

2015

**St. John Ambulance
Ontario Medical First Response Competition
Provincial Competition**

TEAM SCENARIO

Scenario 4 - “FAMILY FALL”

Background Scenario

You and your team are Providing First Aid Services at the major sporting event. Your crew has been assigned the area of the indoor buildings to cover.

While on duty at your post, you hear a commotion near the nearby stairwell and go to investigate.

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**

2015 OMFRC Provincial Competition SFA Scenario 4

CASUALTY SIMULATORS INFORMATION Scenario : “FAMILY FALL”



(BACKGROUND – NOT TO BE SHARED WITH COMPETITORS)

Total Patients: 1 + 1 infant manikin (vsa) - Location: Stairwell

A spectator was enjoying watching the current event with her young (6 month old baby) in a stroller beside her. The spectator happened to look over at her sleeping baby and saw that the baby was turning blue. They immediately grabbed the baby and ran to find the first aid post for help. As the parent is running down the stairs with the baby clutched to their chest, they suddenly loose their footing and fall rolling down the stairs (approx. 10 ft) onto the hard landing. The parent was able to protect the baby from further injury but the infant remains VSA and requires CPR throughout scenario.

The Parent is screaming for help for their child and is more concerned over the care for the baby rather than themselves. However during the fall the parent sustains a RIGHT knee dislocation (knee cap simulated on the outside of leg) bruising to the RIGHT elbow and upper arm (Open fracture) and should be treated for a possible head injury as their present with a large bruise on the RIGHT side/ temple.

NOTE:

- There will be a 3 minute warning to the judges to signify the end of the primary survey.
- There will also be a 2 minute remaining signal for the team's benefit.

PROPS (Per Scenario/Team)

- 1 Casualty dressed in normal clothing (pants may be cut)
- 1 Infant manikin
- PCR's (SFA & MFR)
- First aid kit (SFA & MFR)
- Blankets x2 (SFA & MFR)
- AED (SFA & MFR) set to continuous “NO SHOCK” and has adult sized pads.
- Splints (SFA & MFR)

2015 OMFRC Provincial Competition SFA Scenario 4

CASUALTY SIMULATORS INFORMATION ~ “FAMILY FALL”

Casualty 1 –Parent:

(Laying on landing, mid stairwell on RIGHT side, baby in arms being protected)



Information	Casualty Simulation Required
<ul style="list-style-type: none">Conscious patient	<ul style="list-style-type: none">Very concerned over your baby.Able to answer questions, no LOC/decreased awareness
<ul style="list-style-type: none">Open Fracture RIGHT upper arm	<ul style="list-style-type: none">Swelling, bruising.Bone protruding with minor bleed
<ul style="list-style-type: none">RIGHT knee Dislocation	<ul style="list-style-type: none">Swelling and bruisingKnee Cap simulated on lateral (outside) knee/leg
<ul style="list-style-type: none">Shock	<ul style="list-style-type: none">Pale, cool, sweaty skin

HISTORY:

- You were running for help for your baby you just found “blue” sleeping in their stroller. You are scared for your baby and keep asking in a panic “what is going on”, and “is he dead” as well as “I don’t know what happened” AND “He was fine 2 minutes ago!”
- You are able to answer questions about your baby as well as yourself.

VITAL SIGNS:

	1 st SET	2 nd SET
RESP.	36 irregular	22 regular & sobbing
PULSE	144 Weak & Rapid	112 Weak & Rapid
SKIN	Pale, cool, clammy	Pale, cool, clammy
LOC	Conscious	Conscious
PUPILS	Equal & Reactive	Equal & Reactive

SAMPLE:

Allergies: None
Medications: None
Past Medical History: None
Last meal: 2 Hours ago

2015 OMFRC Provincial Competition SFA Scenario 4

CASUALTY SIMULATORS INFORMATION ~ “FAMILY FALL”

Casualty 2 – 6 month old Infant (VSA held against parents chest/protected.)

Information	Casualty Simulation Required
<ul style="list-style-type: none">• VSA infant	<ul style="list-style-type: none">• Infant manikin
<ul style="list-style-type: none">• Shock	<ul style="list-style-type: none">• Cyanotic face of manikin

VITAL SIGNS:

	1 st SET	2 nd SET
RESP.	0	0
PULSE	0	0
SKIN	Cyanotic	Cyanotic
LOC	Unconscious	Unconscious
PUPILS	Non Reactive	Non Reactive

SAMPLE:

Allergies: None

Medications: none

Past Medical History: None

Last meal: N/A

2015 OMFRC Provincial Competition SFA Scenario 4

2015
OMFRC Challenge – SFA Level

“FAMILY FALL” TEAM SCENARIO

Team Number _____ Unit: _____

Team Member #1 _____

Team Member #2 _____

Team Member #3 _____

Team Member #4 _____

Judges' Names _____

Casualty 1 – “Parent”:

Page 6- Primary Survey (Possible 150) Sub-Total _____

Page 7 - Secondary Survey (Possible 250) Sub-Total _____

Page 8 -Tx, Shock & General (Possible 200) Sub-Total _____

Page 9 - Recording (Possible 200) Sub-Total _____

Casualty 1 (Possible 800) **Total** _____

Casualty 2 – “Baby”:

Page 10 - Primary Survey (Possible 230) Sub-Total _____

Page 11– Care, Shock & General (Possible 270) Sub-Total _____

Page 12 - Recording (Possible 200) Sub-Total _____

Casualty 2 (Possible 700) **Total** _____

Total Points Awarded
Casualty1 & 2(Possible 1500)

CASUALTY 1 – “Parent”**TEAM #**

SCENE / PRIMARY SURVEY: 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. <i>Actions in this section may be done in any order.</i>		A/S	P O I N T S	N O T D O N E
1.1	Did First Aider take charge of the situation?	S	10	0
1.2	Did First Aider I.D. self and obtain consent?	A/S	10	0
1.3	Did First Aider wear protective gloves?	A/S	10	0
1.4	Did First Aider call out for help?	S	10	0
1.5	Were hazards assessed?	S	10	0
1.6	Did Team determine any other casualties? <i>(1 other)</i>	A	10	0
1.7	Did Team determine/state the mechanism of injury? <i>(struck body)</i>	A	10	0
1.8	Did Team immediately support C-Spine control?	S	10	0
1.9	Did Team assess responsiveness <i>(Conscious/ Talking/ Crying)</i>	A/S	10	0
1.10	Did Team assess airway? <i>(Open)</i>	A/S	10	0
1.11	Did Team assess breathing? <i>(36 irregular)</i>	A/S	10	0
1.12	Did the team immediately recognize hyperventilation and attempt to calm the patient through coached respirations/ calm parent?	A	10	0
1.13	Did Team assess the casualty's circulation – skin/ temp? <i>(skin is cool, pale & sweaty)</i>	A	10	0
1.14	Did Team perform a rapid body survey? <i>(No findings)</i>	A	10	0
1.15	Did Team activate EMS? <i>(bystander is available to do this)</i>	A/S	10	0
PRIMARY SURVEY SUB-TOTAL(/150)				

CASUALTY 1 – “Parent”**TEAM #**

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.		A/S	P O I N T S	N O T D O N E
2.0	HISTORY OF THE CASUALTY:			
2.1	Did the team ask about SYMPTOMS? (<i>Head, knee, arm pain</i>)	A/S	10	0
2.2	Did the Team ask if casualty has any ALLERGIES? (<i>none</i>)	S	10	0
2.3	Did the Team ask about MEDICATIONS? (<i>none</i>)	S	10	0
2.4	Did the Team ask past MEDICAL HISTORY? (<i>None</i>)	S	10	0
2.5	Did the Team ask LAST ORAL INTAKE? (<i>2 Hours ago</i>)	S	10	0
2.6	Did the Team determine how the incident happened/ HISTORY?	S	10	0
3.0	CASUALTY'S VITAL SIGNS ASSESSMENT			
3.1	Did the Team determine Level of Consciousness? (<i>Conscious</i>)	A/S	10	0
3.2	Did the Team assess Respiration? (<i>36irregular</i>)	A	10	0
3.3	Did the Team assess Pulse? (<i>144 weak & Rapid</i>)	A	10	0
3.4	Did the Team assess Skin Condition & Temperature? (<i>pale, cool& Sweaty</i>)	A	10	0
4.0	HEAD TO TOE EXAMINATION			
4.1	Check scalp? (<i>Bruise to RIGHT temple</i>)	A	10	0
4.2	Check eyes? (<i>equal & reactive</i>)	A	10	0
4.3	Check nose? (<i>no findings</i>)	A	10	0
4.4	Check mouth? (<i>no findings</i>)	A	10	0
4.5	Check jaw? (<i>no findings</i>)	A	10	0
4.6	Check ears? (<i>no findings</i>)	A	10	0
4.7	Check neck? (<i>no deformity, no pain</i>)	A	10	0
4.8	Check collarbones/ Shoulders? (<i>no deformity</i>)	A	10	0
4.9	Check both arms/hands? (<i>Open Fx RIGHT Upper arm</i>)	A	10	0
4.10	Check chest (<i>no findings</i>)	A	10	0
4.11	Check abdomen? (<i>No Findings</i>)	A	10	0
4.12	Check back? (<i>no deformity</i>)	A	10	0
4.13	Check pelvis? (<i>no deformity</i>)	A	10	0
4.14	Check both legs? (<i>RIGHT Knee Dislocation</i>)	A	10	0
4.15	Check both ankles and feet? (<i>no deformity</i>)	A	10	0
SECONDARY SURVEY SUB-TOTAL(/250)				

2015 OMFRC Provincial Competition SFA Scenario 4

CASUALTY 1 – “Parent”

TEAM #

5.0	POSSIBLE HEAD INJURY			
5.1	Did Team maintain C-Spine control throughout scenario?	A/S	10	0
6.0	OPEN FRACTURE RIGHT HUMERUS			
6.1	Did Team check distal circulation BEFORE bandaging?	A/S	10	0
6.2	Was a clean dressing tented over the bone end?	A	10	0
6.3	Was padding placed on sides of bone and secured in place?	A	10	0
6.4	Was the arm placed into standard arm sling?	A	10	0
6.5	Was the arm secured to the body using 2 bandages?	A	10	0
6.6	Did Team check distal circulation AFTER bandaging?	A/S	10	0
7.0	RIGHT KNEE DISLOCATION			
7.1	Did Team check distal circulation BEFORE bandaging?	A/S	10	0
7.2	Were two splints, or other leg used as effective splint?	A	10	0
7.3	Was the leg immobilized with 5 bandages?	A	10	0
7.4	Did Team check distal circulation AFTER bandaging?	A/S	10	0
7.5	Was the leg immobilization effective? (JUDGES, check at end)	A	10	0
8.0	SHOCK AND GENERAL			
8.1	Was casualty covered “over” to lessen shock?	A	10	0
8.2	Was casualty reassured as to their own wellbeing?	A	10	0
8.3	Was casualty reassured about the babies care?	S	10	0
8.4	Was LOC reassessed? 2 nd set (Conscious)	A/S	10	0
8.5	Was respiration reassessed? 2 nd set (22 regular, sobbing)	A	10	0
8.6	Was pulse reassessed? 2 nd set (112 weak & rapid)	A	10	0
8.7	Was skin reassessed? 2 nd set (pale, cool, sweaty)	A	10	0
9.0	PERSONAL PROTECTIVE EQUIPMENT			
9.1	Were gloves effective? (torn gloves must be replaced)	A	10	0
TREATMENT/CARE SUB-TOTAL(/200)				

CASUALTY 1 – “Parent”

TEAM

8.0	RECORDING			
8.1	Was the Incident date and time recorded?	A	10	0
8.2	Was the casualty's information recorded?	A	10	0
8.3	Was an accurate incident history recorded?	A	10	0
8.4	Was the distance of the fall (10 Ft.) recorded?	A	10	0
8.5	Was the lack of allergies recorded?	A	10	0
8.6	Was the lack of medications recorded?	A	10	0
8.7	Was the lack of medical history recorded?	A	10	0
8.8	Was the last meal (2 hours ago) recorded?	A	10	0
8.9	Was the possible Head injury recorded?	A	10	0
8.10	Was the open fracture RIGHT upper arm recorded?	A	10	0
8.11	Was the RIGHT knee dislocation recorded?	A	10	0
	Vital Signs Note: If no time recorded, then no mark.			
8.12	Was the 1 st vital signs LOC recorded?	A	5	0
8.13	Was the 1 st vital signs Respiration recorded?	A	5	0
8.14	Was the 1 st vital signs Pulse recorded?	A	5	0
8.15	Was the 1 st vital signs Skin & Temperature recorded?	A	5	0
8.16	Was the 2 nd vital signs LOC recorded?	A	5	0
8.17	Was the 2 nd vital signs Respiration recorded?	A	5	0
8.18	Was the 2 nd vital signs Pulse recorded?	A	5	0
8.19	Was the 2 nd vital signs Skin & Temperature recorded?	A	5	0
8.20	Was the Care/ C-Spine control noted?	A	10	0
8.21	Was the treatment for the RIGHT Arm fracture recorded?	A	10	0
8.22	Was the treatment for the RIGHT Knee dislocation recorded?	A	10	0
8.23	Was notification of EMS recorded?	A	10	0
8.24	Was the name(s) of the first aid team legibly recorded?	A	10	0
RECORDING SUB-TOTAL(/200)				

CASUALTY 2 – “Baby”**TEAM #**

SCENE / PRIMARY SURVEY: 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. <i>Actions in this section may be done in any order.</i>		A/S	P O I N T S	N O T D O N E
1.1	Did the team take charge of the situation?	S	10	0
1.2	Did the team I.D. self and obtain consent to help from mother?	A/S	10	0
1.3	Did the team wear protective gloves?	A	10	0
1.4	Did the team call out for help from by-standers?	S	10	0
1.5	Were hazards assessed? <i>(blood/ slip hazard covered)</i>	A/S	10	0
1.6	Did the team determine any other casualties? <i>(1 other)</i>	A/S	10	0
1.7	Did the team assess responsiveness? <i>(Unconscious)</i>	S	10	0
1.8	Did the team assess airway? <i>(Airway open)</i>	A/S	10	0
1.9	Did the team assess breathing for 5-10 sec.? <i>(No breathing)</i>	A/S	20	0
1.10	Was the infant positioned on a firm flat surface?	A	10	0
1.11	Did the team immediately begin with 30 chest compressions?	A	20	0
1.12	Did the team use 2 fingers or 2 thumbs for chest compressions?	A	20	0
1.13	Did the team immediately call for 911 <i>(VSA infant)</i>	A/S	20	0
1.14	Did the team give 2 ventilations following chest compressions?	A	20	0
1.15	Did the team immediately get/ attach the AED and follow directions?	A	20	0
1.16	Did the team use a barrier device while giving ventilations?	A	10	0
PRIMARY SURVEY SUB-TOTAL(/230)				

CASUALTY 2 – “Baby”**TEAM #**

CONTINUOUS CPR/CARE: 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 NOTE: Each 2 minutes of CPR is ONE set of points. Judges be sure to monitor the number of EFFECTIVE cycles of CPR which are completed for accurate scoring.		A/S	P O I N T S	N O T D O N E
2.0	CONTINUOUS CPR: (This is points for approx 20 minutes)			
2.1	Was the AED immediately turned on?	A	10	0
2.2	Did Team place adult AED pads front and back on baby?	A	10	0
2.3	Did Team plug in pads to allow for analysis? (NO SHOCK #1)	A	10	0
2.4	Was CPR continued (30:2 or 15:2) for two minutes? (5 cycles)	A	10	0
2.5	Did the team switch compressor/provider after 2 minutes?	A	10	0
2.6	Did the team STOP CPR for analysis of AED? (NO SHOCK #2)	A	10	0
2.7	Was CPR continued (30:2 or 15:2) for two minutes? (5 cycles)	A	10	0
2.8	Did the team switch compressor/provider after 2 minutes?	A	10	0
2.9	Did the team STOP CPR for analysis of AED? (NO SHOCK #3)	A	10	0
2.10	Was CPR continued (30:2 or 15:2) for two minutes? (5 cycles)	A	10	0
2.11	Did the team switch compressor/provider after 2 minutes?	A	10	0
2.12	Did the team STOP CPR for analysis of AED? (NO SHOCK #4)	A	10	0
2.13	Was CPR continued (30:2 or 15:2) for two minutes? (5 cycles)	A	10	0
2.14	Did the team switch compressor/provider after 2 minutes?	A	10	0
2.15	Did the team STOP CPR for analysis of AED? (NO SHOCK #5)	A	10	0
2.16	Was CPR continued (30:2 or 15:2) for two minutes? (5 cycles)	A	10	0
2.17	Did the team switch compressor/provider after 2 minutes?	A	10	0
2.18	Did the team STOP CPR for analysis of AED? (NO SHOCK #6)	A	10	0
2.19	Was CPR continued (30:2 or 15:2) for two minutes? (5 cycles)	A	10	0
2.20	Did the team switch compressor/provider after 2 minutes?	A	10	0
2.21	Did the team STOP CPR for analysis of AED? (NO SHOCK #7)	A	10	0
2.22	Was CPR continued (30:2 or 15:2) for two minutes? (5 cycles)	A	10	0
2.23	Did the team switch compressor/provider after 2 minutes?	A	10	0
2.24	Did the team STOP CPR for analysis of AED? (NO SHOCK #8)	A	10	0
2.25	Was CPR continued (30:2 or 15:2) for remainder of Scenario?	A	10	0
3.0	SHOCK AND GENERAL			
3.1	Was casualty wrapped with a blanket to lessen shock?	A	10	0
4.0	PERSONAL PROTECTIVE EQUIPMENT			
4.1	Were gloves effective? (torn gloves must be replaced)	A	10	0
TREATMENT/CARE SUB-TOTAL(/270)				

CASUALTY 2 – “Baby”**TEAM #**

5.0	RECORDING			
5.1	Was the incident date and time recorded?	A	10	0
5.2	Was the casualty's information recorded as per parent?	A	10	0
5.3	Was the initial LOC recorded?	A	10	0
5.4	Was the initial ABC status recorded? (VSA)	A	10	0
5.5	Was an accurate incident history recorded?	A	10	0
5.6	Was time of arrest recorded? (parent: “fine 2 minutes ago”)	A	10	0
5.7	Was the initiation of CPR recorded with the time?	A	10	0
5.8	Was the CPR ratio 30:2 or 15:2 recorded?	A	10	0
5.9	Was the duration of CPR recorded? (ie: ‘remained VSA’)	A	10	0
5.10	Was the time of application of AED recorded?	A	10	0
5.11	Was the ZERO shocks recorded?	A	10	0
5.12	Was the number of analysis’ recorded?	A	10	0
	Vital Signs Note: If no time recorded, then no mark.			
5.13	Was the 1 st vital signs LOC recorded?	A	5	0
5.14	Was the 1 st vital signs Respiration recorded?	A	5	0
5.15	Was the 1 st vital signs Pulse recorded?	A	5	0
5.16	Was the 1 st vital signs Skin & Temperature recorded?	A	5	0
5.17	Was the 2 nd vital signs Level of Consciousness recorded?	A	5	0
5.18	Was the 2 nd vital signs Respiration recorded?	A	5	0
5.19	Was the 2 nd vital signs Pulse recorded?	A	5	0
5.20	Was the 2 nd vital signs Skin & Temperature recorded?	A	5	0
5.21	Was notification of EMS recorded?	A	10	0
5.22	Was notification of name of parent recorded on Baby PCR?	A	10	0
5.23	Was the name(s) of the first aid team legibly recorded?	A	10	0
RECORDING SUB-TOTAL(/200)				