2016

St. John Ambulance OMFRC Competition First Aid Challenge

TEAM SCENARIO

Scenario # 3 - "Gotta Be Gastro"

Background Scenario

You and your team are Providing First Aid Services for the UOIT evacuation site.

Your team has been assigned the infirmary located in the residence building where the evacuees have been living.

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

CASUALTY SIMULATORS INFORMATION - Scenario #3 @ REZ

(BACKGROUND – NOT TO BE SHARED WITH COMPETITORS)

Overall Scenario for the event: It has been a wet season so far in 2016, which has lead to heavy rainfall and a number of communities forced to evacuate the flooded areas to central locations as temporary shelters. The University of Ontario has been transformed into one such evacuation center. The teams are providing on site first aid and infirmary coverage to the over 2000 displaced people at this site in the GTA. Through out the day, teams will be assigned different "posts" to monitor and provide coverage.

<u>Scenario Information:</u> (Info sheet given to teams just before beginning of scenario)

You and your team are Providing First Aid Services for the UOIT evacuation site. Your team has been assigned the infirmary located in the residence building where the evacuees have been living.

Scenario Set Up:

- Total number of patients: 2
- Infirmay look with supplies: OBS kit, Bandages, Blankets, Dressing change kits, Tylenol, pepto bismol MUST be on site.
- Patient #1 limps in the door at the beginning of the scenario. (dressing change)
- Patient #2 arrives at the 3 minute mark.

Timing Notes:

- There will be a 3 minute warning to signify the end of the primary survey. Teams will ONLY be able to score points from the first page during the first 3 minutes! And to signify the entrance of patient #2.
- There will also be a 2 minute remaining signal for the team's benefit.
- Teams will be given 5 minutes after the scenario to complete paperwork while scenario re-set occurs.

CASUALTY SIMULATORS INFORMATION

Patient #1 - "Diabetic"





SIMULATION:

Information	Casualty Simulation Required
Conscious/	Enters at the beginning of the scenario.
ambulatory	 Ensure patient is aware of situation and SAMPLE.
Infection	Flushed skin
	Feeling unwell for days
Diabetic	 7x open sores with pus on some over feet/lower legs.
Ulcers/Gangrene	 Gangrene Baby Lt toe (patient in sock /pus = sticks)

SAMPLE/ HISTORY:

S	1) Open and not healing sores (x 7 areas) between both toes, feet and lower legs.
	2.) Blackness to the LT baby toe (gangrene)

Sulfa and Penicillin

- Insulin (12 units in the morning, 20 units at lunch, 12 units at dinner and 14 units at bedtime) Metformin and recently started on Lyrica (for nerve pain) ** You are not good at remembering to take your medicine.
- Insulin Dependent Diabetes since child hood.
- A few minutes ago.
- You are a diabetic who has had a number of open sores for the past 3-4 months. You have been treated by the medicine man in your village, but you arrived at this site a couple days ago and have not had any care. Your family is concerned that you are getting sicker. You are walking, but you are slightly unsteady with "burning" pain in your feet from your diabetic neuropathy. You don't want to go to the hospital – willing to go in the final 2 minutes if asked.

VITAL SIGNS:

	1st SET (repeat if before 10 min.)	2 nd SET (after 10 min.)
RESP. 22 Shallow & Regular 22 Shallow & Reg		22 Shallow & Regular
PULSE	PULSE 108 Strong & Regular 106 Strong & Regular	
B/P	B/P 96/56 96/62	
SKIN	SKIN Flushed and warm Flushed and Warm	
LOC	LOC Conscious Conscious	
PUPILS	PUPILS Equal & Reactive Equal & Reactive	

CASUALTY SIMULATORS INFORMATION Patient #2 – "Soon to be Mommy"



SIMULATION:

Information	Casualty Simulation Required
 Conscious WOMAN 	 Ensure patient is aware of situation and SAMPLE.
ABDO Pain	Simulated 8 mth pregnant.
 Nausea 	Slightly green tint to skin.

SAMPLE/ HISTORY:

- S 1.) 8 months pregnant without any pre-natal care and no pre-natal vitamins. This is your second pregnancy, but you lost the first one (miscarriage) at 3 months.
 - 2.) Abdo Pain (cramping) that comes and goes every 3-4 minutes. This has been going on for the past 24 hours. = Pre term, early stages of labour.
- A None
- M None
- **P** Miscarriage at 3 months. This was 18 months ago.
- L Have not eaten today because of abdo cramping.
- You are 8 months pregnant and there is no one in your community to provide pre-natal care. You have been having abdo cramps for the past 24 hours, becoming more painful and come and go every 3-4 minutes. You think you ate some bad food yesterday. If the team suggests possible child birth you don't think so as you are only 8 months along. You think taking some pepto bismol will help. You don't want to go to the hospital for "food poisoning" but willing to go in the final 2 minutes if asked.

VITAL SIGNS:

	1st SET	2 nd SET	
RESP.	RESP. 16 Regular & Full 16 Regular & Full		
PULSE	110 Bounding & Rapid	d 90 Regular & Full	
B/P	142/94	142/94 144/94	
SKIN	Pink, Warm Dry	Pink, Warm Dry	
LOC	Conscious	Conscious	
PUPILS	Equal & Reactive Equal & Reactive		

JUDGE'S NAME: 2016 OMFRC YOUTH/SFC LEVEL

SITE #3 - "Gotta Be Gastro"

CYCLE # ____ TEAM # ____

NO.	DONE NO	OT DONE	SCENE/PRIMARY SURVEY	
1	√	X	Did the team TAKE CHARGE of the situation?	
2	√	X	Did the team wear protective GLOVES?	
3	✓	X	Did the team ASSESS for HAZARDS?	
4	✓	X	Did the team DETERMINE the NUMBER OF CASUALTIES?	
5	√	X	Did the team ID SELF and OBTAIN CONSENT?	
6	√	X	Did the team IMMEDIATELY INVITE THE PATIENT IN TO ROOM F	OR ASSESSMENT?
7	√	X	Did the team ASSESS LEVEL OF CONSCIOUSNESS?	
8	√	X	Did the team ASSESS AIRWAY?	Open
9	√	X	Did the team ASSESS BREATHING?	22 Shallow & Regular
10	√	X	Did the team ASSESS SKIN CONDITION (Circulation)	Flushed and Warm
11	✓	X	Did the team PERFORM A RAPID BODY SURVEY?	Infected wounds to legs
12	✓	X	Did the team IMMEDIATELY COVER WITH A BLANKET for shock	and warmth?
13	✓	X	Did the team INDICATE Wanting to ACTIVATE EMS/AMBULANCE	?
			Total of SCENE/PRIMARY SURVEY	

JUDGES NOTE:

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.

Actions in this section may be done in any order.

Score Sheet for Patient #1 - The "Diabetic"

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.

NO.	DONE	NOT DONE	HISTORY OF THE PATIENT	
15	✓	X	Did the team ask about SYMPTOMS	Burning in legs, dif. Walk
16	✓	X	Did the team ask about ALLERGIES?	Sulfa & Penicillin
			Did the team ask about MEDICATIONS?	Not good @ taking meds'
17	✓	X	Insulin 12iu am, 20iu noon, 12 iu pm	, 14iu bed & Metformin, Lyrica
18	✓	X	Did the team ask about MEDICAL HISTORY?	IDDM since childhood
19	✓	X	Did the team ask about LAST ORAL INTAKE?	A few minutes ago'
20	✓	X	Did the team determine INCIDENT HISTORY?	No Care for wounds
			1st Set of VITAL SIGNS	
21	✓	X	Did the team check LEVEL OF CONSCIOUSNESS?	Conscious
22	✓	X	Did the team check RESPIRATIONS?	22 shallow & regular
23	✓	X	Did the team check PULSE?	108 strong & regular
24	✓	X	Did the team check SKIN CONDITION/TEMP?	flushed & warm
25	\checkmark	X	Did the team check PUPILS?	Equal/Reactive
			HEAD TO TOE EXAMINATION	
26	✓	X	Check SCALP/HEAD?	No Findings
27	✓	X	Check both EYES?	No Findings
28	\checkmark	X	Check NOSE?	No Findings
29	\checkmark	X	Check CHEEKBONES?	No Findings
30	✓	X	Check MOUTH?	No Findings
31	\checkmark	X	Check JAW?	No Findings
32	\checkmark	X	Check both EARS?	No Findings
33	\checkmark	X	Check NECK?	No Findings
34	\checkmark	X	Check both COLLARBONES?	No Findings
35	✓	X	Check both SHOULDERS?	No Findings
36	\checkmark	X	Check RIGHT ARM?	No Findings
37	✓	X	Check LEFT ARM?	No Findings
38	✓	X	Check CHEST?	No Findings
39	✓	X	Check ABDOMEN?	No Findings
40	\checkmark	X	Check BACK?	No Findings
41	\checkmark	X	Check PELVIS?	No Findings
42	\checkmark	X	Check RIGHT LEG?	4 infected wounds
43	✓	X	Check LEFT LEG?	Gangrene toe + 3 wounds
			Total of SECONDARY SURVEY	

Score Sheet for Patient #1 - The "Diabetic"

FIRST AID / TREATMENT

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.

NO	DONE N	OT DOM	WOLLD CARE DIGHT FOR		
	DONE N		·		
45	√	X	Did the team FULLY EXPOSE ALL (x4) WOUNDS?		
46	√	X	Did the team QUESTION ABOUT ANY PREVIOUS CARE?		None
47	√	X	Did the team FLUSH/CLEAN ALL (x4) WOUNDS?		
48	√	X	Did the team RE-DRESS ALL (x4) WOUNDS?		
49	√	X	Did the team USE ASEPTIC TECHNIQUES at all times?		
			WOUND CARE - LEFT LEG/FOOT		
50	√	X	Did the team FULLY EXPOSE ALL (x3) LEG WOUNDS?		
51	✓	X	Did the team SLOWLY REMOVE SOCK (sticky to wounds) EXPOSING	TOE?	
52	✓	X	Did the team QUESTION ABOUT ANY PREVIOUS CARE?		None
53	√	X	Did the team FLUSH/CLEAN ALL (x3) LEG WOUNDS?		
54	✓	X	Did the team AVOID WATER/MOISTURE ON THE GANGRENE TOE?		
55	✓	X	Did the team RE-DRESS ALL (x3) LEG WOUNDS?		
56	✓	X	Did the team BANDAGE THE FOOT TO AVOID FURTHER EXPOSURE	?	
57	✓	X	Did the team USE ASEPTIC TECHNIQUES at all times?		
			SHOCK & GENERAL CARE		
58	√	X	Did the team CHANGE GLOVES AFTER DRESSING INFECTED WOUN	DS?	
59	✓	X	Did the team CONTINUE TO INSIST FOR CALLING EMS/AMBULANC	E?	
60	✓	X	Did the team FINALLY (in final 2 minutes) CALL FOR EMS/AMBULA	NCE?	
61	✓	X	Did the team REASSURE the patient about their OWN CARE?		
62	✓	Χ	Did the team RE-check LEVEL OF CONSCIOUSNESS?		Conscious
63	1	X	Did the team RE-check RESPIRATIONS?	22 Shallow	& Regular
64	✓	Χ	Did the team RE-check PULSE?	106 Strong	& Regular
65	1	X	Did the team RE-check SKIN CONDITION/TEMP?	Flushed o	and Warm
66	✓	Χ	Did the team RE-check PUPILS?	Equa	//Reactive
67	√	X	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be re	-	
			Total of FIRST AID/TREATMENT		

Score Sheet for Patient #1 - The "Diabetic"

JUDGE'S NAME: 2016 OMFRC YOUTH/SFC LEVEL

SITE #3 - "Gotta Be Gastro"

		SITE # 5 - Golla De Gastio
DONE NO	T DONE	RECORDING/ DOCUMENTATION
✓	X	Was ALL of the patients PERSONAL INFORMATION recorded?
✓	X	Was the INCIDENT TIME AND DATE recorded?
✓	X	Was the INCIDENT LOCATION recorded?
✓	X	Was the INCIDENT HISTORY (Accurately) recorded?
✓	X	Was the patients ALLERGIES recorded?
✓	X	Was the patients MEDICATIONS recorded?
✓	X	Was the patients MEDICAL HISTORY recorded?
✓	X	Was the LAST ORAL INTAKE recorded?
✓	X	Was the suspected RIGHT LEG WOUNDS (x4) recorded?
✓	X	Was the suspected LEFT LEG WOUNDS (x3) recorded?
✓	X	Was the suspected LEFT TOE GANGRENE recorded?
	Vita	Signs MUST HAVE the TIME recorded as well, to be awarded points !!!
✓	X	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
✓	X	Was 1st set of vital signs - RESPIRATIONS recorded?
✓	X	Was 1st set of vital signs - PULSE recorded?
✓	X	Was 1st set of vital signs - SKIN CONDITION recorded?
✓	X	Was 1st set of vital signs - PUPILS recorded?
✓	X	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
✓	X	Was 2nd set of vital signs - RESPIRATIONS recorded?
✓	X	Was 2nd set of vital signs - PULSE recorded?
✓	X	Was 2nd set of vital signs - SKIN CONDITION recorded?
		Was 2nd set of vital signs - PUPILS recorded?
		Was the CLEANING AND DRESSINGS FOR RIGHT LEG WOUNDS recorded?
	X	Was the CLEANING AND DRESSINGS FOR LEFT LEG WOUNDS recorded?
	X	Was the DRY DRESSINGS FOR LEFT GANGRENE TOE recorded?
✓	X	Was the INITIAL REFUSAL FOR EMS recorded?
✓	X	Was the ACTUAL NOTIFICATION OF EMS WITH TIME recorded?
✓	X	Was the NAME(S) of the first aid team LEGIBLY recorded?
		Total of RECORDING/ DOCUMENTATION
		✓ X ✓ X ✓ X ✓ X ✓ X ✓ X ✓ X ✓ X ✓ X ✓ X

Score Sheet 1	or Patient #1 - The	<u>"Diabetic"</u>

ROTATION #	TEAM #	

JUDGE'S NAME: 2016 OMFRC YOUTH/SFC LEVEL

SITE #3 - "Gotta Be Gastro"

NO.	DONE NOT	DONE	SCENE/PRIMARY SURVEY	
150	√	X	Did the team TAKE CHARGE of the situation?	
151	\checkmark	X	Did the team wear protective GLOVES?	
152	\checkmark	X	Did the team ASSESS for HAZARDS?	
153	\checkmark	Χ	Did the team DETERMINE the NUMBER OF CASUALTIES?	
154	\checkmark	Χ	Did the team ID SELF and OBTAIN CONSENT?	
155	✓	Χ	Did the team IMMEDIATELY INVITE THE PATIENT IN TO ROOM FOR A	SSESSMENT?
156	\checkmark	Χ	Did the team ASSESS LEVEL OF CONSCIOUSNESS?	
157	✓	Χ	Did the team ASSESS AIRWAY?	Open
158	\checkmark	Χ	Did the team ASSESS BREATHING?	16 Regular & Full
159	\checkmark	Χ	Did the team ASSESS SKIN CONDITION (Circulation)	Pink, Warm & Dry
160	✓	Χ	Did the team PERFORM A RAPID BODY SURVEY?	No Findings
161	\checkmark	Χ	Did the team IMMEDIATELY COVER WITH A BLANKET for shock and w	varmth?
162	✓	Χ	Did the team INDICATE Wanting to ACTIVATE EMS/AMBULANCE? Total of SCENE/PRIMARY SURVEY	

JUDGES NOTE:

This Patient DOES NOT ENTER the "Infirmary" Until the 3 minute mark.

There is NO time limit on when the items in the SCENE/PRIMARY SURVEY can be completed. So, unlike all other scenarios - a team may complete any of this page at any point during their 17 minutes and will be awarded the marks.

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.

D. DONE	NOT DONE	HISTORY OF THE PATIENT	
4	X	Did the team ask about SYMPTOMS	Abdo Pain - ? GASTRO
5 ✓	X	Did the team ask about ALLERGIES?	None
6 6 ✓	X	Did the team ask about MEDICATIONS?	None
7 ✓	X	Did the team ask about MEDICAL HISTORY?	Miscar.@ 3mth x18 mth ago
8	X	Did the team ask about LAST ORAL INTAKE?	not eaten today
9	X	Did the team determine INCIDENT HISTORY?	bad food = crampsx24 hrs
		1st Set of VITAL SIGNS	
0	X	Did the team check LEVEL OF CONSCIOUSNESS?	Conscious
1 √	X	Did the team check RESPIRATIONS?	16 regular & full
2 √	X	Did the team check PULSE?	110 Bounding & Rapid
3 ✓	X	Did the team check SKIN CONDITION/TEMP?	Pink, Warm, Dry
4 ✓	X	Did the team check PUPILS?	Equal/Reactive
		HEAD TO TOE EXAMINATION	
5 √	X	Check SCALP/HEAD?	No Findings
6 √	X	Check both EYES?	No Findings
7 ✓	X	Check NOSE?	No Findings
8 ✓	X	Check CHEEKBONES?	No Findings
9 🗸	X	Check MOUTH?	No Findings
0 √	X	Check JAW?	No Findings
1	X	Check both EARS?	No Findings
2 ✓	X	Check NECK?	No Findings
3	Χ	Check both COLLARBONES?	No Findings
4 ✓	X	Check both SHOULDERS?	No Findings
5 ✓	Χ	Check RIGHT ARM?	No Findings
6 ✓	X	Check LEFT ARM?	No Findings
7 ✓	Χ	Check CHEST?	No Findings
8	X	Check ABDOMEN?	Cramping x24 Hr, N/V
9 🗸	Χ	Check BACK?	mild lower back pain
0 🗸	X	Check PELVIS?	No Findings
1	X	Check RIGHT LEG?	swelling to ankles
2 ✓	X	Check LEFT LEG?	swelling to ankles
		Total of SECONDARY SURVEY	

FIRST AID / TREATMENT

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.

NO.	DONE	NOT DONE	ABDO PAIN	
194	√	X	Did the team ASK MORE about CRAMPING/PAIN?	omes and goes 3-4min.
195	\checkmark	X	Did the team DETERMINE ONSET OF LABOUR?	
196	\checkmark	X	Did the team ASKABOUT PRE-NATAL CARE?	None
197	\checkmark	X	Did the team REASSURE the patient in attempts to KEEP HER CALM	N?
198	\checkmark	X	Did the team ASK # OF PREGNANCIES? (GRAVITA)	2
199	\checkmark	X	Did the team ASK # OF BIRTHS? (PARITY)	0
200	\checkmark	X	Did the team REMAIN SENSITIVE to the patients PRIVACY?	
			SHOCK & GENERAL CARE	
201	√	X	Did the team COVER the patient with a BLANKET?	
202	\checkmark	X	Did the team REASSURE the patient about their OWN CARE?	
203	\checkmark	X	Did the team CONTINUE TO INSIST FOR CALLING EMS/AMBULANC	CE?
204	\checkmark	X	Did the team FINALLY (in final 2 minutes) CALL FOR EMS/AMBULA	ANCE?
205	\checkmark	X	Did the team RE-check LEVEL OF CONSCIOUSNESS?	Conscious
206	\checkmark	X	Did the team RE-check RESPIRATIONS?	16 regular & full
207	\checkmark	X	Did the team RE-check PULSE?	90 Regular & full
208	\checkmark	X	Did the team RE-check SKIN CONDITION/TEMP?	Pink, Warm, Dry
209	\checkmark	X	Did the team RE-check PUPILS?	Equal/Reactive
210	\checkmark	X	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be r	eplaced!)
			Total of FIRST AID/TREATMENT	

			OTE # 3 Cotta De Castro
NO.	DONE NOT	DONE	RECORDING/ DOCUMENTATION
212	✓	X	Was ALL of the patients PERSONAL INFORMATION recorded?
213	\checkmark	Χ	Was the INCIDENT TIME AND DATE recorded?
214	\checkmark	X	Was the INCIDENT LOCATION recorded?
215	\checkmark	Χ	Was the INCIDENT HISTORY (Accurately) recorded?
216	\checkmark	X	Was the patients ALLERGIES recorded?
217	\checkmark	X	Was the patients MEDICATIONS recorded?
218	\checkmark	X	Was the patients MEDICAL HISTORY recorded?
219	\checkmark	X	Was the LAST ORAL INTAKE recorded?
220	\checkmark	X	Was the suspected ONSET OF LABOUR recorded?
221	\checkmark	X	Was the GRAVITA and PARA recorded?
222	\checkmark	X	Was the CRAMPING/ CONTRACTION TIMING (3-4Min) recorded?
		Vita	Signs MUST HAVE the TIME recorded as well, to be awarded points !!!
223	√	Χ	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
224	\checkmark	X	Was 1st set of vital signs - RESPIRATIONS recorded?
225	\checkmark	Χ	Was 1st set of vital signs - PULSE recorded?
226	\checkmark	X	Was 1st set of vital signs - SKIN CONDITION recorded?
227	\checkmark	X	Was 1st set of vital signs - PUPILS recorded?
228	\checkmark	X	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
229	\checkmark	X	Was 2nd set of vital signs - RESPIRATIONS recorded?
230	\checkmark	Χ	Was 2nd set of vital signs - PULSE recorded?
231	\checkmark	X	Was 2nd set of vital signs - SKIN CONDITION recorded?
232	\checkmark	X	Was 2nd set of vital signs - PUPILS recorded?
233	\checkmark	X	Was the GENERAL CARE of the PATIENT recorded?
234	\checkmark	X	Was the PATIENTS COMPLAINT OF HEARTBURN recorded?
235	\checkmark	Χ	Was the INITIAL REFUSAL FOR EMS recorded?
236	\checkmark	X	Was the ACTUAL NOTIFICATION OF EMS WITH TIME recorded?
237	\checkmark	Χ	Was the NAME(S) of the first aid team LEGIBLY recorded?
			RECORDING/ DOCUMENTATION