

2015

**St. John Ambulance
Ontario Medical First Response Competition
Provincial Competition**

TEAM SCENARIO

Scenario 6 - “Bumper Cars”

Background Scenario

You and your team are Providing First Aid Services at the major sporting event.

A bystander has alerted you to a car crash in a nearby parking lot. Witnesses say that a car was driving through when it picked up speed and hit a parked car before stopping away from the impact. The car does have a large amount of damage to it, but the occupants are all alive.

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**

2015 OMFRC Provincial Competition AMFR/PRO Scenario 6

CASUALTY SIMULATORS INFORMATION Scenario : “Bumper Cars”



(BACKGROUND – NOT TO BE SHARED WITH COMPETITORS)

Total Patients: 2 + 1 uninjured Infant secured in rear facing bucket car seat.
– both “parents” in normal street clothes. Location: Hydro Field.

The crew is working at the first aid station of the major sporting event. You are notified that there was a collision involving a single car into a barrier/curb in the nearby parking lot. The car does have a large amount of damage to it, but the occupants are all alive.

The driver is dazed and denies striking his head or neck (that he can remember.) He is a diabetic who has not eaten today, states that the family was on their way to get lunch between the events they have tickets for. Patient feels he is hypoglycemic. During the crash he sustains bilateral closed wrist fractures and right closed ankle fracture. The Passenger states that she struck her head “hard” during impact and complains of headache and neck pain. No other injuries. She/he is concerned over their baby in the back seat. The baby was safe and secure in their rear facing (properly installed) bucket seat and is sleeping but completely fine.

NOTE:

- There will be a 3 minute warning to the judges to signify the end of the primary survey.
- There will also be a 2 minute remaining signal for the team’s benefit.

PROPS (Per Scenario/Team)

- 2 Casualties in normal clothing
- 1 crashed car (secured and safe on all 4 wheels in parking lot)
- Infant (Bucket) car seat (properly secured in middle of backseat)
- Infant manikin secured in car seat.
- Juice/Sugar/candy randomly in backseat
- PCR’s (SFA & MFR)
- First aid kit (SFA and MFR)
- Blankets x2 (SFA & MFR)
- Arm Splints x2 (SFA & MFR)
- Oxygen Kit & Masks (MFR Only)
- Spinal Kit = Collars, Straps, Backboard. (MFR Only)

2015 OMFRC Provincial Competition AMFR/PRO Scenario 6

CASUALTY SIMULATORS INFORMATION ~ “Bumper Cars”

Casualty 1 –Dizzy Diabetic Driver:(sitting in drivers seat, car turned on.)



Information	Casualty Simulation Required
<ul style="list-style-type: none"> Conscious Patient sitting in drivers seat of car. 	<ul style="list-style-type: none"> Patient is wearing seatbelt. NO airbag (remove if deployed)
<ul style="list-style-type: none"> Diabetic - Hypoglycemia 	<ul style="list-style-type: none"> You are confused and dizzy You do not remember striking your head in the crash You are hungry You feel like you have low sugar
<ul style="list-style-type: none"> Bilateral (BOTH SIDES) closed wrist fractures 	<ul style="list-style-type: none"> Swelling Bruising
<ul style="list-style-type: none"> Shock 	<ul style="list-style-type: none"> pale, cool, sweaty skin

HISTORY:

- You are a diabetic who has not eaten today.
- Your family was on their way to get lunch between the events they have tickets for. Patient feels he is hypoglycemic.
- During the crash he sustains bilateral closed wrist fractures and right closed ankle fracture. You think your wrists buckled into the steering wheel and your ankle got hurt from slamming on the brakes.

VITAL SIGNS:

	1 st SET	2 nd SET
RESP.	14 shallow, regular	16 shallow, regular
PULSE	116 rapid, regular	104 rapid, regular
BP	112/64	118/72
SKIN	Pale, cool, clammy	Pale, cool, clammy
LOC	Conscious	Conscious

SAMPLE:

Allergies: None

Medications: Insulin 20 Units 2 times daily, metformin

Past Medical History: IDDM since childhood

Last meal: Yesterday dinner

CASUALTY SIMULATORS INFORMATION ~ “Bumper Cars”

Casualty 2 – Passenger:(passenger seat, head resting on side window/frame)



Information	Casualty Simulation Required
<ul style="list-style-type: none"> • Head and Neck Pain 	<ul style="list-style-type: none"> • Bruise on right temple from striking the passenger side window. • Sore neck muscles on both sides • No changes in consciousness
<ul style="list-style-type: none"> • Shock 	<ul style="list-style-type: none"> • Mildly pale, cold, sweaty.

HISTORY:

- You are the passenger in your spouses car going to get lunch between events that you have tickets for.
- Your spouse is a diabetic and hasn't eaten since last night. He/She began driving weird and the car revved up and struck a parked car.
- During the impact your head went sideways and struck your closed passenger side window. You have not lost consciousness and are fully alert and oriented.
- You are concerned over the welfare of your baby who was sleeping in the back seat.

VITAL SIGNS:

	1 st SET	2 nd SET
RESP.	18 shallow and regular	16 shallow and regular
PULSE	84 Strong and Regular	80 strong and Regular
BP	124/82	126/90
SKIN	Pale, cool, clammy	Pale, cool, clammy
LOC	Conscious	Conscious
PUPILS	Equal and Reactive	Equal and Reactive

SAMPLE:

Allergies: None
Medications: None
Past Medical History: None
Last meal: Last Night dinner

CASUALTY SIMULATORS INFORMATION ~ “Bumper Cars”

Casualty 3 – Sleeping baby:(Secured in car seat, back middle seat)



Information	Casualty Simulation Required
<ul style="list-style-type: none"> No injury. 	<ul style="list-style-type: none"> Secured properly in car seat.

VITAL SIGNS:

	1 st SET	2 nd SET
RESP.	32 shallow and regular	30 shallow and regular
PULSE	122 Strong and Regular	130 strong and Regular
SKIN	Normal	Normal
LOC	Conscious	Conscious

SAMPLE: **Allergies:** None
 Medications: None
 Past Medical History: None
 Last meal: Bottle 1 hour ago

2015 OMFRC Provincial Competition AMFR/PRO Scenario 6

2015 OMFRC – AMFR/PRO Level

***“Bumper Cars”* TEAM SCENARIO**

Team Number _____ Unit: _____

Team Member #1 _____

Team Member #2 _____

Team Member #3 _____

Team Member #4 _____

Judges' Names _____

Casualty 1 – “Dizzy Diabetic”:

Page 7- Primary Survey (Possible 160) Sub-Total _____

Page 8 - Secondary Survey (Possible 260) Sub-Total _____

Page 9 - Tx, Shock & General (Possible 220) Sub-Total _____

Page 10 - Recording (Possible 220) Sub-Total _____

Casualty 1 (Possible 860) Total _____

Casualty 2 – “Passenger ”:

Page 11 - Primary Survey (Possible 170) Sub-Total _____

Page 12 – Secondary Survey (Possible 260) Sub-Total _____

Page 13 – Care, Shock & General (Possible 200) Sub-Total _____

Page 14- Recording (Possible 220) Sub-Total _____

Casualty 2 (Possible 850) Total _____

Casualty 3 – “Sleeping Baby” :

Page 15 – Primary & Secondary (Possible 220) Sub-Total _____

Page 16 – General & Recording (Possible 200) Sub-Total _____

Casualty 3 (Possible 420) Total _____

Total Points Awarded
Casualty 1, 2& 3 (Possible 2130)

CASUALTY 1 – “Dizzy Diabetic Driver” TEAM

SCENE / PRIMARY SURVEY:			P O I N T S	N O T D O N E
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.		A/S		
1.1	Did First Aider take charge of the situation?	S	10	0
1.2	Did First Aider I.D. self and obtain consent?	A/S	10	0
1.3	Did First Aider wear protective gloves?	A/S	10	0
1.4	Did First Aider call out for help?	S	10	0
1.5	Were hazards assessed? <i>(Turn off Car, Ensure No traffic)</i>	S	10	0
1.6	Did Team determine any other casualties? <i>(2 others)</i>	A	10	0
1.7	Did Team determine/state the mechanism of injury? <i>(crash)</i>	A	10	0
1.8	Was the casualty warned not to move?	S	10	0
1.9	Did Team assess responsiveness <i>(Conscious/ Talking)</i>	S	10	0
1.10	Did Team assess airway? <i>(Open)</i>	A	10	0
1.11	Did Team assess breathing? <i>(14 Shallow regular)</i>	A/S	10	0
1.12	Did Team assess the casualty's circulation – Pulse?(116 rapid)	A	10	0
1.13	Did Team assess the casualty's circulation – skin/ temp? <i>(skin is cool, pale & sweaty)</i>	A/S	10	0
1.14	Did Team perform a rapid body survey?	A/S	10	0
1.15	Did Team activate EMS?	A	10	0
1.16	Did Team activate Police? <i>(crash)</i>	A	10	0
PRIMARY SURVEY SUB-TOTAL(/160)				

CASUALTY 1 – “Dizzy Diabetic Driver” TEAM

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. <i>Actions in this section may be done in any order.</i>		A/S	P O I N T S	N O T D O N E
2.0	HISTORY OF THE CASUALTY:			
2.1	Did the team ask about SYMPTOMS? (<i>wrist and ankle pain</i>)	A/S	10	0
2.2	Did the Team ask if casualty has any ALLERGIES? (<i>None</i>)	S	10	0
2.3	Did the Team ask about MEDICATION? (<i>Insulin 20 unit twice daily, metformin</i>)	S	10	0
2.4	Did the Team ask past MEDICAL HISTORY? (<i>IDDM</i>)	S	10	0
2.5	Did the Team ask LAST ORAL INTAKE? (<i>Last night dinner</i>)	S	10	0
2.6	Did the Team determine how the incident happened/ HISTORY?	S	10	0
3.0	CASUALTY'S VITAL SIGNS ASSESSMENT			
3.1	Did the Team determine Level of Consciousness? (<i>Conscious</i>)	A/S	10	0
3.2	Did the Team assess Respiration? (<i>14 Shallow regular</i>)	A	10	0
3.3	Did the Team assess Pulse? (<i>116 Rapid & regular</i>)	A	10	0
3.4	Did the team assess Blood Pressure? (<i>112/64</i>)	A	10	0
3.5	Did the Team assess Skin Condition & Temperature? (<i>pale, cool & clammy</i>)	A	10	0
4.0	HEAD TO TOE EXAMINATION			
4.1	Check scalp? (<i>no deformity</i>)	A	10	0
4.2	Check eyes? (<i>equal & reactive</i>)	A	10	0
4.3	Check nose? (<i>no findings</i>)	A	10	0
4.4	Check mouth? (<i>no findings</i>)	A	10	0
4.5	Check jaw? (<i>no findings</i>)	A	10	0
4.6	Check ears? (<i>no findings</i>)	A	10	0
4.7	Check neck? (<i>no deformity, no pain</i>)	A	10	0
4.8	Check collarbones & Shoulders? (<i>no deformity</i>)	A	10	0
4.9	Check both arms/hands? (<i>swelling/bruising BOTH wrists</i>)	A	10	0
4.10	Check chest? (<i>no findings</i>)	A	10	0
4.11	Check abdomen? (<i>no findings</i>)	A	10	0
4.12	Check back? (<i>No findings</i>)	A	10	0
4.13	Check pelvis? (<i>no deformity</i>)	A	10	0
4.14	Check both legs? (<i>no deformity</i>)	A	10	0
4.15	Check both ankles and feet? (<i>swelling, bruising RIGHT ankle</i>)	A	10	0
SECONDARY SURVEY SUB-TOTAL (/260)				

CASUALTY 1 – “Dizzy Diabetic Driver” TEAM

5.0	HYPOGLYCEMIA			
5.1	Did the team determine Hypoglycemia?	A/S	10	0
5.2	Was the patient given something sweet to eat/drink?	A/S	10	0
5.3	Did the team ensure patent airway AFTER giving sugar?	A	10	0
6.0	CLOSED FRACTURE WRIST - LEFT			
6.1	Did the team check distal circulation before bandaging?	A/S	10	0
6.2	Did the team splint LEFT arm and secure with 2 bandages?	A	10	0
6.3	Was the LEFT arm supported in a standard arm sling?	A	10	0
6.4	Did the team recheck distal circulation after bandaging?	A/S	10	0
6.5	Was cold/ice used over the LEFT wrist?	A	10	0
7.0	CLOSED FRACTURE WRIST - RIGHT			
7.1	Did the team check distal circulation before bandaging?	A/S	10	0
7.2	Did the team splint RIGHT arm and secure with 2 bandages?	A	10	0
7.3	Was the RIGHT arm supported in a standard arm sling?	A	10	0
7.4	Did the team recheck distal circulation after bandaging?	A/S	10	0
7.5	Was cold/ice used over the RIGHT wrist?	A	10	0
8.0	SHOCK AND GENERAL			
8.1	Was casualty covered “over” to lessen shock?	A	10	0
8.2	Was casualty reassured?	S	10	0
8.3	Was LOC reassessed? 2 nd set <i>(Conscious)</i>	A/S	10	0
8.4	Was respiration reassessed? 2 nd set <i>(16 Shallow)</i>	A	10	0
8.5	Was pulse reassessed? 2 nd set <i>(104 rapid, regular)</i>	A	10	0
8.6	Was Blood Pressure reassessed? 2 nd set <i>(118/72)</i>	A	10	0
8.7	Was skin reassessed? 2 nd set <i>(pale, cool, sweaty)</i>	A	10	0
8.8	Was the Pupils assessed at any time? <i>(Equal and Reactive)</i>	A	10	0
9.0	PERSONAL PROTECTIVE EQUIPMENT			
9.1	Were gloves effective? <i>(torn gloves must be replaced)</i>	A	10	0
TREATMENT/CARE SUB-TOTAL(/220)				

CASUALTY 1 – “Dizzy Diabetic Driver” TEAM

10.0	RECORDING			
10.1	Was the Incident date and time recorded?	A	10	0
10.2	Was the casualty's information recorded?	A	10	0
10.3	Was an accurate incident history recorded?	A	10	0
10.4	Was the lack of allergies recorded?	A	10	0
10.5	Was the use of diabetic medications recorded?	A	10	0
10.6	Was the diabetic medical history recorded?	A	10	0
10.7	Was the last meal (last night) recorded?	A	10	0
10.8	Was the Hypoglycemia recorded?	A	10	0
10.9	Was the Closed LEFT wrist fracture recorded?	A	10	0
10.10	Was the closed RIGHT wrist fracture recorded?	A	10	0
	Vital Signs Note: If no time recorded, then no mark.			
10.11	Was the 1 st vital signs LOC recorded?	A	5	0
10.12	Was the 1 st vital signs Respiration recorded?	A	5	0
10.13	Was the 1 st vital signs Pulse recorded?	A	5	0
10.14	Was the 1 st vital signs Blood Pressure recorded?	A	5	0
10.15	Was the 1 st vital signs Skin & Temperature recorded?	A	5	0
10.16	Was the 2 nd vital signs LOC recorded?	A	5	0
10.17	Was the 2 nd vital signs Respiration recorded?	A	5	0
10.18	Was the 2 nd vital signs Pulse recorded?	A	5	0
10.19	Was the 2 nd vital signs Blood Pressure recorded?	A	5	0
10.20	Was the 2 nd vital signs Skin & Temperature recorded?	A	5	0
10.21	Was the equal and reactive pupils recorded?	A	10	0
10.22	Was the treatment for Hypoglycemia recorded?	A	10	0
10.23	Was the treatment for the LEFT wrist fracture recorded?	A	10	0
10.24	Was the treatment for the RIGHT wrist fracture recorded?	A	10	0
10.25	Was notification of EMS recorded?	A	10	0
10.26	Was notification of Police recorded?	A	10	0
10.27	Was the name(s) of the first aid team legibly recorded?	A	10	0
RECORDING SUB-TOTAL(/220)				

CASUALTY 2 – “Passenger” TEAM

SCENE / PRIMARY SURVEY:			P O I N T S	N O T D O N E
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.		A/S		
1.1	Did First Aider take charge of the situation?	S	10	0
1.2	Did First Aider I.D. self and obtain consent?	A/S	10	0
1.3	Did First Aider wear protective gloves?	A/S	10	0
1.4	Did First Aider call out for help?(1 bystander available)	S	10	0
1.5	Were hazards assessed? (Ensure Car off)	S	10	0
1.6	Did Team determine any other casualties? (2 others)	A	10	0
1.7	Did Team determine/state the mechanism of injury? (crash)	A	10	0
1.8	Was the casualty warned not to move?	S	10	0
1.9	Was a bystander used to support the head/Neck?	A/S	10	0
1.10	Did Team assess responsiveness (Conscious/ Talking)	A	10	0
1.11	Did Team assess airway? (Open)	S	10	0
1.12	Did Team assess breathing? (16 shallow & regular)	A	10	0
1.13	Did Team Apply Oxygen to the patient?	A	10	0
1.14	Did the team assess Circulation – Pulse? (84 strong regular)	A	10	0
1.15	Did Team assess the casualty’s circulation – skin/ temp?(shock)	A/S	10	0
1.16	Did Team perform a rapid body survey?	A	10	0
1.17	Did Team activate EMS?	A/S	10	0
PRIMARY SURVEY SUB-TOTAL(/170)				

CASUALTY 2 – “Passenger” TEAM

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.		A/S	P O I N T S	N O T D O N E
2.0	HISTORY OF THE CASUALTY:			
2.1	Did the team ask about SYMPTOMS? (<i>headache, neck pain</i>)	A/S	10	0
2.2	Did the Team ask if casualty has ALLERGIES? (<i>None</i>)	S	10	0
2.3	Did the Team ask about MEDICATIONS? (<i>None</i>)	S	10	0
2.4	Did the Team ask past MED. HISTORY? (<i>None</i>)	S	10	0
2.5	Did the Team ask LAST ORAL INTAKE? (<i>last night dinner</i>)	S	10	0
2.6	Did the Team determine how the incident happened/ HISTORY?	S	10	0
3.0	CASUALTY'S VITAL SIGNS ASSESSMENT			
3.1	Did the Team determine Level of Consciousness? (<i>Conscious</i>)	A/S	10	0
3.2	Did the Team assess Respiration? (<i>18 Shallow & Reg.</i>)	A	10	0
3.3	Did the Team assess Pulse? (<i>84 strong & regular</i>)	A	10	0
3.4	Did the team assess Blood Pressure? (<i>124/82</i>)	A	10	0
3.5	Did the Team assess Skin Condition & Temperature? (<i>pale, cool & clammy</i>)	A	10	0
4.0	HEAD TO TOE EXAMINATION			
4.1	Check scalp? (<i>Bruise on RIGHT temple</i>)	A	10	0
4.2	Check eyes? (<i>equal & reactive</i>)	A	10	0
4.3	Check nose? (<i>no findings</i>)	A	10	0
4.4	Check mouth? (<i>no findings</i>)	A	10	0
4.5	Check jaw? (<i>no findings</i>)	A	10	0
4.6	Check ears? (<i>no findings</i>)	A	10	0
4.7	Check neck? (<i>no deformity, no pain</i>)	A	10	0
4.8	Check collarbones & Shoulders? (<i>no deformity</i>)	A	10	0
4.9	Check both arms/hands? (<i>no deformity</i>)	A	10	0
4.10	Check chest (<i>no findings</i>)	A	10	0
4.11	Check abdomen? (<i>No findings</i>)	A	10	0
4.12	Check back? (<i>no deformity</i>)	A	10	0
4.13	Check pelvis? (<i>no deformity</i>)	A	10	0
4.14	Check both legs? (<i>no deformity</i>)	A	10	0
4.15	Check both ankles and feet? (<i>no deformity</i>)	A	10	0
SECONDARY SURVEY SUB-TOTAL(/260)				

CASUALTY 2 – “Passenger” TEAM

8.0	RECORDING			
8.1	Was the Incident date and time recorded?	A	10	0
8.2	Was the casualty's information recorded?	A	10	0
8.3	Was an accurate incident history recorded?	A	10	0
8.4	Was the Bruise to RIGHT temple recorded?	A	10	0
8.5	Was No Loss of consciousness recorded?	A	10	0
8.6	Was the presence of neck pain recorded?	A	10	0
8.7	Was No allergies recorded?	A	10	0
8.8	Was the lack of medication use recorded?	A	10	0
8.9	Was the lack of a medical history recorded?	A	10	0
8.10	Was the last meal (last night) recorded?	A	10	0
	Vital Signs Note: <i>If no time recorded, then no mark.</i>			
8.11	Was the 1 st vital signs LOC recorded?	A	5	0
8.12	Was the 1 st vital signs Respiration recorded?	A	5	0
8.13	Was the 1 st vital signs Pulse recorded?	A	5	0
8.14	Was the 1 st vital signs Blood Pressure recorded?	A	5	0
8.15	Was the 1 st vital sign pupils recorded?	A	5	0
8.16	Was the 1 st vital signs Skin & Temperature recorded?	A	5	0
8.17	Was the 2 nd vital signs LOC recorded?	A	5	0
8.18	Was the 2 nd vital signs Respiration recorded?	A	5	0
8.19	Was the 2 nd vital signs Pulse recorded?	A	5	0
8.20	Was the 2 nd Vital sign Blood Pressure Recorded?	A	5	0
8.21	Was the 2 nd vital sign pupils recorded?	A	5	0
8.22	Was the 2 nd vital signs Skin & Temperature recorded?	A	5	0
8.23	Was the c-spine support recorded?	A	10	0
8.24	Was the C-collar application recorded?	A	10	0
8.25	Was the KED application recorded?	A	10	0
8.26	Was the immobilization on a backboard recorded?	A	10	0
8.27	Was notification of EMS recorded?	A	10	0
8.28	Was the name(s) of the first aid team legibly recorded?	A	10	0
RECORDING SUB-TOTAL(/220)				

CASUALTY 3 – “Sleeping Baby”**TEAM #**

PRIMARY SURVEY:		A/S	Points	No Points
<i>Actions in this section may be done in any order.</i>				
1.1	Did First Aider I.D. self and obtain consent from parent?	A/S	10	0
1.2	Did First Aider wear protective gloves?	A/S	10	0
1.3	Were hazards assessed? <i>(None in backseat If car turned off)</i>	S	10	0
1.4	Did Team determine any other casualties? <i>(2 others)</i>	A	10	0
1.5	Did Team assess responsiveness <i>(Sleeping, but OK)</i>	A/S	10	0
1.6	Did Team assess airway? <i>(Open)</i>	A/S	10	0
1.7	Did Team assess breathing? <i>(32 Shallow regular)</i>	A/S	10	0
1.8	Did Team assess the casualty's circulation – Pulse? <i>(122 strong)</i>	A/S	10	0
1.9	Did Team assess the casualty's circulation – skin/temp? <i>(Normal)</i>	A	10	0
1.10	Did Team perform a rapid body survey? <i>(No Findings)</i>	A	10	0

SECONDARY SURVEY:		A/S	Points	No Points
2.0	HISTORY OF THE CASUALTY:			
2.1	Did the Team ask if casualty has any ALLERGIES? <i>(none)</i>	A/S	10	0
2.2	Did the Team ask about MEDICATIONS? <i>(None)</i>	S	10	0
2.3	Did the Team ask past MEDICAL HISTORY? <i>(None)</i>	S	10	0
2.4	Did the Team ask LAST ORAL INTAKE? <i>(Bottle 1 Hour ago)</i>	S	10	0
3.0	CASUALTY'S VITAL SIGNS ASSESSMENT			
3.1	Did the Team determine Level of Consciousness? <i>(Conscious)</i>	A/S	10	0
3.2	Did the Team assess Respiration? <i>(32shallow, regular)</i>	A	10	0
3.3	Did the Team assess Pulse? <i>(122 Strong Regular)</i>	A	10	0
3.4	Did the Team assess Skin Condition & Temperature? <i>(Normal)</i>	A	10	0
4.0	HEAD TO TOE EXAMINATION			
4.1	Check Head? <i>(no deformity)</i>	A	10	0
4.2	Check Chest/Abdomen/Back? <i>(no deformity)</i>	A	10	0
4.3	Check Both arms/Hands? <i>(no findings)</i>	A	10	0
4.4	Check Both legs/Feet? <i>(no findings)</i>	A	10	0
PRIMARY & SECONDARY SUB-TOTAL (/220)				

CASUALTY 3 – “Sleeping Baby”**TEAM #**

5.0	SHOCK AND GENERAL			
5.1	Was casualty covered “over” to lessen shock?	A	10	0
5.2	Was LOC reassessed? 2 nd set <i>(Sleeping, Conscious)</i>	A/S	10	0
5.3	Was respiration reassessed? 2 nd set <i>(30 shallow regular)</i>	A	10	0
5.4	Was pulse reassessed? 2 nd set <i>(130 strong regular)</i>	A	10	0
5.5	Was skin reassessed? 2 nd set <i>(Normal)</i>	A	10	0
5.6	Was baby kept secured in Car seat for duration to ensure No unnecessary movement.	A	10	0
6.0	PERSONAL PROTECTIVE EQUIPMENT			
6.1	Were gloves effective? <i>(torn gloves must be replaced)</i>	A	10	0

8.0	RECORDING			
8.1	Was the Incident date and time recorded?	A	10	0
8.2	Was the casualty’s information recorded?	A	10	0
8.3	Was an accurate incident history recorded?	A	10	0
8.4	Was the lack of injury/ assessment findings recorded?	A	10	0
8.5	Was the lack of allergies recorded?	A	10	0
8.6	Was the lack of medication use recorded?	A	10	0
8.7	Was the lack of medical history recorded?	A	10	0
8.10	Was the last meal (1 hour ago) recorded?	A	10	0
	Vital Signs Note: If no time recorded, then no mark.			
8.13	Was the 1 st vital signs LOC recorded?	A	5	0
8.14	Was the 1 st vital signs Respiration recorded?	A	5	0
8.15	Was the 1 st vital signs Pulse recorded?	A	5	0
8.16	Was the 1 st vital signs Skin & Temperature recorded?	A	5	0
8.17	Was the 2 nd vital signs LOC recorded?	A	5	0
8.18	Was the 2 nd vital signs Respiration recorded?	A	5	0
8.19	Was the 2 nd vital signs Pulse recorded?	A	5	0
8.20	Was the 2 nd vital signs Skin & Temperature recorded?	A	5	0
8.21	Was the name(s) of the first aid team legibly recorded?	A	10	0

TX & RECORDING SUB-TOTAL(/200)

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