



ONTARIO MEDICAL FIRST RESPONSE COMPETITION



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DID YOU KNOW?

AN INFORMATION SHEET FOR THE ONTARIO MEDICAL FIRST RESPONSE COMPETITION.

There are many facets to running a competition; Location, Scenarios, Judging, Hospitality, Logistics, and Casualty Simulation.

Imagine if you will you and your team training for competition, qualifying at the Zone in March and attending the OMFRC in May. The day has arrived, the first scenario is about to begin, you and your team are given the scene, you and your team approach the patient AND there's a big X on the patient's leg to indicate an injury.

The scenario lacks authenticity doesn't it?



What is Casualty Simulation?

Casualty Simulation is a combination of using realistic make-up to illustrate injuries, and presentation of the symptoms that would accompany such injuries. It presents an entire picture...from the scene, (location) to the patient care scenario. Used as a valuable training tool, the realism gives the patient care provider an opportunity to gain experience in making a quick assessment of injuries, handling the patient, and in applying first aid under emergency conditions.

Early Casualty Simulation

During WWII, servicemen were tested and trained in realistic battle scenarios that included actual rifle and machine gun fire using, accompanied with live simulated casualties. Through frequent practice, the trainees gained confidence to face the real thing when exposed to it. These principals used during the war, are used worldwide for military training today.

Modern Casualty Simulation

Today Casualty Simulation is used in clinical demonstrations for the medical profession where the use of real cases is not feasible. Hospitals recreate mock disasters, to assess the effectiveness of their Emergency Response Plan and evaluate medical procedures. Major Industries, Airlines, and Law Enforcement agencies, as well as St. John Ambulance use Casualty Simulation to augment their training programs.

What Makes a Good Casualty Simulator?

A good simulator has a flair for the dramatic, a good imagination, they are not squeamish, adaptable to change, at ease speaking with people, and most importantly has a clear understanding of the scenario and the ability to visualize the scene and bring it to life.

Required Training

Basic Casualty Simulation skills are covered in a two day workshop.



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The Equipment

A primary "Simulation Kit" is comprised of theatrical makeup, nose & scar wax, paintbrushes, palette knife, Vaseline, and any number of sundry items that can be added for more elaborate and detailed effects, such as: fragments of bone, glass or teeth, lots of fake blood, hair, and even beard stubble. Staging props (from chairs to chainsaws etc.) are also important to simulate the scene.



Simulators are often asked to think "outside of the box" when it comes creating a real-feel scenario. If asked to simulate intestine for a birthing scenario or abdominal injury, you can use sausage casing and string coloured red and blue for veins. Bubble wrap works well to simulate crackles in the chest or crepitus, foam rubber can be used for large areas of swelling or fractures Mushroom soup and or oatmeal can be used to simulate vomit.

Basic Features

Casualty Simulation is an art, and to effectively demonstrate and practice this art, it is essential that the appearance of your casualty (patient) be as convincing, as the scenario presented. Their clothing should suit the environment, i.e. no shorts in a winter car accident, the age and sex of the patient must be taken into consideration. For instance males or youngsters should not be used as pregnant women. If possible when the scenario calls for a patient with amputation, use persons with prosthetics for amputations. Male casualties are best for chest and abdominal injuries, women for head and facial injuries, and younger persons for fractures and other wounds.

Acting and Staging

It is essential that your patient understand what is expected of them. Detailed Casualty briefing is important in the success of presenting the scenario. The patient needs to know how to convey information through their actions or verbal responses. Some examples include altering facial expression, or breathing pattern (for short periods of time), movement of limbs or trunk (spasms, rigidity), psychological response (anger, fear, confusion), and knowledge of the history of the patient (SAMPLE).

Getting Involved

If you think you have what it takes to be a good Casualty Simulator, Council for Ontario is hosting two Casualty Simulation Workshops in January and February. Check with your local Branch for details. Upon successful completion of the workshop you can join us at a Zone Competition location in March and the OMFRC Provincial in May!

Special thanks to Robin Innis for her assistance with this month's article!