

Team#

Cycle #

Scenario #3

SCENE/PRIMARY SURVEY		FINDINGS
1	Did the team TAKE CHARGE of the situation? (remained calm themselves?)	<input type="checkbox"/>
2	Did the team wear protective GLOVES?	<input type="checkbox"/>
3	Did the team ASSESS for HAZARDS?	<input type="checkbox"/>
4	Did the team Remove/Ensure there were no needles or drug materials in their working area?	<input type="checkbox"/>
5	Did the team CALL OUT FOR HELP?	<input type="checkbox"/>
6	Did the team ASK for SITUATION HISTORY?	<input type="checkbox"/>
7	Did the team DETERMINE the NUMBER OF CASUALTIES?	<input type="checkbox"/>
8	Did the team ID SELF and OBTAIN CONSENT?	<input type="checkbox"/>
9	Did the team WARN THE CASUALTY NOT TO MOVE?	<input type="checkbox"/>
10	Did the team CONTROL C-SPINE to prevent movement?	<input type="checkbox"/>
11	Did the team ASSESS LEVEL OF CONSCIOUSNESS?	Unresponsive <input type="checkbox"/>
12	Did the team ASSESS AIRWAY?	Nothing in mouth <input type="checkbox"/>
13		<input type="checkbox"/>
14	Did the team ASSESS BREATHING?	Very Slow , noisy, deep, regular breaths <input type="checkbox"/>
15		<input type="checkbox"/>
16	Did the team use Nasal Spray Narcan for Opioid overdose? *No Response to First Administration*	*MUST BE USED IN OPPOSITE NOSTRIL OF NPA FOR POINT* <input type="checkbox"/>
17		<input type="checkbox"/>
18		<input type="checkbox"/>
19	Did the team ASSESS SKIN CONDITION (Circulation)	Cyanotic, cool, clammy <input type="checkbox"/>
20	Did the team PERFORM A RAPID BODY SURVEY?	Injection marks found on arms <input type="checkbox"/>
21	Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warmth?	<input type="checkbox"/>
22	Did the team ACTIVATE EMS/AMBULANCE?	<input type="checkbox"/>
Total of SCENE/PRIMARY SURVEY		0

JUDGES NOTES:

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.

JUDGES DO NOT TALLY MARKS FROM YOUR OWN SHEETS!

Judges MUST check the box for each task, an unchecked box is an uncompleted task.

Score Sheet for Patient #1 - ""

SECONDARY SURVEY

Actions in this section may be performed by the competitors at ANY point in the scenario. After the 3 first minutes, this section and beyond are the only areas that points shall be awarded  
Actions in this section may be done in any order.

HISTORY OF THE PATIENT		FINDINGS
23	Did the team ask about SYMPTOMS	Unable to Obtain initiallyOnce Awake - Tired, Sore, Pain everywhere <input type="checkbox"/>
24	Did the team ask about ALLERGIES?	Unable to Obtain initiallyOnce Awake - None <input type="checkbox"/>
25	Did the team ask about MEDICATIONS?	Unable to Obtain initiallyOnce Awake - None <input type="checkbox"/>
26	Did the team ask about MEDICAL HISTORY?	Unable to Obtain initiallyOnce Awake - Depression, Overdose Last Year <input type="checkbox"/>
27	Did the team ask about LAST ORAL INTAKE?	Unable to Obtain initiallyOnce Awake - Pizza Last Night <input type="checkbox"/>
28	Did the team determine INCIDENT HISTORY?	Found Unresponsive by bystander in allywayUsed Heroin from new dealer <input type="checkbox"/>
29		<input type="checkbox"/>
30		<input type="checkbox"/>
31		<input type="checkbox"/>
32		<input type="checkbox"/>
33		<input type="checkbox"/>
34		<input type="checkbox"/>
1st Set of VITAL SIGNS		FINDINGS
29	Did the team check LEVEL OF CONSCIOUSNESS?	Unresponsive <input type="checkbox"/>
30		<input type="checkbox"/>
31	Did the team check RESPIRATIONS?	4 Natural Resps per Minute <input type="checkbox"/>
32	Did the time give ALL INFO (rate, rhythm, depth)	4, shallow , regular <input type="checkbox"/>

# OMFRC 2023 - S3 Marking Sheet - SFA.xlsx

33	Did the team check PULSE?	120bpm	<input type="checkbox"/>
34	Did the team give <b>ALL INFO</b> (Rate, Rhythm, Strength)	120, weak, regular	<input type="checkbox"/>
35			<input type="checkbox"/>
36			<input type="checkbox"/>
37	Did the team check SKIN CONDITION/TEMP?	Cynotic, Cool, Clammy	<input type="checkbox"/>
38	Did the team check PUPILS?	2mm Equal Bilaterally, Non-Reactive	<input type="checkbox"/>
HEAD TO TOE EXAMINATION		FINDINGS	
39	Check SCALP/HEAD?	No Findings	<input type="checkbox"/>
40	Check both EYES?	No Findings	<input type="checkbox"/>
41	Check NOSE?	No Findings	<input type="checkbox"/>
42	Check CHEEKBONES?	No Findings	<input type="checkbox"/>
43	Check MOUTH?	Cracked Lips, small amounts of drool	<input type="checkbox"/>
44	Check JAW?	No Findings	<input type="checkbox"/>
45	Check both EARS?	No Findings	<input type="checkbox"/>
46	Check NECK?	No Findings	<input type="checkbox"/>
47	Check both COLLARBONES?	No Findings	<input type="checkbox"/>
48	Check both SHOULDERS?	No Findings	<input type="checkbox"/>
49	Check RIGHT ARM?	Stable, Small injection marks in Antecubital	<input type="checkbox"/>
50	Check LEFT ARM?	Stable, Small injection marks in Antecubital	<input type="checkbox"/>
51	Check CHEST?	No Findings	<input type="checkbox"/>
52			<input type="checkbox"/>
53	Check ABDOMEN?	No Findings	<input type="checkbox"/>
54			<input type="checkbox"/>
55	Check BACK?	No Findings	<input type="checkbox"/>
56			<input type="checkbox"/>
57	Check PELVIS?	Incontinent of Urine	<input type="checkbox"/>
58	Check RIGHT LEG?	Infected wound on top of Right Foot	<input type="checkbox"/>
59	Check LEFT LEG?	No Findings	<input type="checkbox"/>
		Total of SECONDARY SURVEY	0

## Score Sheet for Patient #1 - ""

AMFR ASSESSMENT CONTINUED			
Actions in this section may be performed by the competitor at any point in the scenario.			
RE-ASSESSMENT of VITAL SIGNS (2nd Set) / and GENERAL PATIENT CARE ( after 10 min into Scenario)		FINDINGS	
67	Did the team IMMEDIATELY NOTE the CHANGE in LEVEL OF CONSCIOUSNESS?	*At Second vitals Patient becomes <b>VERBAL</b> , if second Narcan is given*	<input type="checkbox"/>
68	Did the team Update EMS? (advised EMS is on route)		<input type="checkbox"/>
69	Did the team RE-ASSESS AIRWAY?		<input type="checkbox"/>
70	Did the team RE- ASSESS BREATHING?	slow, shallow, regular	<input type="checkbox"/>
71			<input type="checkbox"/>
72	Did the team RE-check LEVEL OF CONSCIOUSNESS? (2nd Set)	Verbal	<input type="checkbox"/>
73			<input type="checkbox"/>
74	Did the team RE-check RESPIRATIONS? (2nd Set)	10, shallow, regular	<input type="checkbox"/>
75			<input type="checkbox"/>
76	Did the team RE-check PULSE? (2nd Set)	110, weak, regular	<input type="checkbox"/>
77			<input type="checkbox"/>
78	Did the team RE-check SKIN CONDITION/TEMP? (2nd Set)	Pale, Cool, Clammy	<input type="checkbox"/>
79	Did the team RE-check PUPILS? (2nd Set)	3mm PEARRL	<input type="checkbox"/>
		Total of AMFR ASSESSMENT CONTINUED PAGE	0

## Score Sheet for Patient #1

FIRST AID CARE/ TREATMENT	
Actions in this section may be performed by the competitor at any point in the scenario.	
NO.	FINDINGS
	Care for Opioid Overdose
80	
81	
82	
83	

RECORDING for Patient #1 - PART 1			
99	Was the INCIDENT TIME AND DATE recorded?		<input type="checkbox"/>
100	Was the INCIDENT LOCATION recorded?	270 Sherman Ave N, Hamilton, ON L8L 6N4	<input type="checkbox"/>
101	Was the INCIDENT HISTORY recorded?	Found Unresponsive by bystander in allyway      Used Heroin from new dealer	<input type="checkbox"/>
102	Was the patients ALLERGIES recorded?	Unable to Obtain initially      Once Awake - None	<input type="checkbox"/>
103	Was the patients MEDICATIONS recorded?	Unable to Obtain initially      Once Awake - None	<input type="checkbox"/>
104	Was the patients MEDICAL HISTORY recorded?	Unable to Obtain initially      Once Awake - Depression, Overdose Last Year	<input type="checkbox"/>
105	Was the LAST ORAL INTAKE recorded?	Unable to Obtain initially      Once Awake - Pizza Last Night	<input type="checkbox"/>
106	Was the patients INITIAL LEVEL of CONSCIOUSNESS recorded?	Unresponsive	<input type="checkbox"/>
111	Was the TIME of the CHANGE in LEVEL OF CONSCIOUSNESS *After Second Narcan* recorded?		<input type="checkbox"/>
112	Was the TIME of the 2nd CHANGE in LEVEL OF CONSCIOUSNESS *After 3rd Narcan* recorded?		<input type="checkbox"/>
107	Was the Lot and expiry dates of the narcan administered recorded?		<input type="checkbox"/>
108			<input type="checkbox"/>
109			<input type="checkbox"/>
110			<input type="checkbox"/>
113			<input type="checkbox"/>
114			<input type="checkbox"/>
115			<input type="checkbox"/>
116			<input type="checkbox"/>
117			<input type="checkbox"/>
118			<input type="checkbox"/>
119			<input type="checkbox"/>
120			<input type="checkbox"/>
Total of RECORDING/ DOCUMENTATION - PART 1 ONLY		Total of RECORDING/ DOCUMENTATION - PART 1 ONLY	0

NO.    RECORDING for Patient #1 - "Shoveller" - PART 2			
Vital Signs <b>MUST</b> be the CORRECTED #s & HAVE the TIME recorded, to be awarded points !!!			
118	Was 1st set of vital signs - RESPIRATIONS recorded?	4, snoring resps	<input type="checkbox"/>
119	Was 1st set of vital signs - SpO2 recorded?	70% Room Air                      90% w/ BVM@15LPM	<input type="checkbox"/>
120	Was 1st set of vital signs - PULSE recorded?	120, weak, regular	<input type="checkbox"/>
121			<input type="checkbox"/>
122	Was 1st set of vital signs - SKIN CONDITION recorded?	Cyanotic, cool, clammy	<input type="checkbox"/>

# OMFRC 2023 - S3 Marking Sheet - SFA.xlsx

123	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded	<i>Unresponsive</i>	<input type="checkbox"/>
124			<input type="checkbox"/>
125			<input type="checkbox"/>
126	Was 2nd set of vital signs - SpO2 recorded?	<i>100% BVM</i>	<input type="checkbox"/>
127	Was 2nd set of vital signs - PULSE recorded?	<i>110, weak, regular</i>	<input type="checkbox"/>
128	Was 2nd set of vital signs - BLOOD PRESSURE recorded?	<i>105/66</i>	<input type="checkbox"/>
129			<input type="checkbox"/>
130	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded	<i>Verbal</i>	<input type="checkbox"/>
131	Was 2nd set of vital signs - PUPILS recorded?	<i>3mm, PEARL</i>	<input type="checkbox"/>
132	Was 3rd set of vital signs - RESPIRATIONS recorded?	<i>16 shallow, regular</i>	<input type="checkbox"/>
133	Was 3rd set of vital signs - SpO2 recorded?	<i>94% Room Air</i>	<input type="checkbox"/>
134	Was 3rd set of vital signs - PULSE recorded?	<i>100, strong, regular</i>	<input type="checkbox"/>
135			<input type="checkbox"/>
136			<input type="checkbox"/>
137	Was 3rd set of vital signs - LEVEL OF CONSCIOUSNESS recorded	<i>Alert/ Confused</i>	<input type="checkbox"/>
138	Was 3rd set of vital signs - PUPILS recorded?	<i>4mm, PEARL</i>	<input type="checkbox"/>
139	Was the APPLICATION OF OXYGEN recorded?		<input type="checkbox"/>
140	Was the TYPE OF OXYGEN DELIVERY DEVICE & FLOW RATE recorded?		<input type="checkbox"/>
141	Was the Ruleout of C-SPINE recorded?		<input type="checkbox"/>
142	Was the Application of a BLANKET OVER the patient recorded?		<input type="checkbox"/>
143	Was the materials used and location of the wound recorded?		<input type="checkbox"/>
144	Was the CSM of the Right foot BOTH PRIOR AND AFTER dressing recorded?		<input type="checkbox"/>
145	Was the NOTIFICATION OF EMS WITH TIME recorded?		<input type="checkbox"/>
146	Was the Name(s) of the first aid team LEGIBLY recorded?		<input type="checkbox"/>