

**2017 OMFRC**  
Scenario #2 - "That Bites!"

**SFA LEVEL**

**CYCLE:** \_\_\_\_\_

**TEAM#:** \_\_\_\_\_

Score Sheet for Patient #1 - "SECURITY GUARD #1"

NO.	DONE	NOT DONE	SCENE/PRIMARY SURVEY
1	<input type="checkbox"/>	<input type="checkbox"/>	Did the team TAKE CHARGE of the situation?
2	<input type="checkbox"/>	<input type="checkbox"/>	Did the team wear protective GLOVES?
3	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS for HAZARDS?
4	<input type="checkbox"/>	<input type="checkbox"/>	Did the team REMOVE HAZARDS - (ensure no remaining threat and dog calm)
5	<input type="checkbox"/>	<input type="checkbox"/>	Did the team CALL OUT FOR HELP?
6	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK for SITUATION HISTORY?
7	<input type="checkbox"/>	<input type="checkbox"/>	Did the team DETERMINE the NUMBER OF CASUALTIES?
8	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ID SELF and OBTAIN CONSENT?
9	<input type="checkbox"/>	<input type="checkbox"/>	Did the team WARN THE CASUALTY NOT TO MOVE?
10	<input type="checkbox"/>	<input type="checkbox"/>	Did the team IMMEDIATELY PROVIDE C-SPINE CONTROL? <i>(can be ruled out after)</i>
11	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS LEVEL OF CONSCIOUSNESS? <i>Conscious</i>
12	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS AIRWAY? <i>Open</i>
13	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS BREATHING? <i>24 Shallow &amp; Regular</i>
16	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS SKIN CONDITION (Circulation) <i>Pink, Warm/ Dry</i>
17	<input type="checkbox"/>	<input type="checkbox"/>	Did the team PERFORM A RAPID BODY SURVEY? <i>No Major Findings</i>
18	<input type="checkbox"/>	<input type="checkbox"/>	Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warmth?
19	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ACTIVATE EMS/AMBULANCE?

**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.

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Score Sheet for Patient #1 - "SECURITY GUARD #1"

**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
20	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about SYMPTOMS <i>Eye Pain</i>
21	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about ALLERGIES? <i>None</i>
22	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about MEDICATIONS? <i>None</i>
23	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about MEDICAL HISTORY? <i>None</i>
24	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about LAST ORAL INTAKE? <i>Coffee a few minutes ago</i>
25	<input type="checkbox"/>	<input type="checkbox"/>	Did the team determine INCIDENT HISTORY? <i>Punched, fell back</i>
<b>1st Set of VITAL SIGNS</b>			
26	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check LEVEL OF CONSCIOUSNESS? <i>Conscious</i>
27	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check RESPIRATIONS? <i>24 shallow &amp; regular</i>
28	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check PULSE? <i>80 strong &amp; regular</i>
29	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check SKIN CONDITION/TEMP? <i>Pink/ Warm &amp; Dry</i>
30	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check PUPILS? <i>Equal/Reactive</i>
<b>HEAD TO TOE EXAMINATION</b>			
32	<input type="checkbox"/>	<input type="checkbox"/>	Check SCALP/HEAD? <i>No Findings</i>
33	<input type="checkbox"/>	<input type="checkbox"/>	Check both EYES? <i>Extruded Rt. Eye ball</i>
34	<input type="checkbox"/>	<input type="checkbox"/>	Check NOSE? <i>No Findings</i>
35	<input type="checkbox"/>	<input type="checkbox"/>	Check CHEEKBONES? <i>Bruising Lt. Cheek (fist)</i>
36	<input type="checkbox"/>	<input type="checkbox"/>	Check MOUTH? <i>Cut lip</i>
37	<input type="checkbox"/>	<input type="checkbox"/>	Check JAW? <i>No Findings</i>
38	<input type="checkbox"/>	<input type="checkbox"/>	Check both EARS? <i>No Findings</i>
39	<input type="checkbox"/>	<input type="checkbox"/>	Check NECK? <i>No Findings</i>
40	<input type="checkbox"/>	<input type="checkbox"/>	Check both COLLARBONES? <i>No Findings</i>
41	<input type="checkbox"/>	<input type="checkbox"/>	Check both SHOULDERS? <i>No Findings</i>
42	<input type="checkbox"/>	<input type="checkbox"/>	Check RIGHT ARM? <i>No Findings</i>
43	<input type="checkbox"/>	<input type="checkbox"/>	Check LEFT ARM? <i>No Findings</i>
44	<input type="checkbox"/>	<input type="checkbox"/>	Check CHEST? <i>No Findings</i>
45	<input type="checkbox"/>	<input type="checkbox"/>	Check ABDOMEN? <i>No Findings</i>
46	<input type="checkbox"/>	<input type="checkbox"/>	Check BACK? <i>No Findings</i>
47	<input type="checkbox"/>	<input type="checkbox"/>	Check PELVIS? <i>No Findings</i>
48	<input type="checkbox"/>	<input type="checkbox"/>	Check RIGHT LEG? <i>No Findings</i>
49	<input type="checkbox"/>	<input type="checkbox"/>	Check LEFT LEG? <i>Lt. Ankle Pain &amp; Bruise</i>

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**SFA LEVEL**

Score Sheet for Patient #1 - "SECURITY GUARD #1"

**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	
<b>RIGHT EYE BALL EXTRUSION</b>			
50	<input type="checkbox"/>	<input type="checkbox"/>	Did the team PROVIDE PROPER ASSESSMENT PRIOR TO CARE? (vision check?)
51	<input type="checkbox"/>	<input type="checkbox"/>	Did the team COVER THE EYE WITH STERILE DRESSING?
52	<input type="checkbox"/>	<input type="checkbox"/>	Did the team PROVIDE ADEQUATE PROTECTION for EYE BALL? (cup/padding?)
53	<input type="checkbox"/>	<input type="checkbox"/>	Did the team SECURE the PROTECTION IN PLACE?
<b>FACIAL INJURIES CARE</b>			
52	<input type="checkbox"/>	<input type="checkbox"/>	Did the team CLEAN the FACIAL ABRASIONS appropriately?
55	<input type="checkbox"/>	<input type="checkbox"/>	Did the team COVER the FACIAL ABRASIONS with STERILE DRESSINGS?
56	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS the MOUTH for Further injury?
<b>LEFT ANKLE SPRAIN CARE</b>			
57	<input type="checkbox"/>	<input type="checkbox"/>	Did the team FULLY EXPOSE INJURY?
58	<input type="checkbox"/>	<input type="checkbox"/>	Did the team CHECK CIRCULATION PRIOR TO CARE?
59	<input type="checkbox"/>	<input type="checkbox"/>	Did the team EFFECTIVELY IMMOBILIZE THE LEFT ANKLE?
60	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-CHECK CIRCULATION POST CARE?
<b>SHOCK &amp; GENERAL CARE</b>			
61	<input type="checkbox"/>	<input type="checkbox"/>	Did the team REASSURE the patient about their OWN CARE?
62	<input type="checkbox"/>	<input type="checkbox"/>	Did the team REASSURE the patient about their COWORKERS CARE?
63	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check LEVEL OF CONSCIOUSNESS? <i>Conscious</i>
64	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check RESPIRATIONS? <i>20 Shallow &amp; Regular</i>
65	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check PULSE? <i>74 Strong &amp; Regular</i>
66	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check SKIN CONDITION/TEMP? <i>Pink/ Warm &amp; Dry</i>
67	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check PUPILS? <i>Equal/Reactive</i>
68	<input type="checkbox"/>	<input type="checkbox"/>	Did the team NOTIFY the EMPLOYER (Workplace Accident)?
69	<input type="checkbox"/>	<input type="checkbox"/>	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)

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Scenario #2 - "That Bites!"

**SFA LEVEL**

Score Sheet for Patient #1 - "SECURITY GUARD #1"

NO. DONE NOT DONE			RECORDING for Patient #1 - INFERIOR INJURIES
71	<input type="checkbox"/>	<input type="checkbox"/>	Was ALL of the patients PERSONAL INFORMATION recorded?
72	<input type="checkbox"/>	<input type="checkbox"/>	Was the INCIDENT TIME AND DATE recorded?
73	<input type="checkbox"/>	<input type="checkbox"/>	Was the INCIDENT LOCATION recorded?
74	<input type="checkbox"/>	<input type="checkbox"/>	Was the INCIDENT HISTORY (Accurately) recorded?
75	<input type="checkbox"/>	<input type="checkbox"/>	Was the patients LACK OF ALLERGIES recorded?
76	<input type="checkbox"/>	<input type="checkbox"/>	Was the patients LACK OF MEDICATIONS recorded?
77	<input type="checkbox"/>	<input type="checkbox"/>	Was the patients LACK OF MEDICAL HISTORY recorded?
78	<input type="checkbox"/>	<input type="checkbox"/>	Was the LAST ORAL INTAKE (Coffee, few min ago) recorded?
79	<input type="checkbox"/>	<input type="checkbox"/>	Was the EXTRUDED EYEBALL recorded?
80	<input type="checkbox"/>	<input type="checkbox"/>	Was the SYMPTOMS (pain) and SIGNS (extusion) recorded?
81	<input type="checkbox"/>	<input type="checkbox"/>	Was the FACIAL ABRASIONS recorded?
82	<input type="checkbox"/>	<input type="checkbox"/>	Was the FACIAL ABRASIONS SYMPTOMS (pain) and SIGNS (wounds) recorded?
83	<input type="checkbox"/>	<input type="checkbox"/>	Was the suspected LEFT ANKLE SPRAIN recorded?
84	<input type="checkbox"/>	<input type="checkbox"/>	Was the LT. ANKLE SPRAIN (pain) and SIGNS (bruising) recorded?
<b>Vital Signs <u>MUST</u> be the corrected #s &amp; <u>HAVE</u> the <u>TIME</u> recorded, to be awarded points !!!</b>			
85	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
86	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - RESPIRATIONS recorded?
87	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - PULSE recorded?
88	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - SKIN CONDITION recorded?
89	<input type="checkbox"/>	<input type="checkbox"/>	Was 1st set of vital signs - PUPILS recorded?
90	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
91	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - RESPIRATIONS recorded?
92	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - PULSE recorded?
93	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - SKIN CONDITION recorded?
94	<input type="checkbox"/>	<input type="checkbox"/>	Was 2nd set of vital signs - PUPILS recorded?
95	<input type="checkbox"/>	<input type="checkbox"/>	Was the CARE for the EXTRUDED EYE BALL recorded?
96	<input type="checkbox"/>	<input type="checkbox"/>	Was the CARE for the FACIAL WOUNDS recorded?
97	<input type="checkbox"/>	<input type="checkbox"/>	Was the PRESENCE and CARE of the CUT LIP recorded?
98	<input type="checkbox"/>	<input type="checkbox"/>	Was the LEFT LEG CIRCULATORY STATUS recorded?
99	<input type="checkbox"/>	<input type="checkbox"/>	Was the IMMOBILIZATION of the LEFT ANKLE SPRAIN recorded?
100	<input type="checkbox"/>	<input type="checkbox"/>	Was the NOTIFICATION of the EMLOYER, WITH TIME recorded?
101	<input type="checkbox"/>	<input type="checkbox"/>	Was the NOTIFICATION OF EMS WITH TIME recorded?
102	<input type="checkbox"/>	<input type="checkbox"/>	Was the Name(s) of the first aid team LEGIBLY recorded?

**2017 OMFRC**  
Scenario #2 - "That Bites!"

**SFA LEVEL**

CYCLE: \_\_\_\_\_ TEAM#: \_\_\_\_\_

Score Sheet for Patient #2 - "SECURITY GUARD #2"

NO.	DONE	NOT DONE	SCENE/PRIMARY SURVEY
103	<input type="checkbox"/>	<input type="checkbox"/>	Did the team TAKE CHARGE of the situation?
104	<input type="checkbox"/>	<input type="checkbox"/>	Did the team wear protective GLOVES?
105	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS for HAZARDS?
106	<input type="checkbox"/>	<input type="checkbox"/>	Did the team REMOVE HAZARDS - (ensure no remaining threat and dog calm)
107	<input type="checkbox"/>	<input type="checkbox"/>	Did the team CALL OUT FOR HELP?
108	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK for SITUATION HISTORY?
109	<input type="checkbox"/>	<input type="checkbox"/>	Did the team DETERMINE the NUMBER OF CASUALTIES?
110	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ID SELF and OBTAIN CONSENT?
111	<input type="checkbox"/>	<input type="checkbox"/>	Did the team WARN THE CASUALTY NOT TO MOVE?
112	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RULE OUT C-SPINE Injury?
113	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS LEVEL OF CONSCIOUSNESS? <i>Conscious</i>
114	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS AIRWAY? <i>Open</i>
115	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS BREATHING? <i>24 Shallow &amp; Regular</i>
116	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS SKIN CONDITION (Circulation) <i>Pink, Warm/ Sweaty</i>
117	<input type="checkbox"/>	<input type="checkbox"/>	Did the team PERFORM A RAPID BODY SURVEY? <i>Moderate Bleeding Arm</i>
118	<input type="checkbox"/>	<input type="checkbox"/>	Did the team IMMEDIATELY COVER ARM WOUND to stop moderate Bleeding?
119	<input type="checkbox"/>	<input type="checkbox"/>	Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warmth?
120	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ACTIVATE EMS/AMBULANCE?

**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.

**2017 OMFRC**  
**Scenario #2 - "That Bites!"**

**SFA LEVEL**

Score Sheet for Patient #2 - "SECURITY GUARD #2"

**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
121	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about SYMPTOMS <i>Pain in the forearm (bite)</i>
122	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about ALLERGIES? <i>None</i>
123	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about MEDICATIONS? <i>None</i>
124	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about MEDICAL HISTORY? <i>None</i>
125	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about LAST ORAL INTAKE? <i>A couple hours ago</i>
126	<input type="checkbox"/>	<input type="checkbox"/>	Did the team determine INCIDENT HISTORY? <i>Accidental Dog bite</i>
<b>1st Set of VITAL SIGNS</b>			
127	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check LEVEL OF CONSCIOUSNESS? <i>Consious</i>
128	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check RESPIRATIONS? <i>24 Shallow &amp; Regular</i>
129	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check PULSE? <i>108 Regular &amp; Bounding</i>
130	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check SKIN CONDITION/TEMP? <i>Pink, Warm, Sweaty</i>
131	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check PUPILS? <i>Equal/Reactive</i>
<b>HEAD TO TOE EXAMINATION</b>			
132	<input type="checkbox"/>	<input type="checkbox"/>	Check SCALP/HEAD? <i>No Findings</i>
133	<input type="checkbox"/>	<input type="checkbox"/>	Check both EYES? <i>No Findings</i>
134	<input type="checkbox"/>	<input type="checkbox"/>	Check NOSE? <i>No Findings</i>
135	<input type="checkbox"/>	<input type="checkbox"/>	Check CHEEKBONES? <i>Abrasions to Cheek</i>
136	<input type="checkbox"/>	<input type="checkbox"/>	Check MOUTH? <i>No Findings</i>
137	<input type="checkbox"/>	<input type="checkbox"/>	Check JAW? <i>No Findings</i>
138	<input type="checkbox"/>	<input type="checkbox"/>	Check both EARS? <i>No Findings</i>
139	<input type="checkbox"/>	<input type="checkbox"/>	Check NECK? <i>No Findings</i>
140	<input type="checkbox"/>	<input type="checkbox"/>	Check both COLLARBONES? <i>No Findings</i>
141	<input type="checkbox"/>	<input type="checkbox"/>	Check both SHOULDERS? <i>No Findings</i>
142	<input type="checkbox"/>	<input type="checkbox"/>	Check RIGHT ARM? <i>Abrasions to Forearms</i>
143	<input type="checkbox"/>	<input type="checkbox"/>	Check LEFT ARM? <i>20 punctures &amp; Abr. To arms</i>
144	<input type="checkbox"/>	<input type="checkbox"/>	Check CHEST? <i>No Findings</i>
145	<input type="checkbox"/>	<input type="checkbox"/>	Check ABDOMEN? <i>No Findings</i>
146	<input type="checkbox"/>	<input type="checkbox"/>	Check BACK? <i>No Findings</i>
147	<input type="checkbox"/>	<input type="checkbox"/>	Check PELVIS? <i>No Findings</i>
148	<input type="checkbox"/>	<input type="checkbox"/>	Check RIGHT LEG? <i>Abrasions to Knees</i>
149	<input type="checkbox"/>	<input type="checkbox"/>	Check LEFT LEG? <i>Abrasions to Knees</i>



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**Scenario #2 - "That Bites!"**

**SFA LEVEL**

Score Sheet for Patient #2 - "SECURITY GUARD #2"

**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	20 PUNCTURE WOUNDS (DOG BITES) TO LEFT ARM
150	<input type="checkbox"/>	<input type="checkbox"/>	Did the team FULLY EXPOSE INJURY?
151	<input type="checkbox"/>	<input type="checkbox"/>	Did the team CLEANSE the PUNCTURE WOUNDS?
152	<input type="checkbox"/>	<input type="checkbox"/>	Did the team COVER ALL PUNCTURES with STERILE DRESSINGS?
153	<input type="checkbox"/>	<input type="checkbox"/>	Did the team CHECK CIRCULATION PRIOR TO CARE?
154	<input type="checkbox"/>	<input type="checkbox"/>	Did the team SECURE the DRESSINGS with an APPROPRIATE BANDAGE?
155	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-CHECK CIRCULATION POST CARE?
ABRASIONS TO CHEEKS			
156	<input type="checkbox"/>	<input type="checkbox"/>	Did the team CLEANSE the CHEEK ABRASIONS?
157	<input type="checkbox"/>	<input type="checkbox"/>	Did the team COVER ABRASIONS with STERILE DRESSINGS?
158	<input type="checkbox"/>	<input type="checkbox"/>	Did the team SECURE ALL CHEEK ABRASION DRESSINGS IN PLACE?
ABRASIONS TO FOREARMS			
159	<input type="checkbox"/>	<input type="checkbox"/>	Did the team FULLY EXPOSE INJURY?
160	<input type="checkbox"/>	<input type="checkbox"/>	Did the team CLEANSE the BILATERAL FOREARM ABRASIONS?
161	<input type="checkbox"/>	<input type="checkbox"/>	Did the team COVER ABRASIONS with STERILE DRESSINGS?
162	<input type="checkbox"/>	<input type="checkbox"/>	Did the team SECURE ALL FOREARM ABRASION DRESSINGS IN PLACE?
ABRASIONS TO KNEES			
163	<input type="checkbox"/>	<input type="checkbox"/>	Did the team FULLY EXPOSE INJURY?
164	<input type="checkbox"/>	<input type="checkbox"/>	Did the team CLEANSE the BILATERAL KNEE ABRASIONS?
165	<input type="checkbox"/>	<input type="checkbox"/>	Did the team COVER ABRASIONS with STERILE DRESSINGS?
166	<input type="checkbox"/>	<input type="checkbox"/>	Did the team SECURE ALL FOREARM ABRASION DRESSINGS IN PLACE?
SHOCK & GENERAL CARE			
167	<input type="checkbox"/>	<input type="checkbox"/>	Did the team REASSURE the patient about their OWN CARE?
168	<input type="checkbox"/>	<input type="checkbox"/>	Did the team REASSURE the patient about their COWORKERS CARE?
169	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check LEVEL OF CONSCIOUSNESS? <i>Consious</i>
170	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check RESPIRATIONS? <i>18 Shallow &amp; Regular</i>
171	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check PULSE? <i>88 Regular &amp; Full</i>
172	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check SKIN CONDITION/TEMP? <i>Pink/ Warm &amp; Sweaty</i>
173	<input type="checkbox"/>	<input type="checkbox"/>	Did the team RE-check PUPILS? <i>Equal/Reactive</i>
174	<input type="checkbox"/>	<input type="checkbox"/>	Did the team NOTIFY EMPLOYER (Workplace Accident)?
175	<input type="checkbox"/>	<input type="checkbox"/>	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)



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**SFA LEVEL**

Score Sheet for Patient #2 - "SECURITY GUARD #2"

NO.		DONE	NOT DONE	RECORDING for PATIENT #2 - SUPERIOR INJURIES
176	<input type="checkbox"/>	<input type="checkbox"/>		Was ALL of the patients PERSONAL INFORMATION recorded?
177	<input type="checkbox"/>	<input type="checkbox"/>		Was the INCIDENT TIME AND DATE recorded?
178	<input type="checkbox"/>	<input type="checkbox"/>		Was the INCIDENT LOCATION recorded?
179	<input type="checkbox"/>	<input type="checkbox"/>		Was the INCIDENT HISTORY (Accurately) recorded?
180	<input type="checkbox"/>	<input type="checkbox"/>		Was the patients LACK OF ALLERGIES recorded?
181	<input type="checkbox"/>	<input type="checkbox"/>		Was the patients LACK OF MEDICATIONS recorded?
182	<input type="checkbox"/>	<input type="checkbox"/>		Was the patients LACK OF MEDICAL HISTORY recorded?
183	<input type="checkbox"/>	<input type="checkbox"/>		Was the LAST ORAL INTAKE (a couple hrs Ago) recorded?
184	<input type="checkbox"/>	<input type="checkbox"/>		Was the suspected DOG BITE recorded?
185	<input type="checkbox"/>	<input type="checkbox"/>		Was the SYMPTOMS (pain) and SIGNS (wounds) recorded?
186	<input type="checkbox"/>	<input type="checkbox"/>		Was the BILATERAL CHEEK ABRASIONS recorded?
187	<input type="checkbox"/>	<input type="checkbox"/>		Was the BILATERAL FOREARM ABRASIONS recorded?
188	<input type="checkbox"/>	<input type="checkbox"/>		Was the BILATERAL KNEE ABRASIONS recorded?
189	<input type="checkbox"/>	<input type="checkbox"/>		Was the SUSPECTED VOLUME of (MODERATE) BLOOD LOSS RECORDED?
<b>Vital Signs <u>MUST</u> be the corrected #s &amp; <u>HAVE</u> the <u>TIME</u> recorded, to be awarded points !!!</b>				
190	<input type="checkbox"/>	<input type="checkbox"/>		Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
191	<input type="checkbox"/>	<input type="checkbox"/>		Was 1st set of vital signs - RESPIRATIONS recorded?
192	<input type="checkbox"/>	<input type="checkbox"/>		Was 1st set of vital signs - PULSE recorded?
193	<input type="checkbox"/>	<input type="checkbox"/>		Was 1st set of vital signs - SKIN CONDITION recorded?
194	<input type="checkbox"/>	<input type="checkbox"/>		Was 1st set of vital signs - PUPILS recorded?
195	<input type="checkbox"/>	<input type="checkbox"/>		Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
196	<input type="checkbox"/>	<input type="checkbox"/>		Was 2nd set of vital signs - RESPIRATIONS recorded?
197	<input type="checkbox"/>	<input type="checkbox"/>		Was 2nd set of vital signs - PULSE recorded?
198	<input type="checkbox"/>	<input type="checkbox"/>		Was 2nd set of vital signs - SKIN CONDITION recorded?
199	<input type="checkbox"/>	<input type="checkbox"/>		Was 2nd set of vital signs - PUPILS recorded?
200	<input type="checkbox"/>	<input type="checkbox"/>		Was the Left ARM CIRCULATION STATUS recorded?
201	<input type="checkbox"/>	<input type="checkbox"/>		Was the CARE OF THE 20 PUNCTURE WOUNDS/BITE recorded?
202	<input type="checkbox"/>	<input type="checkbox"/>		Was the CARE OF THE BILATERAL CHEEK ABRASIONS recorded?
203	<input type="checkbox"/>	<input type="checkbox"/>		Was the CARE OF THE BILATERAL FOREARM ABRASIONS recorded?
204	<input type="checkbox"/>	<input type="checkbox"/>		Was the CARE OF THE BILATERAL KNEE ABRASIONS recorded?
205	<input type="checkbox"/>	<input type="checkbox"/>		Was the NOTIFICATION OF EMPLOYER WITH TIME recorded?
206	<input type="checkbox"/>	<input type="checkbox"/>		Was the NOTIFICATION OF EMS WITH TIME recorded?
207	<input type="checkbox"/>	<input type="checkbox"/>		Was the Name(s) of the First aid team LEGIBLY recorded?