

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

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**CODE NAME - "Seeing is Believing"****Team Members:** \_\_\_\_\_ **Category:** \_\_\_\_\_**Problem Statement**

During a stormy evening, an employee seeks the team for assistance. Due to badly stacked inventory, an employee becomes pinned under a fallen shelf.

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

CONSCIOUS coherent and willing to cooperate

FRACTURED RIBS; LEFT SIDE, with lung involvement

FRACTURE to right ankle; medial

FRACTURE to left wrist

LACERATION to right arm - 2"

Signs of shock - SWEATING; PALE

GENERAL DIRTY APPEARANCE

**History**

During restocking, an employee over stocks a shelf and it falls onto him. The team finds the casualty under a metal stack with assorted books and boxes around the area. The casualty is conscious and complaining about his ankle and wrist.

When or as the team removes the shelving unit from the casualty, the casualty yells in pain as a metal object is removed from their abdomen (as it was attached to the self being moved).

About five minutes into the accident, the lighting to the floor is cut and someone on a public address system advises the floor that the stormy weather has apparently cut electricity to their building and that the fire department and electrical company had been notified. Power will be restored as soon as possible.

Power is restored during the last five minutes of the problem.

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Judging Notes:

- Assist team with prompting if casualty does not respond properly.
- Please check the casualties' positions and all simulation.
- Judges to attempt not to assist teams by sharing their lights with them.  
Teams must survive on their own.

I      Information Requested      A      Actions Taken      S      Statements

IMMEDIATE ACTION: (within first four minutes of problem)

1.	Did a team member take charge . . . . .	A	05	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 use proper body mechanics while moving boxes/shelving? . . . . .	A	05	0
6.	Did team protect themselves by using gloves? . . . . .	A	10	0
7.	<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
8.	Did team dispatch for an ambulance or investigate transportation possibilities? . . . . .	S	10	0
9.	Attempt made to contact management . . . . .	S	05	0
10.	Proper questioning and investigating for other patients through Patient . . . . .	S	05	0

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**SECONDARY ACTION:**

11.	Was body warmth maintained (SHOCK) for	under . . . . .	A	05	0
		over . . . . .	A	10	0
12.	Did team ask questions in order to determine the History . . . . .		A	10	0
13.	Did team interact during Primary/Secondary assessment (explaining what they were doing and questioning him/her for pain etc.) . . . . .		A	05	0
14.	<b>Secondary Assessment</b> Did team perform suitable assessment of the following areas:				
	skull (no bumps, no indentations) . . . . .		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, small amount of coughed blood) . . . . .		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, bruising, tenderness, major breathing diff) . . . . .		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, ankle swelling, tenderness) . . . . .		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, 2" laceration, dislocation) . . . . .		A/S	02	0
	right hand (as found) . . . . .		A/S	02	0
	left clavicle (as found) . . . . .		A/S	02	0
	left arm (as found, wrist swelling and tenderness) . . . . .		A/S	02	0
	left hand (as found) . . . . .		A/S	02	0
	If team asks if "trachea is midline", correct to "deviated to right" . . . . .		A	05	0
	Was casualty kept in position found during examination . . . . .		A	10	0
	Was monitoring of pulse and respirations maintained? . . . . .		A/S	10	0
	<b>Vitals:</b> Did team perform suitable assessment of the following				
	Pulse Check ( <b>once</b> ) (corrected to be 100, full and regular) . . . . .		A	10	0
	Pulse Check ( <b>twice</b> ) (corrected to be 130, weak and irregular) . . . . .		A	10	0
	Respiration Check ( <b>once</b> ) (corrected to be 28 shallow, irregular) . . . . .		A	10	0
	Respiration Check ( <b>twice</b> ) (corrected to be 28 shallow, irregular) . . . . .		A	10	0

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Temperature/Skin Condition Checked ( <b>once</b> ) (pale, warm, moist) . . . . .	A	10	0
Temperature/Skin Condition ( <b>twice</b> ) (cyanotic, 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	10	0
Was casualty questioned about allergies . . . . .	A	10	0
Was casualty questioned about medications . . . . .	A	10	0

**TREATMENTS:**

<b>15. Minor Laceration to Right Arm of Patient</b>			
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
<b>16. Fracture of Left Wrist of Patient</b>			
Was it inspected visually [swelling and deformity] . . . . .	A	02	0
Was adequate padding used . . . . .	A	05	0
Was wrist immobilized adequately . . . . .	A	10	0
Was bandaging checked (once) . . . . .	A/S	02	0
Was distal circulation checked . . . . .	A	05	0
<b>17. Fracture of Right Ankle of Patient</b>			
Was it inspected visually [swelling and deformity] . . . . .	A	02	0
Was adequate padding used . . . . .	A	05	0
Was bandaging checked (once) . . . . .	A/S	05	0
Was bandaging checked (twice) . . . . .	A/S	05	0
Was bandaging adequate to immobilize ankle . . . . .	A	10	0
Was distal circulation checked . . . . .	A	05	0
<b>18. Fractured Left Ribs / Respiratory Difficulty</b>			
Was casualty inclined towards injured side . . . . .	A	05	0
Was airway monitored throughout problem . . . . .	A	10	0
Was support to rib cage provided with Left Arm and bandages . . . . .	A	10	0

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**RECORDING:**

19.	Was the time and date of incident recorded . . . . .	A	02	0
20.	<b>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
	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 left wrist recorded? . . . . .	A	02	0
	Was treatment of left wrist recorded? . . . . .	A	02	0
	Was suspected fracture of right ankle recorded? . . . . .	A	02	0
	Was treatment of right ankle recorded? . . . . .	A	02	0
	Was laceration to right arm recorded? . . . . .	A	02	0
	Was treatment of laceration to right arm recorded? . . . . .	A	02	0
	Was suspected fracture of left ribs recorded? . . . . .	A	02	0
	Was treatment of fractured ribs recorded? . . . . .	A	02	0
	Was concern over difficulty and shortness of breath recorded? . . . . .	A	02	0
	Was coughed blood (pneumothorax) noted in history? . . . . .	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 first aiders? . . . . .	A	02	0

Total Possible Marks: \_\_\_\_\_ 411 \_\_\_\_\_

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

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

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

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

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

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

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