

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

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**CODE NAME - "Hanging Around"****Team Members:** \_\_\_\_\_ **Category:** \_\_\_\_\_**Problem Statement**

An employee approaches the team seeking assistance and directing them to an accident. Due to badly stacked inventory, an employee is hanging in peril. Numerous boxes (hazards), on the floor and hanging above, prevent immediate assistance of hanging employee.

Safety for all participants is a **PRIORITY** with this question. This problem shall be stopped if safety becomes too much of a concern.

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

CONSCIOUS coherent and willing to cooperate

RUPTURED SPLEEN; discolouration over left upper quadrant; complains of thirst

FRACTURE of the lower LEFT RIB

OPEN FRACTURE to right arm

DISLOCATION to right shoulder

CONTUSIONS around waist line where safety belt bruised patient

Signs of Severe Shock - SWEATING; PALE

GENERAL DIRTY APPEARANCE

**History**

Obvious memories of 1994 will be present among members. Therefore we will capitalize on their paranoia by scattering numerous boxes on the floor beneath the employee. Three hidden floor markers may be placed under scene's boxes to evaluate team's ability to search scene for additional casualties.

To introduce a foreign environment for treatment, a 3D problem area will be created. The employee will be found suspended approximately 2 metres from the floor off of a storage shelving unit. The casualty will be wearing a safety belt which saved him from a fall. The team must ascend the shelving unit to access and treat the casualty. A portable ladder will be near the scene.

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Judging Notes:

- Assist team with prompting if casualty does not respond properly.
- Please check the casualty's positions and all simulation.
- Remember to have the casualty suspended properly before team's arrival
- Be prepared to stop problem if problem scene or participants are operating unsafely.
- Ensure that hard hats are worn and cleaned between problems.

I	Information Requested	A	Actions Taken	S	Statements			
<b>IMMEDIATE ACTION: (within first four minutes of problem)</b>								
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 on floor? .....	A/S				05	0	
4.	Did team secure the scene from hazards on shelves? .....	A/S				05	0	
5.	Did team ensure that forklift was stable and not a hazard? .....	A/S				05	0	
6.	Did team use proper body mechanics while moving boxes? .....	A				05	0	
7.	Did team protect themselves by using gloves? .....	A				10	0	
8.	<b>Patient</b>							
	Was effort made to determine level of consciousness? .....	A/S				02	0	
	Was effort made to assess quality of airway? .....	A/S				02	0	
	Was effort made to assess quality of pulse? .....	A/S				02	0	
	Was effort made to establish a gross bleed check? .....	A/S				05	0	
9.	Did team dispatch for an ambulance or investigate transportation possibilities? .....	S				10	0	
10.	Attempt made to contact management .....	S				05	0	
[STOP all alternate methods other than lifting feet and allowing patient to swing down onto shelf]								
11.	Careful support and movement of casualty onto shelf .....	S				05	0	
	onto blanketed shelf .....	S				05	0	
12.	Minimal movement of casualty, once the casualty was relocated ...	S				05	0	
13.	Proper questioning and investigating for other patients through Patient .....	S				05	0	

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14. Attempts to survey ground level for additional casualties . . . . . S 05 0

**SECONDARY ACTION:**

15. Was body warmth maintained (SHOCK) for over . . . . . A 10 0

16. Did team ask questions in order to determine the History . . . . . A 10 0

17. Did team interact during Primary/Secondary assessment  
(explaining what they were doing and questioning him/her for pain etc.)  
**Patient 1** . . . . . A 05 0

**18. Secondary Assessment**

Did team perform suitable assessment of the following areas:

skull	(no bumps, no indentations, bleeding to forehead) . .	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, discolouration and tendernessLUQ)[spleen]	A/S	02	0
pelvic area	(as found, discolouration and tenderness around hip) .	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, open fracture to forearm, dislocation shder)	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 one position during examination . . . . . A 05 0

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

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

Pulse Check (**once**) (corrected to be 100, weak and irregular) . . . . . A 10 0

Pulse Check (**twice**) (corrected to be 130, weak and irregular) . . . . . A 10 0

Respiration Check (**once**) (corrected to be 20 shallow, irregular) . . . . . A 10 0

Respiration Check (**twice**) (corrected to be 24 shallow, irregular) . . . . . A 10 0

Temperature/Skin Condition Checked (**once**) (pale, cold, clammy) . . . . . A 10 0

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Temperature/Skin Condition Checked ( <b>twice</b> ) (pale, cold, clammy)	A	10	0
<b>Reassurance provided...</b> (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	05	0
Was casualty questioned about allergies	A	05	0
Was casualty questioned about medications	A	05	0

**TREATMENTS:**

<b>19. Open Fracture to Right Arm of Patient</b>			
Was bleeding controlled (Ring Pad with gauze)	A	10	0
Was it protected with sterile dressing	A	02	0
Was indirect pressure applied via ring pad to control bleeding	A	05	0
Was bandage checked (once, as found)	A/S	05	0
Was fracture adequately supported/immobilized	A/S	10	0
padding used	A/S	02	0
Was distal temperature checked	A/S	05	0
<b>20. Dislocation of Right Shoulder of Patient</b>			
Was it inspected visually [swelling and deformity]	A	05	0
Was adequate padding used	A	10	0
Was bandaging checked (once)	A/S	05	0
Was bandaging adequate to immobilize shoulder	A	10	0
Was distal circulation checked	A	05	0
<b>21. Suspected Ruptured Spleen</b>			
Was injury of the spleen suspected	S	05	0
Was tenderness and discolouration noted	A	02	0
Despite complaints of thirst, nothing given by mouth	A	02	0
Elevation of feet performed to treat for severe shock	A	05	0

**RECORDING:**

<b>22.</b>	Was the time and date of incident recorded	A	02	0
<b>23. Patient</b>				
	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

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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 open fracture of forearm recorded? . . . . .	A	02	0
Was treatment of the forearm recorded? . . . . .	A	02	0
Was suspected abdominal injury (ruptured spleen) recorded? . . . . .	A	02	0
Was treatment of the internal injury recorded? . . . . .	A	02	0
Was condition of thirst recorded? . . . . .	A	02	0
Was history of the wearing of a safety belt during fall recorded? . . .	A	02	0
Was suspected dislocation of right shoulder recorded? . . . . .	A	02	0
Was treatment of the dislocation recorded? . . . . .	A	02	0
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 both first aiders? . . . . .	A	02	0

Total Possible Marks: 401

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

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

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

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

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

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

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