

Scenario 1: MFR & PRO

ST. JOHN AMBULANCE



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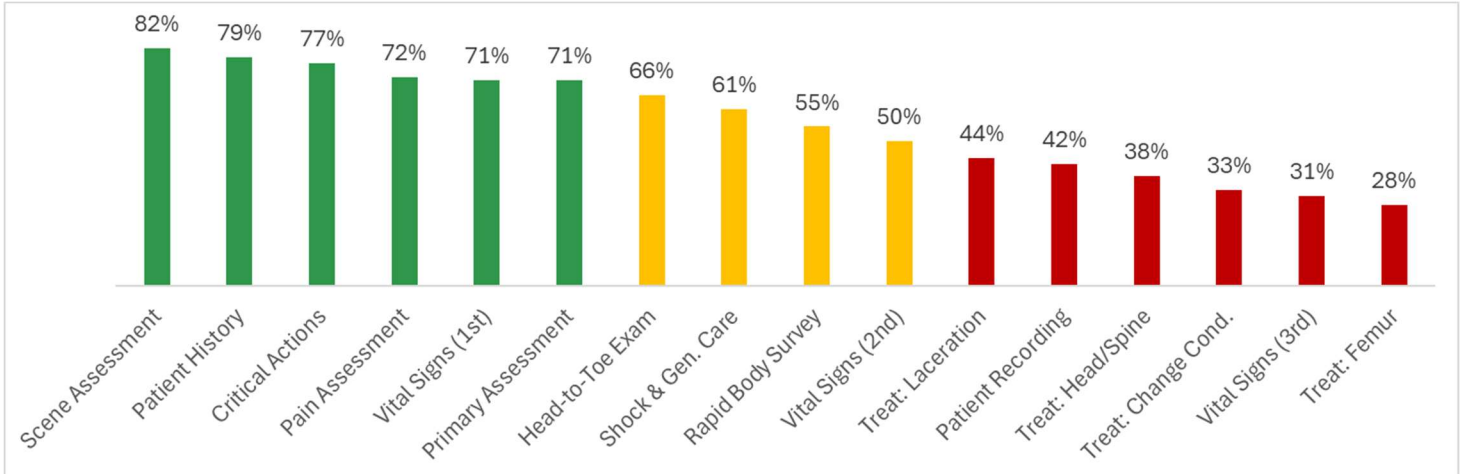
Teams completed



920 – 1930

Max: 2180

PERFORMANCE BY CATEGORY – HOW DID WE DO?



6 Strong Zones (70%+)	4 GETTING THERE (50%-69%)	6 PRACTICE MORE (<50%)
Medical History; Scene Safety; Primary Survey; Airway management; Pulse Oximetry; Pupils check; # of casualty	A detail primary survey; a detail head to toe examination; treatment for shock and reassessment	Any Treatments; GCS scoring especially 3 rd set; CSM after treatment; head alignment as final step

Key Takeaway

Teams showed strong habits in scene safety and gathering patient history. These are the foundations of great first aid! Great work on being systematic and thorough in the early steps.

Key Focus

Treatment procedures especially splinting, immobilization, and ongoing re-assessment, those skills need dedicated drill practice. These skills improve quickly with repetition! Keep practising and you will nail it. Systematic and thorough in the early steps.

SPECIFIC HIGHLIGHTS — The Details

Scene Safety is a Strength

Teams consistently check for danger and PPE before approaching — this is a real skill!

Communication is Strong

Calling 911 and on-scene team communication scored 77%. Great teamwork in action!

History-Taking is Natural

SAMPLE & OPQRST questions scored 72-79% — great job asking the right questions!

Airway Always Checked

86% of teams remembered to assess the airway first in Primary Assessment. Solid!

GCS Scoring is Tricky

Glasgow Coma Scale scored only 11% — needs focused memorization and practice time.

Fracture Splinting Needs Drill

Only 28% on femur fracture treatment. Padding & broad bandage steps are often skipped.

3rd Reassessment Often Missed

Only 31% completed a 3rd set of vital signs. Time pressure is real — practice pacing!

Patient Recording Drops Off

Written documentation falls to 42% in 2nd part such as documentation in treatment. Practise writing while treating!

Scenario 1: Adult Standard & Youth

ST. JOHN AMBULANCE



**ONTARIO MEDICAL
FIRST RESPONSE COMPETITION**
OMFRC.ca



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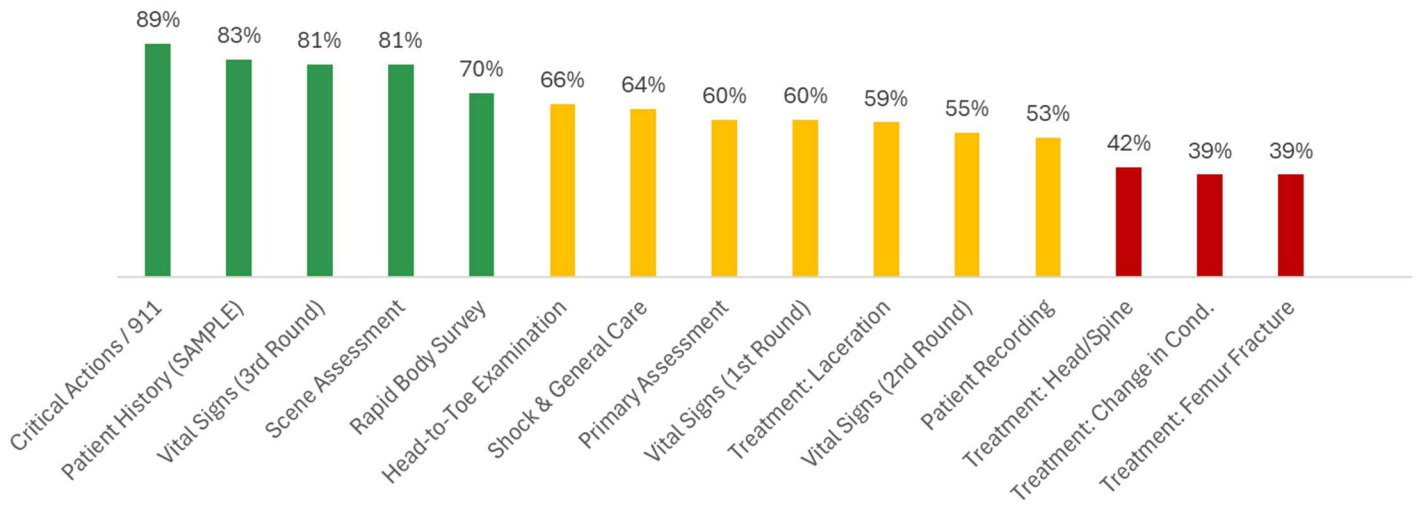
Teams completed



450 – 1235

Max: 1450

PERFORMANCE BY CATEGORY – HOW DID WE DO?



5

Strong Zones (70%+)

Mechanism of injury; ID self & obtain consent; call 911; SAMPLE, head and upper body primary survey

7

GETTING THERE (50%-69%)

A detail primary survey on low extremities; a detail head to toe examination; treatment for shock and laceration; complete all vital check

3

PRACTICE MORE (<50%)

C-Spine control; immediate treatment for femur; abdominal palpation during head-to-toe examination; CSM before treatment

Key Takeaway

Teams excelled at critical communication such as calling 911, introducing themselves, and gathering patient history. Five indicators scored a perfect 100%! These habits will always make a real difference in emergencies.

Key Focus

C-spine control and fracture management steps (CSM checks, immobilization order) are critical gaps. These are learnable with targeted drills!

SPECIFIC HIGHLIGHTS — The Details

5 Perfect Scores!

Consent, 911, medications, MOI, events — all scored 100%. Incredible consistency across all teams!

Critical Actions Lead

At 89%, calling 911 and team communication was the top-performing category overall.

History-Taking is Strong

SAMPLE history at 83% — teams are great at asking allergies, medications, and past medical history.

3rd Vital Signs Surprise Win

Unusually strong 81% on 3rd reassessment — most teams are maintaining ongoing monitoring!

Fracture CSM Checks Missed

Both pre- and post-splint CSM checks scored only 15% for femur fracture. The step-by-step protocol needs repetition.

Primary Assessment Gaps

C-spine and skin assessment scored low (15-38%) within Primary — these early steps anchor everything else.