2015

St. John Ambulance
Ontario Medical First Response Competition
Provincial Competition

TEAM SCENARIO

Scenario 4 - "Family Fall"

Background Scenario

You and your team are Providing First Aid Services at the major sporting event. Your crew has been assigned the area of the indoor buildings to cover.

While on duty at your post, you hear a commotion near the nearby stairwell and go to investigate.

You have 20 minutes to complete the scenario, Good Luck!!

There will be a 3 minute warning signify the end of the primary survey.

There will also be a 2 minute left signal for the team's benefit.

THIS PAGE IS GIVEN TO TEAMS AT THE BEGINNING OF THE SCENARIO

CASUALTY SIMULATORS INFORMATION

Scenario : "FAMILY FALL"

(BACKGROUND – NOT TO BE SHARED WITH COMPETITORS)

Total Patients: 1 + 1 infant manikin (vsa) - Location: Stairwell

A spectator was enjoying watching the current event with her young (6 month old baby) in a stroller beside her. The spectator happened to look over at her sleeping baby and saw that the baby was turning blue. They immediately grabbed the baby and ran to find the first aid post for help. As the parent is running down the stairs with the baby clutched to their chest, they suddenly loose their footing and fall rolling down the stairs (approx. 10 ft) onto the hard landing. The parent was able to protect the baby from further injury but the infant remains VSA and requires CPR throughout scenario.

The Parent is screaming for help for their child and is more concerned over the care for the baby rather than themselves. However during the fall the parent sustains a RIGHT knee dislocation (knee cap simulated on the outside of leg) bruising to the RIGHT elbow and upper arm (Open fracture) and should be treated for a possible head injury as their present with a large bruise on the RIGHT side/ temple.

NOTE:

- There will be a 3 minute warning to the judges to signify the end of the primary survey.
- There will also be a 2 minute remaining signal for the team's benefit.

PROPS (Per Scenario/Team)

- 1 Casualty dressed in normal clothing (pants may be cut)
- 1 Infant manikin
- PCRs (SFA & MFR)
- First aid kit (SFA & MFR)
- Blankets x2 (SFA & MFR)
- AED (SFA & MFR) set to continuous "NO SHOCK" and only adult sized pads.
- Splints (SFA & MFR)
- Oxygen Kit with BVM, (Infant) OPAs & Suction (MFR Only)
- Spinal Kit = Collars, Straps, Backboard. (MFR Only)

CASUALTY SIMULATORS INFORMATION ~ "FAMILY FALL"

Casualty 1 –Parent:

(Laying on landing, mid stairwell on RIGHT side, baby in arms being protected)

Information	Casualty Simulation Required
• Conscious patient	• Very concerned over your baby. • Able to answer questions, no LOC/decreased awareness
• Open Fracture RIGHT upper arm	• Swelling, bruising. • Bone protruding with minor bleed
• RIGHT knee Dislocation	• Swelling and bruising • Knee Cap simulated on lateral (outside) knee/leg
• Shock	• Pale, cool, sweaty skin

HISTORY:

- You were running for help for your baby you just found "blue" sleeping in their stroller. You are scared for your baby and keep asking in a panic "what is going on", and "is he dead" as well as "I don't know what happened" AND "He was fine 2 minutes ago!"You are able to answer questions about you & your baby.

VITAL SIGNS:

	1st SET	2nd SET
RESP.	36 irregular	22 regular & sobbing
PULSE	144 Weak & Rapid	112 Weak & Rapid
B/P	188/94	178/96
SKIN	Pale, cool, clammy	Pale, cool, clammy
LOC	Conscious	Conscious
PUPILS	Equal & Reactive	Equal & Reactive

SAMPLE:

Allergies: None
Medications: None
Past Medical History: None
Last meal: 2 Hours ago

CASUALTY SIMULATORS INFORMATION ~ "FAMILY FALL"

Casualty 2 – 6 month old Infant (VSA held against parents chest/protected.

Information	Casualty Simulation Required
• VSA infant	• Infant manikin
• Shock	• Cyanotic face of manikin

VITAL SIGNS:

	1st SET	2nd SET
RESP.	0	0
PULSE	0	0
SKIN	Cyanotic	Cyanotic
LOC	Unconscious	Unconscious
PUPILS	Non Reactive	Non Reactive

SAMPLE:

Allergies: None
Medications:none
Past Medical History: None
Last meal: N/A

2015
OMFRC Challenge – AMFR/PRO Level

"FAMILY FALL" TEAM SCENARIO

Team Number _____ **Unit:** _____

Team Member #1 _____

Team Member #2 _____

Team Member #3 _____

Team Member #4 _____

Judges' Names _____

Casualty 1 – "Parent":

Page 6- Primary Survey	(Possible 160) Sub-Total	_____
Page 7 - Secondary Survey	(Possible 270) Sub-Total	_____
Page 8 -Tx, Shock & General	(Possible 290) Sub-Total	_____
Page 9 - Recording	(Possible 210) Sub-Total	_____
Casualty 1	(Possible 930) **Total**	_____

Casualty 2 – "Baby":

Page 10 - Primary Survey	(Possible 270) Sub-Total	_____
Page 11– Care, Shock & General	(Possible 300) Sub-Total	_____
Page 12 - Recording	(Possible 220) Sub-Total	_____
Casualty 2	(Possible 790) **Total**	_____

Total Points Awarded Casualty1 & 2(Possible 1720)	

CASUALTY 1 – "Parent" TEAM

	SCENE / PRIMARY SURVEY: This section is active for the first 3 minutes of the scenario only. During these first 3 minutes, the competitor may perform the actions that are both listed here and in the Secondary Survey. After the 3 minutes, the competitor is eligible to receive marks only in the Secondary Survey and no marks may be awarded in this Primary Survey. ***Actions in this section may be done in any order.***	**A/S**	**POINTS**	**NOT DONE**
1.1	Did First Aider take charge of the situation?	**S**	**10**	**0**
1.2	Did First Aider I.D. self and obtain consent?	**A/S**	**10**	**0**
1.3	Did First Aider wear protective gloves?	**A/S**	**10**	**0**
1.4	Did First Aider call out for help?	**S**	**10**	**0**
1.5	Were hazards assessed?	**S**	**10**	**0**
1.6	Did Team determine any other casualties? *(1 other)*	**A**	**10**	**0**
1.7	Did Team determine/state the mechanism of injury? (struck body)	**A**	**10**	**0**
1.8	Did Team immediately support C-Spine control?	**S**	**10**	**0**
1.9	Did Team assess responsiveness *(Conscious/ Talking/ Crying)*	**A/S**	**10**	**0**
1.10	Did Team assess airway? *(Open)*	**A/S**	**10**	**0**
1.11	Did Team assess breathing? *(36 irregular*)	**A/S**	**10**	**0**
1.12	Did the team immediately recognize hyperventilation and attempt to calm the patient through coached respirations/ calm parent?	**A**	**10**	**0**
1.13	Did Team assess the casualty's circulation – Pulse? (114 Rapid)	**A**	**10**	**0**
1.14	Did Team assess the casualty's circulation – skin/ temp? *(skin is cool, pale & sweaty)*	**A**	**10**	**0**
1.15	Did Team perform a rapid body survey?*(No findings)*	**A**	**10**	**0**
1.16	Did Team activate EMS? *(bystander is available to do this)*	**A/S**	**10**	**0**
PRIMARY SURVEY SUB-TOTAL*(/160)*				

CASUALTY 1 – "Parent" TEAM

SECONDARY SURVEY: Actions in this section may be performed by the competitor in the first 3 minutes of the scenario as well as the **Primary Survey.** After the 3 first minutes, this is the only section that points shall be awarded to. ***Actions in this section may be done in any order.***		A/S	POINTS	NOT DONE
2.0	**HISTORY OF THE CASUALTY:**			
2.1	Did the team ask about SYMPTOMS*? (Head, knee, arm pain)*	**A/S**	**10**	**0**
2.2	Did the Team ask if casualty has any ALLERGIES?*(none)*	**S**	**10**	**0**
2.3	Did the Team ask about MEDICATIONS? *(none)*	**S**	**10**	**0**
2.4	Did the Team ask past MEDICAL HISTORY?*(None)*	**S**	**10**	**0**
2.5	Did the Team ask LAST ORAL INTAKE? *(2 Hours ago)*	**S**	**10**	**0**
2.6	Did the Team determine how the incident happened/ HISTORY?	**S**	**10**	**0**
3.0	**CASUALTY'S VITAL SIGNS ASSESSMENT**			
3.1	Did the Team determine Level of Consciousness? *(Conscious)*	**A/S**	**10**	**0**
3.2	Did the Team assess Respiration? *(36irregular)*	**A**	**10**	**0**
3.3	Did the Team assess Pulse? *(144 weak & Rapid)*	**A**	**10**	**0**
3.4	Did the Team assess Blood Pressure? *(188/94)*	**A**	**10**	**0**
3.5	Did the team assess pupil response? *(Equal & reactive)*	**A**	**10**	**0**
3.6	Did the Team assess Skin Condition & Temperature? *(pale, cool& Sweaty)*	**A**	**10**	**0**
4.0	**HEAD TO TOE EXAMINATION**			
4.1	Check scalp? *(Bruise to RIGHT temple)*	**A**	**10**	**0**
4.2	Check eyes? *(equal & reactive)*	**A**	**10**	**0**
4.3	Check nose? *(no findings)*	**A**	**10**	**0**
4.4	Check mouth? (*no findings)*	**A**	**10**	**0**
4.5	Check jaw? *(no findings)*	**A**	**10**	**0**
4.6	Check ears? (*no findings)*	**A**	**10**	**0**
4.7	Check neck? *(no deformity, no pain)*	**A**	**10**	**0**
4.8	Check collarbones/ Shoulders? (*no deformity)*	**A**	**10**	**0**
4.9	Check both arms/hands? *(Open Fx RIGHT Upper arm)*	**A**	**10**	**0**
4.10	Check chest (*no findings)*	**A**	**10**	**0**
4.11	Check abdomen? *(No Findings)*	**A**	**10**	**0**
4.12	Check back? (*no deformity)*	**A**	**10**	**0**
4.13	Check pelvis? *(no deformity)*	**A**	**10**	**0**
4.14	Check both legs? *(RIGHT Knee Dislocation)*	**A**	**10**	**0**
4.15	Check both ankles and feet? *(no deformity)*	**A**	**10**	**0**
SECONDARY SURVEY SUB-TOTAL*(/270)*				

CASUALTY 1 – "Parent" TEAM

5.0	**POSSIBLE HEAD INJURY**			
5.1	Did Team size properly and apply C-Collar before rolling?	**A/S**	**20**	**0**
5.2	Did Team log roll patient directly onto backboard?	**A**	**20**	**0**
5.3	Did Team secure patient onto the backboard effectively?	**A**	**20**	**0**
5.4	Did Team secure the patients head LAST to backboard?	**A**	**20**	**0**
5.5	Did Team maintain C-Spine control throughout scenario?	**A**	**20**	**0**
6.0	**OPEN FRACTURE RIGHT HUMERUS**			
6.1	Did Team check distal circulation BEFORE bandaging?	**A/S**	**10**	**0**
6.2	Was a clean dressing tented over the bone end?	**A**	**10**	**0**
6.3	Was padding placed on sides of bone and secured in place?	**A**	**10**	**0**
6.4	Was the arm placed into standard arm sling?	**A**	**10**	**0**
6.5	Was the arm secured to the body using 2 bandages?	**A**	**10**	**0**
6.6	Did Team check distal circulation AFTER bandaging?	**A/S**	**10**	**0**
7.0	**RIGHT KNEE DISLOCATION**			
7.1	Did Team check distal circulation BEFORE bandaging?	**A/S**	**10**	**0**
7.2	Were two splints, or other leg used as effective splint?	**A**	**10**	**0**
7.3	Was the leg immobilized with 5 bandages?	**A**	**10**	**0**
7.4	Did Team check distal circulation AFTER bandaging?	**A/S**	**10**	**0**
7.5	Was the leg immobilization effective? (JUDGES, check at end)	**A**	**10**	**0**
8.0	**SHOCK AND GENERAL**			
8.1	Was casualty covered "over" to lessen shock?	**A**	**10**	**0**
8.2	Was casualty reassured as to their own wellbeing?	**A**	**10**	**0**
8.3	Was casualty reassured about the babies care?	**S**	**10**	**0**
8.4	Was LOC reassessed? 2nd set *(Conscious)*	**A/S**	**10**	**0**
8.5	Was respiration reassessed? 2nd set *(22 regular, sobbing)*	**A**	**10**	**0**
8.6	Was pulse reassessed? 2nd set *(112 weak & rapid)*	**A**	**10**	**0**
8.7	Was skin reassessed? 2nd set *(pale, cool, sweaty)*	**A**	**10**	**0**
9.0	**PERSONAL PROTECTIVE EQUIPMENT**			
9.1	Were gloves effective? *(torn gloves must be replaced)*	**A**	**10**	**0**
TREATMENT/CARE SUB-TOTAL *(/290)*				

CASUALTY 1 – "Parent" TEAM

8.0	**RECORDING**			
8.1	Was the Incident date and time recorded?	**A**	**10**	**0**
8.2	Was the casualty's information recorded?	**A**	**10**	**0**
8.3	Was an accurate incident history recorded?	**A**	**10**	**0**
8.4	Was the distance of the fall (10 Ft.) recorded?	**A**	**10**	**0**
8.5	Was the lack of allergies recorded?	**A**	**10**	**0**
8.6	Was the lack of medications recorded?	**A**	**10**	**0**
8.7	Was the lack of medical history recorded?	**A**	**10**	**0**
8.8	Was the last meal (2 hours ago) recorded?	**A**	**10**	**0**
8.9	Was the possible Head injury recorded?	**A**	**10**	**0**
8.10	Was the open fracture RIGHT upper arm recorded?	**A**	**10**	**0**
8.11	Was the RIGHT knee dislocation recorded?	**A**	**10**	**0**
	Vital Signs Note: ***If no time recorded, then no mark.***			
8.12	Was the 1st vital signs LOC recorded?	**A**	**5**	**0**
8.13	Was the 1st vital signs Respiration recorded?	**A**	**5**	**0**
8.14	Was the 1st vital signs Pulse recorded?	**A**	**5**	**0**
8.15	Was the 1st vital signs Skin & Temperature recorded?	**A**	**5**	**0**
8.16	Was the 2nd vital signs LOC recorded?	**A**	**5**	**0**
8.17	Was the 2nd vital signs Respiration recorded?	**A**	**5**	**0**
8.18	Was the 2nd vital signs Pulse recorded?	**A**	**5**	**0**
8.19	Was the 2nd vital signs Skin & Temperature recorded?	**A**	**5**	**0**
8.20	Was the application of C-collar recorded?	**A**	**10**	**0**
8.21	Was Spinal immobilization care recorded?	**A**	**10**	**0**
8.22	Was the treatment for the RIGHT Arm fracture recorded?	**A**	**10**	**0**
8.23	Was the treatment for the RIGHT Knee dislocation recorded?	**A**	**10**	**0**
8.24	Was notification of EMS recorded?	**A**	**10**	**0**
8.25	Was the name(s) of the first aid team **legibly** recorded?	**A**	**10**	**0**
RECORDING SUB-TOTAL *(/210)*				

CASUALTY 2 – "Baby" TEAM

	SCENE / PRIMARY SURVEY: This section is active for the first 3 minutes of the scenario only. During these first 3 minutes, the competitor may perform the actions that are both listed here and in the Secondary Survey. After the 3 minutes, the competitor is eligible to receive marks only in the Secondary Survey and no marks may be awarded in this Primary Survey. ***Actions in this section may be done in any order.***	**A/S**	**POINTS**	**NOT DONE**
1.1	Did the team take charge of the situation?	**S**	**10**	**0**
1.2	Did the team I.D. self and obtain consent to help from mother?	**A/S**	**10**	**0**
1.3	Did the team wear protective gloves?	**A**	**10**	**0**
1.4	Did the team call out for help from by-standers?	**S**	**10**	**0**
1.5	Were hazards assessed? *(blood/ slip hazard covered)*	**A/S**	**10**	**0**
1.6	Did the team determine any other casualties? *(1 other)*	**A/S**	**10**	**0**
1.7	Did the team assess responsiveness? *(Unconscious)*	**S**	**10**	**0**
1.8	Did the team assess airway? *(Airway open)*	**A/S**	**10**	**0**
1.9	Did the team assess breathing for 5-10 sec.? *(No breathing)*	**A/S**	**20**	**0**
1.10	Did the team assess a brachial pulse? (*40 weak/ Irr.)*	**A/S**	**20**	**0**
1.11	Did the team assess perfusion? *(cyanotic)*	**A/S**	**20**	**0**
1.12	Was the infant positioned on a firm flat surface?	**A**	**10**	**0**
1.13	Did the team immediately begin with 15 compressions? (2 res.)	**A**	**10**	**0**
1.14	Did the team use of 2 thumbs for chest compressions?	**A**	**20**	**0**
1.15	Did the team immediately call for 911 *(VSA infant)*	**A/S**	**20**	**0**
1.16	Did the team give 2 ventilations following chest compressions?	**A**	**10**	**0**
1.17	Did the team use a BVM while giving ventilations?	**A**	**10**	**0**
1.18	Did the team use a "C" grip (or other) to ensure proper seal?	**A**	**10**	**0**
1.19	Did the team attach Oxygen to BVM (high flow)?	**A**	**20**	**0**
1.20	Did the team immediately get/ attach the AED and follow directions?	**A**	**20**	**0**
PRIMARY SURVEY SUB-TOTAL *(/270)*				

CASUALTY 2 – "Baby" TEAM

CONTINUOUS CPR/CARE: Actions in this section may be performed by the competitor in the first 3 minutes of the scenario as well as the **Primary Survey.** After the 3 first minutes, this is the only section that points shall be awarded to. ***Actions in this section may be done in any order*** **NOTE: Each 2 minutes of CPR is ONE set of points. Judges be sure to monitor the number of EFFECTIVE cycles of CPR which are completed for accurate scoring.**		**A/S**	**POINTS**	**NOT DONE**
2.0	***CONTINUOUS CPR: (This is points forapprox 20 minutes)***			
2.1	Was the AED immediately turned on?	**A**	**10**	**0**
2.2	Did Team place adult AED pads front and back on baby?	**A**	**10**	**0**
2.3	Did Team plug in pads to allow for analysis? (NO SHOCK #1)	**A**	**10**	**0**
2.4	Was CPR continued (30:2 or 15:2) for two minutes? (*5 cycles*)	**A**	**10**	**0**
2.5	Did the team switch compressor/provider after 2 minutes?	**A**	**10**	**0**
2.6	Did the team STOP CPR for analysis of AED? (NO SHOCK #2)	**A**	**10**	**0**
2.7	Was CPR continued (30:2 or 15:2) for two minutes? (*5 cycles*)	**A**	**10**	**0**
2.8	Did the team switch compressor/provider after 2 minutes?	**A**	**10**	**0**
2.9	Did the team STOP CPR for analysis of AED? (NO SHOCK #3)	**A**	**10**	**0**
2.10	Was CPR continued (30:2 or 15:2) for two minutes? (*5 cycles*)	**A**	**10**	**0**
2.11	Did the team switch compressor/provider after 2 minutes?	**A**	**10**	**0**
2.12	Did the team STOP CPR for analysis of AED? (NO SHOCK #4)	**A**	**10**	**0**
2.13	Was CPR continued (30:2 or 15:2) for two minutes? (*5 cycles*)	**A**	**10**	**0**
2.14	Did the team switch compressor/provider after 2 minutes?	**A**	**10**	**0**
2.15	Did the team STOP CPR for analysis of AED? (NO SHOCK #5)	**A**	**10**	**0**
2.16	Was CPR continued (30:2 or 15:2) for two minutes? (*5 cycles*)	**A**	**10**	**0**
2.17	Did the team switch compressor/provider after 2 minutes?	**A**	**10**	**0**
2.18	Did the team STOP CPR for analysis of AED? (NO SHOCK #6)	**A**	**10**	**0**
2.19	Was CPR continued (30:2 or 15:2) for two minutes? (*5 cycles*)	**A**	**10**	**0**
2.20	Did the team switch compressor/provider after 2 minutes?	**A**	**10**	**0**
2.21	Did the team STOP CPR for analysis of AED? (NO SHOCK #7)	**A**	**10**	**0**
2.22	Was CPR continued (30:2 or 15:2) for two minutes? (*5 cycles*)	**A**	**10**	**0**
2.23	Did the team switch compressor/provider after 2 minutes?	**A**	**10**	**0**
2.24	Did the team STOP CPR for analysis of AED? (NO SHOCK #8)	**A**	**10**	**0**
2.25	Was CPR continued (30:2 or 15:2) for remainder of scenario?	**A**	**10**	**0**
3.0	**SHOCK AND GENERAL**			
3.1	Was casualty wrappedwith a blanket to lessen shock?	**A**	**10**	**0**
3.2	Was an Oral Pharyngeal Airway properly sized for infant?	**A**	**10**	**0**
3.3	Was the Oral Pharyngeal Airway placed in the airway properly?	**A**	**10**	**0**
3.4	Was suction prepared/ removed from oxygen kit by team?	**A**	**10**	**0**
4.0	**PERSONAL PRTECTIVE EQUIPMENT**			
4.1	Were gloves effective? *(torn gloves must be replaced)*	**A**	**10**	**0**
TREATMENT/CARE SUB-TOTAL*(/300)*				

CASUALTY 2 – "Baby" TEAM

5.0	**RECORDING**			
5.1	Was the incident date and time recorded?	**A**	**10**	**0**
5.2	Was the casualty's information recorded as per parent?	**A**	**10**	**0**
5.3	Was the initial LOC recorded?	**A**	**10**	**0**
5.4	Was the initial ABC status recorded? *(VSA)*	**A**	**10**	**0**
5.5	Was an accurate incident history recorded?	**A**	**10**	**0**
5.6	Was time of arrest recorded? (parent: "fine 2 minutes ago")	**A**	**10**	**0**
5.7	Was the initiation of CPR recorded with the time?	**A**	**10**	**0**
5.8	Was the CPR ratio 15:2 or "two rescuer" recorded?	**A**	**10**	**0**
5.9	Was the duration of CPR recorded? *(ie:'remained VSA')*	**A**	**10**	**0**
5.10	Was the time of application of AED recorded?	**A**	**10**	**0**
5.11	Was the ZERO shocks recorded?	**A**	**10**	**0**
5.12	Was the number of analysis' recorded?	**A**	**10**	**0**
5.13	Was the use of Oxygen and BVM recorded?	**A**	**10**	**0**
5.14	Was the use and size of OPA recorded?	**A**	**10**	**0**
	Vital Signs Note: *If no time recorded, then no mark.*			
5.15	Was the 1st vital signs LOC recorded?	**A**	**5**	**0**
5.16	Was the 1st vital signs Respiration recorded?	**A**	**5**	**0**
5.17	Was the 1st vital signs Pulse recorded?	**A**	**5**	**0**
5.18	Was the 1st vital sign Blood Pressure recorded?	**A**	**5**	**0**
5.19	Was the 1st vital signs Skin & Temperature recorded?	**A**	**5**	**0**
5.20	Was the 2nd vital signs Level of Consciousness recorded?	**A**	**5**	**0**
5.21	Was the 2nd vital signs Respiration recorded?	**A**	**5**	**0**
5.22	Was the 2nd vital signs Pulse recorded?	**A**	**5**	**0**
5.23	Was the 2nd vital signs blood pressure recorded?	**A**	**5**	**0**
5.24	Was the 2nd vital signs Skin & Temperature recorded?	**A**	**5**	**0**
5.25	Was notification of EMS recorded?	**A**	**10**	**0**
5.26	Was notification of name of parent recorded on Baby PCR?	**A**	**10**	**0**
5.27	Was the name(s) of the first aid team legibly recorded?	**A**	**10**	**0**
RECORDING SUB-TOTAL*(/220)*				