. <input type="checkbox"/> "Push hard, push fast"—at least 5 cm (2 in.). Allow the chest to recoil after each compression. <input type="checkbox"/> Perform 30 compressions in about 18 seconds.		
Airway	<input type="checkbox"/> After 30 compressions, open the person's airway with a head-tilt/chin-lift.		
Breathing	<input type="checkbox"/> Give two rescue breaths, each lasting one second and with just enough volume to make the chest start to rise.		
Considerations	<input type="checkbox"/> If both breaths go in, repeat the cycle of 30 compressions and 2 breaths until an AED arrives, more advanced care takes over, the scene becomes unsafe, or you become physically unable to continue. <input type="checkbox"/> If breaths do not go in, provide care for obstructed airway. <input type="checkbox"/> If there is any change in the person's condition during CPR, stop and check the person's ABCs. <input type="checkbox"/> If there are two First Aiders present, alternate every five cycles (about two minutes).		
AED	<input type="checkbox"/> If an AED is available, turn it on and follow the voice prompts while minimizing interruptions in chest compressions. <input type="checkbox"/> Remove any clothing or objects (e.g., jewellery and medical patches) from the person that may come in contact with the pads. Check for a pacemaker. <input type="checkbox"/> Make sure the chest is dry and free of hair so the pads can stick. <input type="checkbox"/> Using the appropriate pads, follow the diagrams to place them on the person. <input type="checkbox"/> Follow the AED's automated prompts. <input type="checkbox"/> When prompted to give a shock, stand clear and say, "I'm clear, you're clear, everybody's clear." Make sure that no one is touching the person in cardiac arrest during the "analyze" and "shock" modes.		

(continued)

Skills Checklist



CPR—Adult or Child (continued)

MUST-SEE STEPS	DETAILS	SKILL SUCCESSFULLY DEMONSTRATED	
		YES	NO
Plan (wilderness and remote settings only)	<input type="checkbox"/> Consider whether to stop after 30 minutes. <input type="checkbox"/> Treat the situation as a death when appropriate.		

Skills Checklist



CPR—Baby

Participant Name: _____

Date: _____

MUST-SEE STEPS	DETAILS	SKILL SUCCESSFULLY DEMONSTRATED	
		YES	NO
Scene Survey	<input type="checkbox"/> Check the scene to ensure it is safe. <input type="checkbox"/> Shout for help.		
Primary Survey	<input type="checkbox"/> Wear gloves and use a barrier device. <input type="checkbox"/> If it is safe to do so, check the baby and the baby's ABCs.		
Call (urban setting only)	<input type="checkbox"/> If the baby does not respond, have someone call EMS/9-1-1 and get an AED. <input type="checkbox"/> If alone with a baby, do five cycles (two minutes) of CPR first. As long as a head and/or spine injury is not suspected, take the baby with you to call EMS/9-1-1 and get an AED, and then return to providing care.		
First Aid:			
Chest Compressions	<input type="checkbox"/> Keep the airway open by using your hand to maintain a head-tilt. <input type="checkbox"/> Start chest compressions with two fingers in the middle of the baby's chest. <input type="checkbox"/> "Push hard, push fast"—at least 4 cm (1.5 in.) or 1/3 to 1/2 the depth of the baby's chest. Allow the chest to recoil after each compression. <input type="checkbox"/> Perform 30 compressions in about 18 seconds.		
Breathing	<input type="checkbox"/> Give two rescue breaths, each lasting one second and with just enough volume to make the chest start to rise.		
Considerations	<input type="checkbox"/> If both breaths go in, repeat the cycle of 30 compressions and 2 breaths until an AED arrives, more advanced care takes over, the scene becomes unsafe, or you become physically unable to continue. <input type="checkbox"/> If breaths do not go in, provide care for obstructed airway. <input type="checkbox"/> If there is any change in the baby's condition during CPR, stop and check the baby's ABCs. <input type="checkbox"/> If there are two First Aiders present, alternate every five cycles (about two minutes).		

(continued)

Skills Checklist

CPR—Baby (continued)

MUST-SEE STEPS	DETAILS	SKILL SUCCESSFULLY DEMONSTRATED	
		YES	NO
AED	<input type="checkbox"/> If an AED is available, turn it on and follow the voice prompts while minimizing interruptions in chest compressions. <input type="checkbox"/> Remove any clothing or objects (e.g., jewellery and medical patches) from the baby that may come in contact with the pads. Check for a pacemaker. <input type="checkbox"/> Make sure the chest is dry so the pads can stick. <input type="checkbox"/> Using the appropriate pads, follow the diagrams to place them on the baby. <input type="checkbox"/> Follow the AED's automated prompts. <input type="checkbox"/> When prompted to give a shock, stand clear and say, "I'm clear, you're clear, everybody's clear." Make sure that no one is touching the baby in cardiac arrest during the "analyze" and "shock" modes.		
Plan (wilderness and remote settings only)	<input type="checkbox"/> Consider whether to stop after 30 minutes. <input type="checkbox"/> Treat the situation as a death when appropriate.		

Skills Checklist



External Deadly Bleeding

Participant Name: _____

Date: _____

MUST-SEE STEPS	DETAILS	SKILL SUCCESSFULLY DEMONSTRATED	
		YES	NO
Scene Survey	<input type="checkbox"/> Check the scene to ensure it is safe. <input type="checkbox"/> Shout for help.		
Primary Survey	<input type="checkbox"/> Wear gloves and use a barrier device. <input type="checkbox"/> If it is safe to do so, check the person and the person's ABCs.		
Call (urban setting only)	<input type="checkbox"/> Have someone call EMS/9-1-1 and get an AED. If alone, call EMS/9-1-1 yourself, get an AED, and then return to care for the person.		
First Aid	<input type="checkbox"/> Expose the wound. <input type="checkbox"/> Apply direct pressure to the bleeding. <input type="checkbox"/> Secure the dressing. <input type="checkbox"/> Ensure the person's ABCs are present.		
Care for Shock	While you are waiting for help to arrive: <input type="checkbox"/> Care for the cause of the shock. <input type="checkbox"/> Have the person rest. <input type="checkbox"/> Keep the person warm. <input type="checkbox"/> Ensure the person's ABCs are present. <input type="checkbox"/> Give comfort and reassurance.		
Secondary Survey	<input type="checkbox"/> Complete a secondary survey.		
Plan	<input type="checkbox"/> Identify the priority level. <input type="checkbox"/> Identify the action plan (e.g., evacuation, extended care, sending messengers, etc.).		

Skills Checklist



Regular Sling and Binder

Participant Name: _____

Date: _____

MUST-SEE STEPS	DETAILS	SKILL SUCCESSFULLY DEMONSTRATED	
		YES	NO
First Aid	<input type="checkbox"/> Treat the injury using the RICE method. <input type="checkbox"/> Check circulation by comparing the warmth and colour of the fingers with the fingers of the uninjured hand. <input type="checkbox"/> From the most comfortable position, have the person support the injured arm, holding it across the stomach. <input type="checkbox"/> Position an open triangular bandage under the injured arm, against the body. The point of the triangular bandage should extend past the elbow. The opposite, or bottom, end should be straight up and down on the body with the upper end over the shoulder. <input type="checkbox"/> Take the bottom end of the bandage and place it over the opposite shoulder. <input type="checkbox"/> Tie the bandage at the back of the neck, without creating any discomfort. <input type="checkbox"/> Twist the point of the bandage closed. <input type="checkbox"/> Tie a broad bandage from the elbow on the injured side across the body. <input type="checkbox"/> Recheck circulation and ask the person if there is any numbness or tingling in the fingers.		

Skills Checklist



Rigid Splint for Lower Arm

Participant Name: _____

Date: _____

MUST-SEE STEPS	DETAILS	SKILL SUCCESSFULLY DEMONSTRATED	
		YES	NO
First Aid	<ul style="list-style-type: none"><input type="checkbox"/> Treat the injury using the RICE method.<input type="checkbox"/> Check circulation by comparing the warmth and colour of the fingers with the fingers of the uninjured hand.<input type="checkbox"/> When possible, splint the injured arm in the position in which it was found.<input type="checkbox"/> For bone and joint injuries, immobilize above and below the site of the injury. The splint should extend from the elbow to past the fingers.<input type="checkbox"/> Pad the splint to make the person more comfortable.<input type="checkbox"/> Recheck circulation and ask the person if there is any numbness or tingling in the fingers.		

Skills Checklist



Anatomical Splint for Leg

Participant Name: _____

Date: _____

MUST-SEE STEPS	DETAILS	SKILL SUCCESSFULLY DEMONSTRATED	
		YES	NO
First Aid	<ul style="list-style-type: none"><input type="checkbox"/> Treat the injury using the RICE method.<input type="checkbox"/> Check circulation by comparing the warmth and colour of the foot with the uninjured foot.<input type="checkbox"/> When possible, splint the injured leg in the position in which it was found.<input type="checkbox"/> For bone and joint injuries, immobilize above and below the site of the injury.<input type="checkbox"/> Pad the splint to make the person more comfortable.<input type="checkbox"/> Recheck circulation and ask the person if there is any numbness or tingling in the foot.		

Skills Checklist



Soft Splint for Ankle

Participant Name: _____

Date: _____

MUST-SEE STEPS	DETAILS	SKILL SUCCESSFULLY DEMONSTRATED	
		YES	NO
First Aid	<ul style="list-style-type: none"><input type="checkbox"/> Treat the injury using the RICE method.<input type="checkbox"/> Check circulation by comparing the warmth and colour of the ankle with the uninjured ankle.<input type="checkbox"/> When possible, splint the injured ankle in the position in which it was found.<input type="checkbox"/> Immobilize the ankle by splinting the bone above and below the site of the injury.<input type="checkbox"/> Pad the splint to make the person more comfortable.<input type="checkbox"/> Recheck circulation and ask the person if there is any numbness or tingling in the ankle.		

Skills Checklist



Immobilizing a Head and/or Spine Injury*

*This skill requires two First Aiders

Participant Name: _____

Date: _____

MUST-SEE STEPS	DETAILS	SKILL SUCCESSFULLY DEMONSTRATED	
		YES	NO
Scene Survey	<input type="checkbox"/> Check the scene to ensure it is safe. <input type="checkbox"/> Shout for help.		
Primary Survey	<input type="checkbox"/> Wear gloves and use a barrier device. <input type="checkbox"/> If it is safe to do so, check the person and the person's ABCs. <input type="checkbox"/> Apply and maintain manual stabilization until the person is immobilized.		
First Aid	<input type="checkbox"/> Move the head to an in-line position if necessary. <input type="checkbox"/> Do not move the head if severely angled to one side; if the person complains of pain, pressure, or muscle spasms in the neck when moved; or if there is resistance when attempting to realign the head. <input type="checkbox"/> Apply an improvised collar with minimal excessive movement. <input type="checkbox"/> If required, move the person appropriately, with minimal excessive movement to the spine. <input type="checkbox"/> Secure the person to an improvised backboard: <ul style="list-style-type: none"> <input type="checkbox"/> Secure the body. <input type="checkbox"/> Secure the legs. <input type="checkbox"/> Secure the head last. <input type="checkbox"/> Check circulation, sensation, and mobility.		
Care for Shock	While you are waiting for help to arrive: <ul style="list-style-type: none"> <input type="checkbox"/> Care for the cause of the shock. <input type="checkbox"/> Have the person rest. <input type="checkbox"/> Keep the person warm. <input type="checkbox"/> Ensure the person's ABCs are present. <input type="checkbox"/> Give comfort and reassurance. 		
Secondary Survey	<input type="checkbox"/> Complete a secondary survey.		
Plan	<input type="checkbox"/> Identify the priority level. <input type="checkbox"/> Identify the action plan (e.g., evacuation, extended care, sending messengers, etc.).		

Skills Checklist



Caring for Hypothermia (Hypothermia Wrap)

Participant Name: _____

Date: _____

MUST-SEE STEPS	DETAILS	SKILL SUCCESSFULLY DEMONSTRATED	
		YES	NO
First Aid	<input type="checkbox"/> Remove the person from the cold. <input type="checkbox"/> Remove any wet clothing. <input type="checkbox"/> For the base of the wrap, lay out rope in a zigzag pattern and then place a tarp on top. <input type="checkbox"/> Cover the person's head, hands, and feet. <input type="checkbox"/> Cover the person's groin with an improvised diaper. <input type="checkbox"/> Sandwich the person between layers of insulation and waterproofing, ensuring no skin-to-skin contact. <input type="checkbox"/> Apply warm objects to the armpits, groin, head, neck, and torso. <input type="checkbox"/> Fold the ends of each layer of insulation and waterproofing over the person and then fold the sides over. <input type="checkbox"/> Tie the package; for severe hypothermia, keep the person in a horizontal position.		