

2019

St. John Ambulance
OMFRC Competition
First Aid Challenge

TEAM SCENARIO

Scenario #6

Overall Background Scenario:

In years past, the city of Toronto and outlying municipalities have played host many large-scale international events. 2019, the city has been selected to host “Live-Aid” where more than 1,000 international musical acts have come to play at multiple venues across the GTA to fundraise for an important cause. Along with the world class musical acts, there will be more than 50,000 temporary workers along with the expected 3+ million spectators. Throughout the city, a massive undertaking for the first aid and medical care for these visitors has been top priority. St. John Ambulance has been enlisted to run the temporary hospital/ rendez-vous point for EMS which has been arranged here on site of the former Branson Hospital.

During the day, your team will face challenges which will occur within the facility as patients arrive, the workers running the facility itself and the public who come in for assistance.

Responder information:

There has been a report of an unconscious person outside.

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 **3 minutes BEFORE** THE BEGINNING OF THE SCENARIO.

Background and Logistics Information

LOCATION: Outdoor Parking area (designated hidden areas)

Scenario Info given to teams: There has been a report of an unconscious person outside.

Scenario Set Up:

- Total number of patients. = 2
 - Patient #1 “Unconscious OD”
 - Patient #2 – “Semi-Conscious OD”

PROPS for EACH square/team competing:

- [] Naloxone Kits for each patient (MFR/PRO)
- [] Needles, Spoon, Candle, Lighter, Shoe Lace (tourniquet), Plastic Baggies with white powder inside, bottle of heroin (brown-clear liquid) for inside Syringe (for sim in arm) IV Cath tip.

Judges Timing Notes:

Team handout/ Scenario background to be given 3 minutes BEFORE the beginning of the scenario.

- 0 minutes – Scenario BEGINS - “GO, GO, GO.”
- 18 minutes - 2 minute remaining - for the team’s benefit.
- 20 minutes – Scenario ENDS
 - Teams will be given 5 minutes after to complete paperwork.
- 25 minutes - Paperwork ENDS
 - Judges collect PCR immediately and ensure ALL boxes are completed with either a point value earned or a “0” points earned for not complete items.

Judges Marking notes

- items are scored as a zero if Not FULLY completed. If a team does not finish the statement in the marking line, they cannot earn ANY points for that line.
- If teams continues to provide patient care (ie: finish tying a bandage, etc) after time is called, that line will receive “0” points.
- If a team continues to write on the PCR after time is called, the entire PCR is marked as a “0” points.

JUDGES & CASUALTY INFO: Pt 1 – “Uncon. OD”



INJURIES/ SIMULATION:

Injury:	Casualty Simulation/ Acting Required:
Unconscious	You are unconscious throughout the scenario, unless the MFR/PRO team administers 2 (in different nares) naloxone treatments (**if you are able to wake, the judge will signal you with a cough!) then you fight and run.
SCABS, SCARS & Track Marks	Multiple scabs and scars over arm and face. Simulate at least 6 open small wounds with dirt around each. Dimples in the skin (shaded) to represent needle marks (AC, Fingers, Arm, et.)
Needle still in arm (LEFT)	Simulated need in the LEFT AC (elbow pit) which is half full of a dirty looking clear-brown liquid.

Patient History Information:

You and your friend (patient #2) were just trying some “new stuff” (drugs.) You took a lot more, which included causing an opioid overdose. You will be unconscious, breathing only 6x/min and require airway management and Naloxone (MFR/PRO.) If you are administered Naloxone, you will NOT respond to the first dose, however if the team is able to administer a second dose (MUST BE IN THE OTHER NARE to be awarded points by the judge!) then you will suddenly wake up, panicked, scared, thrash around and try and run away from the team.... Literally run away! Do not stop until they are no longer following you.

** AMFR/PRO teams may attempt OPA and NPA. When faced with OPA – patient is to gag as soon as they Open the mouth for insertion!!! When they attempt to insert the NPA – Patient #2 comments about this patient falling down on his face earlier and probably “Broke his face!” If the team does not take the hint about DO NOT INSERT the NPA, the judge is to stop them and mention that the nares are deformed and too small for insertion of ANY SIZE of NPA.

HISTORY & PAIN SCALE (MFR/PRO):

SAMPLE/ HISTORY:		OVERDOSE OPQRST: (Can Be Provided by Patient #2)	
S	Needle in Arm, OD	O	Injected possible opioid
A	Unknown	P	Unknown
M	Unknown	Q	Unknown
P	Unknown	R	RELIEF- Unknown
L	Unknown	R	REGION- Unknown
E	Took unknown drugs with Patient #2	R	RADIATION- Unknown
		S	Unknown
		T	15 minutes prior to team arrival

VITAL SIGNS:

	Initial & 1 st set	2 nd Set	3 rd Set
RESPIRATIONS	6 Shallow, Irregular	6 Shallow, Irregular	8 Shallow, Irregular
PULSE	56 Weak, Irregular	60 Weak, Irregular	66 Weak, Irregular
B/P	104/76	108/78	104/74
SKIN	Pale, Cyanotic	Pale, Cyanotic	Slightly pale
LOC	Unconscious	Unconscious	Unconscious
PUPILS	Non-reactive @ 1mm	Non-reactive @ 1mm	sluggish @ 2mm

JUDGES & CASUALTY INFO: Pt. 2 – “Semi-Con. OD”



INJURIES/ SIMULATION:

Injury:	Casualty Simulation/ Acting Required:
Semi-CONSCIOUS OD and MENTAL HEALTH	You are aggressive (verbally) with the team (shouting, calling them “thieves” and “junkies” and accusing them of stealing your drugs.) You have no idea what all was in the baggie you shared. You have been a long time (15+ years) user and don’t want to quit. You have scabs (open wounds) and needle marks over your skin and have been told you have Hep C. You also have Schizophrenia. POSITION: Leaning against a wall; slouching.
SCABS, SCARS & Track Marks	Multiple scabs and scars over arm and face. Simulate at least 6 open small wounds with dirt around each. Dimples in the skin (shaded) to represent needle marks in AC, Fingers, Arm, etc.

Patient History Information – You and your friend (you don’t know their name as you just met an hour ago) were just trying some “stuff” (drugs.) Your friend took a lot of it, and your more upset that you put in the same amount of money to buy it and are not getting your share. You are aggressive (verbally) with the team. You have no idea what all was in the baggie you shared.

HISTORY & PAIN SCALE (MFR/PRO):

SAMPLE/ HISTORY:		OVERDOSE OPQRST: (Can Be Provided by Patient #2)	
S	Overdose – however able to support airway	O	Injected possible opioid
A	“Heroin”	P	Nothing provokes, however the patient will be semi-con. and “falls asleep” between conversations with team.
M	Methadone – Last dose was yesterday 4pm	Q	“I’m just tired”
P	Previous IV drug user, Schizophrenia	R	RELIEF- Team speaking with patient = rouses temporarily.
L	“I don’t know” – “What time is it”	R	REGION- Not Applicable
E	Pt. 1 gave me something... said it wasn’t anything to be worried about.	R	RADIATION- Not Applicable
		S	“I don’t understand”
		T	15 minutes prior to team arrival

VITAL SIGNS:

	Initial & 1st set	2nd Set	3rd Set
RESPIRATIONS	10 Shallow, Irregular	12 Shallow, Irregular	10 Shallow, Irregular
PULSE	66 Weak, Irregular	60 Weak, Irregular	64 Weak, Irregular
B/P	118/66	114/68	108/66
SKIN	Slightly pale	Slightly pale	Slightly pale
LOC	Semi-Conscious/ GCS=12	Semi-Conscious/ GCS=12	Semi-Conscious/ GCS=12
PUPILS	Sluggish @ 2mm	Sluggish @ 2mm	Sluggish @ 2mm