

Team Number: \_\_\_\_\_

Page 1

**CODE NAME - "TREE"-aush****Team Members:** \_\_\_\_\_ **Category:** \_\_\_\_\_**Problem Statement**

An employee approaches the team seeking assistance and directing them to an accident. Due to a fork-lift collision, three casualties become involved.

**Casualty Simulation****PATIENT ONE**

CONSCIOUS coherent and willing to help if put to work by team

LACERATION to right arm - 1"

Signs of shock - SWEATING; PALE

GENERAL DIRTY APPEARANCE

**PATIENT TWO**

IN EXTREME PAIN - to a distracting level unless given attention

Signs of serious shock - SWEATING; PALE; CYANOSIS

CLOSED FRACTURE of left femur

GENERAL DIRTY APPEARANCE

**PATIENT THREE**

Signs of shock - SWEATING; PALE; CYANOSIS

GENERAL DIRTY APPEARANCE

UNCONSCIOUS - not breathing until airway opened properly

SUSPECTED SKULL FRACTURE (bleeding from ear)

Team Number: \_\_\_\_\_

Judging Notes:

- Assist team with prompting if casualty does not respond properly.
- Please check the casualties' positions and all simulation.
- Please ensure that Patient 3 is completely concealed by fallen boxes.

I Information Requested    A    Actions Taken    S    Statements

IMMEDIATE ACTION: (within first four minutes of problem)

1.	Did a team member take charge . . . . .	A	10	0
2.	Did team properly identify themselves and seek consent . . . . .	A	10	0
3.	Did team secure the scene from hazards? . . . . .	A/S	05	0
4.	Did team ensure that forklift was stable and not a hazard? . . . . .	A/S	05	0
5.	Did team use proper body mechanics while moving boxes? . . . . . [ lifting and moving of boxes performed properly ]	A	05	0
6.	Did team protect themselves by using gloves? . . . . .	A	15	0
7.	<b>Patient 1</b>			
	Was effort made to determine level of consciousness? . . . . .	A/S	05	0
	Was effort made to assess quality of airway? . . . . .	A/S	05	0
	Was effort made to assess quality of pulse? . . . . .	A/S	05	0
	Was effort made to establish a gross bleed check? . . . . .	A/S	05	0
8.	<b>Patient 2</b>			
	Was effort made to determine level of consciousness? . . . . .	A/S	05	0
	Was effort made to assess quality of airway? . . . . .	A/S	05	0
	Was effort made to assess quality of pulse? (weak & rapid) . . . . .	A/S	05	0
	Was effort made to establish a gross bleed check? . . . . .	A/S	10	0
9.	<b>Patient 3</b>			
	Was effort made to determine level of consciousness? . . . . . [unresponsive]	A/S	10	0
	Was effort made to assess quality of airway? . . . . . [not breathing until airway is opened]	A/S	10	0
	Suspected Skull Fracture discovered (blood from ear) . . . . .	A/S	10	0
	Modified Jaw Thrust used to establish airway . . . . .	A/S	10	0

Team Number: \_\_\_\_\_

Was effort made to assess quality of pulse? (weak & regular) . . . . .	A/S	10	0
Was effort made to establish a gross bleed check? . . . . .	A/S	10	0

IMMEDIATE ACTION continued: (within first four (4) minutes of problem)

10. Did team dispatch for an ambulance or investigate transportation possibilities? . . . . .	S	10	0
11. Attempt made to contact management . . . . .	S	05	0
12. Proper questioning and investigating for other patients through Patient 1 or Patient 2 . . . . . (Patient 1 - no comment) (Patient 2 - ignores question on first attempt)	S	05	0
13. Extra effort made to get a proper response from Patient 2 . . . . . (Patient 2 - confirms existence of Patient 3 if asked a 2nd time)	S	10	0
14. Adequate use of Patient 1 made as a capable bystander . . . . .	S	15	0

SECONDARY ACTION:

15. Was body warmth maintained (SHOCK) for	<b>Patient 2</b> under A	05	0
	<b>Patient 2</b> over A	10	0
	<b>Patient 3</b> . . . . A	10	0
16. Did team ask questions in order to determine the History	<b>Patient 1</b> . . . . A	10	0
	<b>Patient 2</b> . . . . A	10	0
17. Did team interact during Primary/Secondary assessment (explaining what they were doing and questioning him/her for pain etc..)	<b>Patient 1</b> . . . . A	05	0
	<b>Patient 2</b> . . . . A	05	0

Team Number: \_\_\_\_\_

Page 4

18. **Secondary Assessment for Patient 2:**

Did team perform suitable assessment of the following areas:

skull	(no bumps, no indentations, no bleeding) . . . . .	A/S	02	0
ears	(as found, no fluids) . . . . .	A/S	02	0
eyes	(as found, equal and reactive) . . . . .	A/S	02	0
nose	(as found, no fluids) . . . . .	A/S	02	0
mouth	(as found, no odour) . . . . .	A/S	02	0
jaw	(as found) . . . . .	A/S	02	0
neck	(as found) . . . . .	A/S	02	0
back/spine	(as found) . . . . .	A/S	02	0
chest	(as found) . . . . .	A/S	02	0
abdomen	(as found, no discolouration or tenderness) . . . . .	A/S	02	0
pelvic area	(as found) . . . . .	A/S	02	0
right leg	(as found) . . . . .	A/S	02	0
right foot	(as found) . . . . .	A/S	02	0
left leg	(as found, severe deformity) . . . . .	A/S	02	0
left foot	(as found) . . . . .	A/S	02	0
right clavicle	(as found) . . . . .	A/S	02	0
right arm	(as found) . . . . .	A/S	02	0
right hand	(as found) . . . . .	A/S	02	0
left clavicle	(as found) . . . . .	A/S	02	0
left arm	(as found) . . . . .	A/S	02	0
left hand	(as found) . . . . .	A/S	02	0

Was casualty kept in position found during examination . . . . . A 10 0

Was constant monitoring of pulse and respirations maintained? . . . A/S 10 0

**Vitals:** Did team perform suitable assessment of the following

Pulse Check ( <b>once</b> ) (corrected to be 120, full and irregular) . . . . .	A	10	0
Pulse Check ( <b>twice</b> ) (corrected to be 100, full and irregular) . . . . .	A	10	0
Respiration Check ( <b>once</b> ) (corrected to be 25 shallow, irregular) . .	A	10	0
Respiration Check ( <b>twice</b> ) (corrected to be 20 shallow, irregular) .	A	10	0
Temperature/Skin Condition Checked ( <b>once</b> ) (pale, cold, clammy) .	A	10	0
Temperature/Skin Condition Checked ( <b>twice</b> ) (pale, cold, clammy)	A	10	0

**Reassurance provided...** (would you as a casualty feel:)

comforted and reassured to an adequate level <b>OR</b> . . . . .	A	05	0
comforted and reassured to very comfortable level . . . . .	A	10	0

Was casualty questioned about medical conditions . . . . . A 10 0

Was casualty questioned about allergies . . . . . A 10 0

Was casualty questioned about medications . . . . . A 10 0

Team Number: \_\_\_\_\_

Page 5

19. **Secondary Assessment for Patient 3:**

Did team perform suitable assessment of the following areas:

skull	(no bumps, no indentations, no bleeding) . . . . .	A/S	02	0
ears	(as found, bleeding from left ear) . . . . .	A/S	02	0
eyes	(as found, equal and unreactive) . . . . .	A/S	02	0
nose	(as found, no fluids) . . . . .	A/S	02	0
mouth	(as found, no odour) . . . . .	A/S	02	0
jaw	(as found) . . . . .	A/S	02	0
neck	(as found) . . . . .	A/S	02	0
back/spine	(as found) . . . . .	A/S	02	0
chest	(as found) . . . . .	A/S	02	0
abdomen	(as found, no discolouration or tenderness) . . . . .	A/S	02	0
pelvic area	(as found) . . . . .	A/S	02	0
right leg	(as found) . . . . .	A/S	02	0
right foot	(as found) . . . . .	A/S	02	0
left leg (as found)	. . . . .	A/S	02	0
left foot	(as found) . . . . .	A/S	02	0
right clavicle	(as found) . . . . .	A/S	02	0
right arm	(as found) . . . . .	A/S	02	0
right hand	(as found) . . . . .	A/S	02	0
left clavicle	(as found) . . . . .	A/S	02	0
left arm	(as found) . . . . .	A/S	02	0
left hand	(as found) . . . . .	A/S	02	0

Was casualty kept in position found during examination . . . . . A 10 0

Was **constant monitoring** of pulse and respirations maintained? . . A/S 10 0**Vitals:** Did team perform suitable assessment of the following

Pulse Check ( <b>once</b> ) (corrected to be 90, regular & full) . . . . .	A	10	0
Pulse Check ( <b>twice</b> ) (corrected to be 78, regular & bounding) . . . . .	A	10	0
Pupil Check (left pupil dilated, right pupil constricted; unreactive) . . . . .	A	10	0
Respiration Check ( <b>once</b> ) (corrected to be 20 shallow, regular) . . . . .	A	10	0
Respiration Check ( <b>twice</b> ) (corrected to be 16 deep, snoring) . . . . .	A	10	0
Temperature/Skin Condition Checked ( <b>once</b> ) (warm,pink,dry) . . . . .	A	10	0
Temperature/Skin Condition Checked ( <b>twice</b> ) (hot,flushed,dry) . . . . .	A	10	0

**Reassurance provided...** (would you as a casualty feel:)

comforted and reassured to an adequate level <b>OR</b> . . . . .	A	02	0
comforted and reassured to very comfortable level . . . . .	A	05	0

Team Number: \_\_\_\_\_

Page 6

**TREATMENTS:****20. Minor Laceration to Right Arm of Patient 1**

Was attempt made to clean dirt from skin . . . . .	A	02	0
Was attempt made to control bleeding ( minor bleed ) . . . . .	A	02	0
Was it inspected for foreign objects [none found] . . . . .	A	02	0
Was it protected with sterile dressing . . . . .	A	02	0
Was absorbent material used behind dressing . . . . .	A	02	0
Was direct pressure applied to control bleeding . . . . .	A	05	0
Was bandage checked (once, as found) . . . . .	A/S	02	0

**21. Fracture of Left Femur of Patient 2**

Was it inspected visually [swelling and deformity] . . . . .	A	05	0
Was adequate padding used around splint (leg or splint) . . . . .	A	10	0
Was bandaging checked (once) . . . . .	A/S	05	0
Was bandaging checked (twice) . . . . .	A/S	05	0
Was bandaging adequate to immobilize femur (5 to 7 tri's) . . . . .	A	10	0
Was gentle traction applied during application of bandaging . . . . .	A	10	0
Was circulation checked to ensure adequate circulation through bandages (distal; as found) . . . . .	A	05	0

**22. Suspected Skull Fracture Patient 3**

Was head steadied and supported to prevent movement . . . . .	A	15	0
Was airway maintained throughout problem - modified jaw thrust . . . . .	A	10	0
Was cervical collar applied to provide additional support . . . . .	A	10	0
Was a sterile dressing applied and secured lightly over ear . . . . .	A	05	0
Was casualty never left unattended (Patient 1 can be used) . . . . .	A	10	0

**RECORDING: 2 PCRS**

23. Was the time and date of incident recorded . . . . . A 02 0

**24. Patient 2**

Was name and address recorded? . . . . .	A	02	0
Was first pulse check (including time) recorded? . . . . .	A	02	0
Was first respiration recorded (including time) recorded? . . . . .	A	02	0
Was first temperature and skin condition recorded? . . . . .	A	02	0
Was second pulse check (including time) recorded? . . . . .	A	02	0
Was second respiration recorded (including time) recorded? . . . . .	A	02	0
Was second temperature and skin condition recorded? . . . . .	A	02	0
Was suspected fracture of femur recorded? . . . . .	A	02	0
Was treatment of the femur recorded? . . . . .	A	02	0

Team Number: \_\_\_\_\_

Was history recorded? .....	A	02	0
Were allergies recorded? .....	A	02	0
Was the presence of medication or medical conditions recorded? ..	A	02	0
Was record signed by first aiders? .....	A	02	0

25. **Patient 3**

Was name and address recorded? .....	A	02	0
Was first pulse check (including time) recorded? .....	A	02	0
Was first respiration recorded (including time) recorded? .....	A	02	0
Was first temperature and skin condition recorded? .....	A	02	0
Was second pulse check (including time) recorded? .....	A	02	0
Was second respiration recorded (including time) recorded? .....	A	02	0
Was second temperature and skin condition recorded? .....	A	02	0
Was suspected skull fracture recorded? .....	A	02	0
Was treatment for skull fracture recorded? .....	A	02	0
Was history recorded? (found not breathing) .....	A	02	0
Was modified jaw thrust procedure recorded? .....	A	02	0
Was record signed by first aiders? .....	A	02	0

26. **Patient 1 - BONUS**

Was name and address recorded? .....	A	05	0
Was laceration of arm recorded? .....	A	05	0
Was treatment of the laceration recorded? .....	A	05	0

Total Possible Marks: 745

Actual Total : \_\_\_\_\_

Team Name: \_\_\_\_\_

Floor Position: \_\_\_\_\_

Judges' Names: (1) \_\_\_\_\_

(2) \_\_\_\_\_

Judges' Signatures: (1) \_\_\_\_\_

(2) \_\_\_\_\_

Team Number: \_\_\_\_\_