

2016

St. John Ambulance OMFRC Competition First Aid Challenge

TEAM SCENARIO

Scenario # 5 – “DINING ROOM DISASTER”

Background Scenario

You and your team are Providing First Aid Services for the UOIT evacuation site.

The team has been assigned the “North” of the campus to monitor. You are patrolling the area around the large cafeteria. Suddenly you have been informed the kitchen staff require some assistance with a workplace injury.

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 - Site #5 @ Cafeteria



(BACKGROUND – NOT TO BE SHARED WITH COMPETITORS)

Overall Scenario for the event: It has been a wet season so far in 2016, which has led to heavy rainfall and a number of communities forced to evacuate the flooded areas to central locations as temporary shelters. The University of Ontario has been transformed into one such evacuation center. The teams are providing on site first aid and infirmary coverage to the over 2000 displaced people at this site in the GTA. Through out the day, teams will be assigned different “posts” to monitor and provide coverage.

Scenario Information: (Info sheet given to teams just before beginning of scenario) The team has been assigned the “North” of the campus to monitor. You are patrolling the area around the large cafeteria. Suddenly you have been informed the kitchen staff require some assistance with a workplace injury.

Judges Info: The teams are to be taken to the Area outside the cafeteria (outdoor space for a hold) They are informed that the kitchen staff in the food services has had an incident with two of its employees. ~ One with Burns and One with an amputation.

***** At the 10 minute mark of the scenario, JUDGES hand the Pt 3 page to TEAM MEMBER #3 as identified at the beginning of the day on the name tags!!!!**

The team must provide at least 4 CONSECUTIVE- PROPER cycles (5x backblows and 5x abdo/chest thrusts.) after 10 attempts of cycles, this choking casualty will go UNCONSCIOUS (no matter the quality of cycles.) but WILL BE BREATHING!!!! Points are awarded for the remaining sections of the patient #3 **ONLY IF** at least 4 consecutive PROPER cycles out of 10 were completed!!! There are NO points award for patient #3 if the team DID NOT complete 4 consecutive PROPER cycles!!

Scenario Set Up:

- Total number of patients: 3
- Patient #1 - 1st Degree Burns to RT hand and Lower arm, splatter burns to LT forearms and face with mild SOB.
- Patient #2 – Amputated first finger and partial amputation second finger RT hand.
- Scenario Props: “Wet towel” for Patient #1, Cutting board, knife and veggies with amputated part for patient #2, Patient #3 – the page to hand to team member #3.

Timing Notes:

- There will be a 3 minute warning to signify the end of the primary survey. Teams will ONLY be able to score points from the first page during the first 3 minutes!
- There will be a 10 minute signal to signify the paper to be handed to team.
- There will also be a 2 minute remaining signal for the team’s benefit.
- Teams will be given 5 minutes after the scenario to complete paperwork while scenario re-set occurs.

CASUALTY SIMULATORS INFORMATION

Patient #1 – “Burns”



SIMULATION:

Information	Casualty Simulation Required
<ul style="list-style-type: none"> Conscious adult 	<ul style="list-style-type: none"> Ensure patient is aware of situation and SAMPLE. “Wet” towel over RT arm.
<ul style="list-style-type: none"> RT Arm Burns 	<ul style="list-style-type: none"> 1st and 2nd Degree burns to hand and lower arm
<ul style="list-style-type: none"> LT Arm Burns 	<ul style="list-style-type: none"> Splatter burns to LT forearm
<ul style="list-style-type: none"> Facial Burns 	<ul style="list-style-type: none"> Splatter burns to face/cheeks
<ul style="list-style-type: none"> Mild SOB 	<ul style="list-style-type: none"> Instruct casualty to act out mild sob

SAMPLE/ HISTORY:

S	1). 1 st and second degree burns to the RT hand and lower arm. 2.) Splatter burns to Lt Forearm and face with mild SOB.
A	None
M	None
P	Not sleeping well this week due to being at work 60+ hours for this evacuation.
L	Around 1 hour ago.
E	You are at work (60+ this week) and very tired. You are using the deep fryer when you must have fallen asleep while standing. The next thing you know – you are feeling severe pain from burns.

VITAL SIGNS:

	<u>1st SET</u>	<u>2nd SET</u>
RESP.	20 Shallow and Regular	18 Shallow and Regular
PULSE	106 Strong and Regular	98 Strong and Regular
B/P	118/76	112/74
SKIN	Red due to splatter burns	Red due to splatter burns
LOC	Conscious	Conscious
PUPILS	Equal & Reactive	Equal & Reactive

CASUALTY SIMULATORS INFORMATION

Patient #2 – “Amputations”



SIMULATION:

Information	Casualty Simulation Required
<ul style="list-style-type: none"> Conscious adult with hyperventilation (initially) 	<ul style="list-style-type: none"> Ensure patient is aware of situation and SAMPLE. Coach patient to begin scenario at a high resp rate until calmed by teams.
<ul style="list-style-type: none"> Amputated First Finger RT Hand and Partial Amputation of second Finger RT hand 	<ul style="list-style-type: none"> Moderate bleeding on taped down finger Amputated part on cutting board. Moderate bleeding to finger stump.
<ul style="list-style-type: none"> Shock 	<ul style="list-style-type: none"> Pale, Cool and Sweaty skin.

SAMPLE/ HISTORY:

S	1.) Amputated first finger (mid shaft) and partial amputation to second finger on RT hand. 2.) Shock
A	None
M	None
P	None
L	3 hours ago.
E	You are working, cutting veggies for the next rush of hungry evacuees. Your Co-worker suddenly screamed, which startled you and you missed the cut – cutting off your first finger and partially your second.

VITAL SIGNS:

	<u>1st SET</u>	<u>2nd SET</u> (if calmed)
RESP.	40 Shallow and Irregular	26 Shallow and Regular
PULSE	130 Bounding & Rapid	110 Bounding and Rapid
B/P	188/114	166/104
SKIN	Pale, cool, sweaty	Pale, cool, sweaty
LOC	Conscious	Conscious
PUPILS	Equal & Reactive	Equal & Reactive

Patient #3 – “Choking patient”

TEAM MEMBER #3...

YOU HAVE BEEN CHEWING A PIECE OF GUM, AND
ARE NOW CHOKING.

You are GRABBING AT YOUR THROAT & COUGHING.

When your team comes to help you... STOP COUGHING

The judge will instruct you when to go unconscious... and
you will remain unconscious for the rest of the scenario.

MEMBRE DE L'ÉQUIPE #3...

VOUS AVEZ ÉTÉ À MACHER SUR UN MORCEAU DE
GOMME ET MAINTENANT ÉTOUFFEMENT.

Vous êtes SAISSISSANE À LA GORGE ET LA TOUX.

Lorsque votre équipe vient pour vous aider... ARRÊTER
LA TOUX

Le juge vous dira quand vous aller inconscient... et vous
resterez inconscient pour le reste du scénario

CYCLE # _____

TEAM # _____

NO.	DONE	NOT DONE	SCENE/PRIMARY SURVEY
1	✓	X	Did the team TAKE CHARGE of the situation?
2	✓	X	Did the team wear protective GLOVES?
3	✓	X	Did the team CALL OUT FOR HELP from bystanders?
4	✓	X	Did the team ASSESS for HAZARDS?
5	✓	X	Did the team adequately REMOVE ALL HAZARDS?
6	✓	X	Did the team DETERMINE/STATE the MECHANISM OF INJURY?
7	✓	X	Did the team DETERMINE the NUMBER OF CASUALTIES?
8	✓	X	Did the team ID SELF and OBTAIN CONSENT?
9	✓	X	Did the team ASSESS LEVEL OF CONSCIOUSNESS?
10	✓	X	Did the team ASSESS AIRWAY?
11	✓	X	Did the team ASSESS BREATHING?
12	✓	X	Did the team ASSESS SKIN CONDITION (Circulation)
13	✓	X	Did the team PERFORM A RAPID BODY SURVEY?
14	✓	X	Did the team IMMEDIATELY COOL BURNS?
15	✓	X	Did the team ACTIVATE EMS/AMBULANCE?

Open
20 Shallow & regular
Red (Splatter burn/ face)
No findings

JUDGES NOTE:

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.



Score Sheet for Patient #1 - "Burns"

SITE # 5 -"DINING ROOM DISASTER"

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.

NO.	DONE	NOT DONE	HISTORY OF THE PATIENT	
18	✓	X	Did the team ask about SYMPTOMS	<i>Moderate Pain/Burns</i>
19	✓	X	Did the team ask about ALLERGIES?	<i>None</i>
20	✓	X	Did the team ask about MEDICATIONS?	<i>None</i>
21	✓	X	Did the team ask about MEDICAL HISTORY?	<i>No Sleep, working 60+hr</i>
22	✓	X	Did the team ask about LAST ORAL INTAKE?	<i>1 hour ago</i>
23	✓	X	Did the team determine INCIDENT HISTORY?	<i>Fell asleep, burned arms</i>
1st Set of VITAL SIGNS				
24	✓	X	Did the team check LEVEL OF CONSCIOUSNESS?	<i>Conscious</i>
25	✓	X	Did the team check RESPIRATIONS?	<i>20 Shallow and Regular</i>
26	✓	X	Did the team check PULSE?	<i>106 Strong and regular</i>
27	✓	X	Did the team check SKIN CONDITION/TEMP?	<i>Red, splatter burns</i>
28	✓	X	Did the team check PUPILS?	<i>Equal/Reactive</i>
HEAD TO TOE EXAMINATION				
30	✓	X	Check SCALP/HEAD?	<i>No Findings</i>
31	✓	X	Check both EYES?	<i>No Findings</i>
32	✓	X	Check NOSE?	<i>Splatter burns</i>
33	✓	X	Check CHEEKBONES?	<i>Splatter burns</i>
34	✓	X	Check MOUTH?	<i>No Findings</i>
35	✓	X	Check JAW?	<i>No Findings</i>
36	✓	X	Check both EARS?	<i>No Findings</i>
37	✓	X	Check NECK?	<i>No Findings</i>
38	✓	X	Check both COLLARBONES?	<i>No Findings</i>
39	✓	X	Check both SHOULDERS?	<i>No Findings</i>
40	✓	X	Check RIGHT ARM?	<i>1st & 2nd Deg Hand/arm</i>
41	✓	X	Check LEFT ARM?	<i>splatter to arm</i>
42	✓	X	Check CHEST?	<i>No Findings</i>
43	✓	X	Check ABDOMEN?	<i>No Findings</i>
44	✓	X	Check BACK?	<i>No Findings</i>
45	✓	X	Check PELVIS?	<i>No Findings</i>
46	✓	X	Check RIGHT LEG?	<i>No Findings</i>
47	✓	X	Check LEFT LEG?	<i>No Findings</i>

Score Sheet for Patient #1 - "Burns"

SITE # 5 -"DINING ROOM DISASTER"

FIRST AID / TREATMENT

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.

NO.	DONE	NOT DONE	RIGHT ARM/HAND BURN CARE
48	✓	X	Did the team CONTINUE TO PROVIDE COOLING OF THE BURNS
49	✓	X	Did the team COVER THE ENTIRE BURN AREA WITH STERILE DRESSINGS?
50	✓	X	Did the team PLACE WET DRESSINGS BETWEEN THE FINGERS?
51	✓	X	Did the team WRAP BURN DRESSINGS with BANDAGES?
52	✓	X	Did the team RE-APPLY WATER AFTER DRESSINGS IN PLACE?
LEFT ARM BURN CARE			
53	✓	X	Did the team CONTINUE TO PROVIDE COOLING OF THE BURNS
54	✓	X	Did the team COVER THE ENTIRE BURN AREA WITH STERILE DRESSINGS?
55	✓	X	Did the team WRAP BURN DRESSINGS with BANDAGES?
56	✓	X	Did the team RE-APPLY WATER AFTER DRESSINGS IN PLACE?
FACIAL BURN CARE			
57	✓	X	Did the team CONTINUE TO PROVIDE COOLING OF THE BURNS
58	✓	X	Did the team COVER THE ENTIRE BURN AREA WITH STERILE DRESSINGS?
59	✓	X	Did the team WRAP BURN DRESSINGS with BANDAGES?
60	✓	X	Did the team RE-APPLY WATER AFTER DRESSINGS IN PLACE?
SHOCK & GENERAL CARE			
61	✓	X	Did the team COVER OVER the patient with a BLANKET?
62	✓	X	Did the team REASSURE the patient about their OWN CARE?
63	✓	X	Did the team RE-check LEVEL OF CONSCIOUSNESS? <i>Conscious</i>
64	✓	X	Did the team RE-check RESPIRATIONS? <i>18 Shallow ad Regular</i>
65	✓	X	Did the team RE-check PULSE? <i>98 Bounding /Rapid</i>
66	✓	X	Did the team RE-check SKIN CONDITION/TEMP? <i>Red due to splatter burn</i>
67	✓	X	Did the team RE-check PUPILS? <i>Equal/Reactive</i>
68	✓	X	Did team INFORM EMPLOYER about on site incident?
69	✓	X	Did team INFORM POLICE about WORKPLACE INJURY?
70	✓	X	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)

Score Sheet for Patient #1 - "Burns"

SITE # 5 -"DINING ROOM DISASTER"

NO.	DONE	NOT DONE	RECORDING/ DOCUMENTATION
72	✓	X	Was ALL of the patients PERSONAL INFORMATION recorded?
73	✓	X	Was the INCIDENT TIME AND DATE recorded?
74	✓	X	Was the INCIDENT LOCATION recorded?
75	✓	X	Was the INCIDENT HISTORY (Accurately) recorded?
76	✓	X	Was the patients ALLERGIES recorded?
77	✓	X	Was the patients MEDICATIONS recorded?
78	✓	X	Was the patients MEDICAL HISTORY recorded?
79	✓	X	Was the LAST ORAL INTAKE recorded?
80	✓	X	Was the RT HAND AND ARM BURN recorded? "1st & 2nd Degree"
81	✓	X	Was the LT ARM AND FACE SPLATTER recorded? "1st Degree"
Vital Signs <u>MUST HAVE</u> the <u>TIME</u> recorded as well, to be awarded points !!!			
82	✓	X	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
83	✓	X	Was 1st set of vital signs - RESPIRATIONS recorded?
84	✓	X	Was 1st set of vital signs - PULSE recorded?
85	✓	X	Was 1st set of vital signs - SKIN CONDITION recorded?
86	✓	X	Was 1st set of vital signs - PUPILS recorded?
87	✓	X	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
88	✓	X	Was 2nd set of vital signs - RESPIRATIONS recorded?
89	✓	X	Was 2nd set of vital signs - PULSE recorded?
90	✓	X	Was 2nd set of vital signs - SKIN CONDITION recorded?
91	✓	X	Was 2nd set of vital signs - PUPILS recorded?
92	✓	X	Was the BURN CARE TO RIGHT HAND/ARM recorded?
93	✓	X	Was the BURN CARE TO LEFT ARM recorded?
94	✓	X	Was the BURN CARE TO FACE recorded?
95	✓	X	Was the USE of WATER to COOL BURNS recorded?
96	✓	X	Was the BLANKET(S) USE recorded?
97	✓	X	Was the NOTIFICATION OF EMS recorded?
98	✓	X	Was the NOTIFICATION OF EMPLOYER recorded?
99	✓	X	Was the NOTIFICATION OF POLICE (workplace injury) recorded?
100	✓	X	Was the NAME(S) of the first aid team LEGIBLY recorded?

Score Sheet for Patient #1 - "Burns"

CYCLE # _____

TEAM # _____

NO.	DONE	NOT DONE	SCENE/PRIMARY SURVEY
150	✓	X	Did the team TAKE CHARGE of the situation?
151	✓	X	Did the team wear protective GLOVES?
152	✓	X	Did the team CALL OUT FOR HELP from bystanders?
153	✓	X	Did the team ASSESS for HAZARDS?
154	✓	X	Did the team adequately REMOVE ALL HAZARDS?
155	✓	X	Did the team DETERMINE/STATE the MECHANISM OF INJURY?
156	✓	X	Did the team DETERMINE the NUMBER OF CASUALTIES?
157	✓	X	Did the team ID SELF and OBTAIN CONSENT?
158	✓	X	Did the team ASSESS LEVEL OF CONSCIOUSNESS?
159	✓	X	Did the team ASSESS AIRWAY? <i>Open</i>
160	✓	X	Did the team ASSESS BREATHING? <i>40 Shallow and Irregular</i>
161	✓	X	Did the team COACH RESPIRATIONS?
162	✓	X	Did the team ASSESS SKIN CONDITION (Circulation) <i>Pale/cool/sweaty</i>
163	✓	X	Did the team PERFORM A RAPID BODY SURVEY? <i>Mod. Bleed Fingers</i>
164	✓	X	Did the team IMMEDIATELY APPLY DIRECT PRESSURE TO FINGER STUMP?
165	✓	X	Did the team ACTIVATE EMS/AMBULANCE?

JUDGES NOTE:

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.



Score Sheet for Patient #2 - "Amputations"

SITE # 5 -"DINING ROOM DISASTER"

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.

NO.	DONE	NOT DONE	HISTORY OF THE PATIENT	
170	✓	X	Did the team ask about SYMPTOMS	<i>Amp. 1st fing & part. Amp</i>
171	✓	X	Did the team ask about ALLERGIES?	<i>None</i>
172	✓	X	Did the team ask about MEDICATIONS?	<i>None</i>
173	✓	X	Did the team ask about MEDICAL HISTORY?	<i>None</i>
174	✓	X	Did the team ask about LAST ORAL INTAKE?	<i>Around 3 hrs ago</i>
175	✓	X	Did the team determine INCIDENT HISTORY?	<i>Distracted, cut fingers</i>
1st Set of VITAL SIGNS				
176	✓	X	Did the team check LEVEL OF CONSCIOUSNESS?	<i>Conscious</i>
177	✓	X	Did the team check RESPIRATIONS?	<i>40 Shallow and Irregular</i>
178	✓	X	Did the team check PULSE?	<i>130 Bounding and Rapid</i>
179	✓	X	Did the team check SKIN CONDITION/TEMP?	<i>Pale, Cool, sweaty</i>
180	✓	X	Did the team check PUPILS?	<i>Equal/Reactive</i>
HEAD TO TOE EXAMINATION				
182	✓	X	Check SCALP/HEAD?	<i>No Findings</i>
183	✓	X	Check both EYES?	<i>No Findings</i>
184	✓	X	Check NOSE?	<i>No Findings</i>
185	✓	X	Check CHEEKBONES?	<i>No Findings</i>
186	✓	X	Check MOUTH?	<i>No Findings</i>
187	✓	X	Check JAW?	<i>No Findings</i>
188	✓	X	Check both EARS?	<i>No Findings</i>
189	✓	X	Check NECK?	<i>No Findings</i>
190	✓	X	Check both COLLARBONES?	<i>No Findings</i>
191	✓	X	Check both SHOULDERS?	<i>No Findings</i>
192	✓	X	Check RIGHT ARM?	<i>Amp. 1st & part. Amp 2nd</i>
193	✓	X	Check LEFT ARM?	<i>No Findings</i>
194	✓	X	Check CHEST?	<i>No Findings</i>
195	✓	X	Check ABDOMEN?	<i>No Findings</i>
196	✓	X	Check BACK?	<i>No Findings</i>
197	✓	X	Check PELVIS?	<i>No Findings</i>
198	✓	X	Check RIGHT LEG?	<i>No Findings</i>
199	✓	X	Check LEFT LEG?	<i>No Findings</i>

Score Sheet for Patient #2 - "Amputations"

SITE # 5 -"DINING ROOM DISASTER"

FIRST AID / TREATMENT

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.

NO.	DONE	NOT DONE	AMPUTATION/ STUMP CARE
200	✓	X	Did the team MAINTAIN PRESSURE on STUMP
201	✓	X	Did the team PLACE PARTIAL AMPUTATION IN PLACE?
202	✓	X	Did the team PLACE STERILE DRESSINGS OVER BOTH WOUNDS?
203	✓	X	Did the team CHECK CIRCULATION BEFORE BANDAGING?
204	✓	X	Did the team BANDAGE HAND?
205	✓	X	Did the team CHECK CIRCULATION AFTER BANDAGING?
206	✓	X	Did the team APPLY A TUBULAR SLING?
CARE OF AMPUTATED PART			
208	✓	X	Did the team CLEAN AMPUTATED PART?
207	✓	X	Did the team WRAP THE AMPUTATED PART IN GAUZE?
209	✓	X	Did the team PLACE AMPUTATED PART IN PLASTIC BAG?
210	✓	X	Did the team PLACE PLASTIC BAG ON ICE?
211	✓	X	Did the team LABEL THE AMPUATED PART WITH PATIENT NAME?
212	✓	X	Did the team LABEL THE AMPUATED PART WITH DATE AND TIME?
207	✓	X	Did the team LABEL THE AMPUATED PART WITH BODY PART NAME?
208	✓	X	Did the team REASSURE the patient about their OWN CARE?
209	✓	X	Did the team RE-check LEVEL OF CONSCIOUSNESS? <i>Conscious</i>
210	✓	X	Did the team RE-check RESPIRATIONS? <i>18 Regular & Full</i>
211	✓	X	Did the team RE-check PULSE? <i>84 Regular & Full</i>
212	✓	X	Did the team RE-check SKIN CONDITION/TEMP? <i>Pale, Cool</i>
213	✓	X	Did the team RE-check PUPILS? <i>Equal/Reactive</i>
214	✓	X	Did team INFORM EMPLOYER about on site incident?
215	✓	X	Did team INFORM POLICE about WORKPLACE INJURY?
216	✓	X	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)

Score Sheet for Patient #2 - "Amputations"

SITE # 5 -"DINING ROOM DISASTER"

NO.	DONE	NOT DONE	RECORDING/ DOCUMENTATION
218	✓	X	Was ALL of the patients PERSONAL INFORMATION recorded?
219	✓	X	Was the INCIDENT TIME AND DATE recorded?
220	✓	X	Was the INCIDENT LOCATION recorded?
221	✓	X	Was the INCIDENT HISTORY (Accurately) recorded?
222	✓	X	Was the patients ALLERGIES recorded?
223	✓	X	Was the patients MEDICATIONS recorded?
224	✓	X	Was the patients MEDICAL HISTORY recorded?
225	✓	X	Was the LAST ORAL INTAKE recorded?
226	✓	X	Was the COMPLETE AMPUTATION OF THE FIRST FINGER recorded?
227	✓	X	Was the PARTIAL AMPUATION OF THE SECOND FINGER recorded?
228	✓	X	Was the exsistance of SHOCK recorded?
Vital Signs <u>MUST HAVE</u> the <u>TIME</u> recorded as well, to be awarded points !!!			
229	✓	X	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
230	✓	X	Was 1st set of vital signs - RESPIRATIONS recorded?
231	✓	X	Was 1st set of vital signs - PULSE recorded?
232	✓	X	Was 1st set of vital signs - SKIN CONDITION recorded?
233	✓	X	Was 1st set of vital signs - PUPILS recorded?
234	✓	X	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
235	✓	X	Was 2nd set of vital signs - RESPIRATIONS recorded?
236	✓	X	Was 2nd set of vital signs - PULSE recorded?
237	✓	X	Was 2nd set of vital signs - SKIN CONDITION recorded?
238	✓	X	Was 2nd set of vital signs - PUPILS recorded?
239	✓	X	Was the CARE FOR THE COMPLETE AMPUTATION recorded?
240	✓	X	Was the CARE FOR THE PARTIAL AMPUATAION recorded?
241	✓	X	Was the CARE OF THE AMPUTATED PART recorded?
242	✓	X	Was the BLANKET(S) USE recorded?
243	✓	X	Was the NOTIFICATION OF EMS recorded?
244	✓	X	Was the NOTIFICATION OF EMPLOYER recorded?
245	✓	X	Was the NOTIFICATION OF POLICE (workplace injury) recorded?
246	✓	X	Was the NAME(S) of the first aid team LEGIBLY recorded?
RECORDING/ DOCUMENTATION			

Score Sheet for Patient #2 - "Amputations"

SITE # 5 -"DINING ROOM DISASTER"

CYCLE # _____

TEAM # _____

NO.	DONE	NOT DONE	SCENE/PRIMARY SURVEY
300	✓	X	Did the team TAKE CHARGE of the situation?
301	✓	X	Did the team wear protective GLOVES?
302	✓	X	Did the team CALL OUT FOR HELP from bystanders?
303	✓	X	Did the team ASSESS for HAZARDS?
304	✓	X	Did the team adequately REMOVE ALL HAZARDS?
305	✓	X	Did the team DETERMINE/STATE the MECHANISM OF INJURY?
306	✓	X	Did the team DETERMINE the NUMBER OF CASUALTIES?
307	✓	X	Did the team DETERMINE PATIENT HAS COMPLETE AIRWAY OBSTRUCTION?
308	✓	X	Did the team PERFORM 5 BACKBLOWS AND 5 ABDO THRUSTS x4 SETS PROPERLY?

JUDGES NOTE:

TEAMS MUST PERFORM 4 SETS of PROPER Choking maneouvers in order to be successful and resolve the obstruction! The team will be given up to 10 cycles to be able to complete the 4 consecutive PROPER technique. **If they DO NOT perform 4 PROPER CONSECUTIVE cycles - then no marks may be awarded for this patient from this point on and the patient will be UNCONSCIOUS.**

309	✓	X	Did the team ASSESS AIRWAY?	<i>Open</i>
310	✓	X	Did the team ASSESS BREATHING?	<i>22 shallow and regular</i>
311	✓	X	Did the team ASSESS SKIN CONDITION (Circulation)	<i>Pale, cool</i>
312	✓	X	Did the team PERFORM A RAPID BODY SURVEY?	<i>No Findings</i>
313	✓	X	Did the team ACTIVATE EMS/AMBULANCE?	

Score Sheet for Patient #3 - "Choking"

SITE # 5 -"DINING ROOM DISASTER"

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.

NO.	DONE	NOT DONE	HISTORY OF THE PATIENT	
315	✓	X	Did the team ask about SYMPTOMS	<i>Unknown</i>
316	✓	X	Did the team ask about ALLERGIES?	<i>Unknown</i>
317	✓	X	Did the team ask about MEDICATIONS?	<i>Unknown</i>
318	✓	X	Did the team ask about MEDICAL HISTORY?	<i>Unknown</i>
319	✓	X	Did the team ask about LAST ORAL INTAKE?	<i>Unknown</i>
320	✓	X	Did the team determine INCIDENT HISTORY?	<i>Choked</i>
1st Set of VITAL SIGNS				
321	✓	X	Did the team check LEVEL OF CONSCIOUSNESS?	<i>Unconscious</i>
322	✓	X	Did the team check RESPIRATIONS?	<i>22 Shallow and Irregular</i>
323	✓	X	Did the team check PULSE?	<i>96 Boundign and regular</i>
324	✓	X	Did the team check SKIN CONDITION/TEMP?	<i>Pale, cool</i>
325	✓	X	Did the team check PUPILS?	<i>Equal/Reactive</i>
HEAD TO TOE EXAMINATION				
327	✓	X	Check SCALP/HEAD?	<i>No Findings</i>
328	✓	X	Check both EYES?	<i>No Findings</i>
329	✓	X	Check NOSE?	<i>No Findings</i>
330	✓	X	Check CHEEKBONES?	<i>No Findings</i>
331	✓	X	Check MOUTH?	<i>No Findings</i>
332	✓	X	Check JAW?	<i>No Findings</i>
333	✓	X	Check both EARS?	<i>No Findings</i>
334	✓	X	Check NECK?	<i>No Findings</i>
335	✓	X	Check both COLLARBONES?	<i>No Findings</i>
336	✓	X	Check both SHOULDERS?	<i>No Findings</i>
337	✓	X	Check RIGHT ARM?	<i>No Findings</i>
338	✓	X	Check LEFT ARM?	<i>No Findings</i>
339	✓	X	Check CHEST?	<i>No Findings</i>
340	✓	X	Check ABDOMEN?	<i>No Findings</i>
341	✓	X	Check BACK?	<i>No Findings</i>
342	✓	X	Check PELVIS?	<i>No Findings</i>
343	✓	X	Check RIGHT LEG?	<i>No Findings</i>
344	✓	X	Check LEFT LEG?	<i>No Findings</i>

Total of SECONDARY SURVEY

Score Sheet for Patient #3 - "Choking"

SITE # 5 -"DINING ROOM DISASTER"

NO.	DONE	NOT DONE	SHOCK & GENERAL CARE
345	✓	X	Did the team REASSURE the patient about their OWN CARE?
346	✓	X	Did the team RE-check LEVEL OF CONSCIOUSNESS? <i>Unconscious</i>
347	✓	X	Did the team RE-check RESPIRATIONS? <i>22 shallow and irregular</i>
348	✓	X	Did the team RE-check PULSE? <i>96 bounding and regular</i>
349	✓	X	Did the team RE-check SKIN CONDITION/TEMP? <i>Pale, cool</i>
350	✓	X	Did the team RE-check PUPILS? <i>Equal/Reactive</i>
351	✓	X	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)

NO.	DONE	NOT DONE	RECORDING/ DOCUMENTATION
353	✓	X	Was ALL of the patients PERSONAL INFORMATION recorded?
354	✓	X	Was the INCIDENT TIME AND DATE recorded?
355	✓	X	Was the INCIDENT LOCATION recorded?
356	✓	X	Was the INCIDENT HISTORY (Accurately) recorded?
357	✓	X	Was the patients UNKNOWN ALLERGIES recorded?
358	✓	X	Was the patients UNKNOWN MEDICATIONS recorded?
359	✓	X	Was the patients UNKNOWN MEDICAL HISTORY recorded?
360	✓	X	Was the UNKNOWN LAST ORAL INTAKE recorded?
Vital Signs <u>MUST HAVE</u> the <u>TIME</u> recorded as well, to be awarded points !!!			
361	✓	X	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
362	✓	X	Was 1st set of vital signs - RESPIRATIONS recorded?
363	✓	X	Was 1st set of vital signs - PULSE recorded?
364	✓	X	Was 1st set of vital signs - SKIN CONDITION recorded?
365	✓	X	Was 1st set of vital signs - PUPILS recorded?
366	✓	X	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
367	✓	X	Was 2nd set of vital signs - RESPIRATIONS recorded?
368	✓	X	Was 2nd set of vital signs - PULSE recorded?
369	✓	X	Was 2nd set of vital signs - SKIN CONDITION recorded?
370	✓	X	Was 2nd set of vital signs - PUPILS recorded?
371	✓	X	Was the USE OF CHOKING MANEOUVER recorded?
372	✓	X	Was the BLANKET(S) USE recorded?
373	✓	X	Was the NOTIFICATION OF EMS recorded?
374	✓	X	Was the NAME(S) of the first aid team LEGIBLY recorded?

Score Sheet for Patient #3 - "Choking"