



# ONTARIO MEDICAL FIRST RESPONSE COMPETITION



## “Train the Coach Day”

January 31st, 2015 - Community Safety Village of York Region  
Bruce’s Mill Conservation Area, Stouffville, Ontario

*This document is based on: Competition Team Training by Don Smith, 405 Scarborough Cadets  
St. John Ambulance - 1991 Cadet Leadership Conference - Geneva Park, Ontario with embedded OMFRC.ca Policies and Procedures (2015)*

**RESOURCES:** [CadetsOnline.ca](http://CadetsOnline.ca) / [StJohnOnline.ca](http://StJohnOnline.ca) and [OMFRC.ca](http://OMFRC.ca)

### Purpose

*I hope that this seminar and these notes will enlighten you and answer all your questions, promoting your involvement in Health Care Competitions. In my opinion, competition scenario team training help to develop a very high level of understanding and competency in Emergency Health Care. Competing with other teams is an excellent means of increasing knowledge and proficiency in skills, thereby making the individual or team more capable of handling real life emergency situations while developing comradery among your membership.*

*Personally, competition team training has provided an excellent medium for which my division has enjoyed the company and friendship of many opponents from around the province, country, and the commonwealth. It goes without saying, that successful training has also provided an opportunity for travel to distant communities. Most of my cadets would never have had the chance to travel to these places without this "vehicle".*

### Objective

To provide a brief overview of the scope and opportunities that health care competition team training provides to the divisional unit and to assist coaches and their teams with their preparation.

*On Saturday March 7, 2015, community service teams from zones across the Province will compete. Successful representative teams from each of our zone/regionals will then come together on Saturday May 9, 2015 to compete at our OMFRC Provincial Finals.*

*The objectives of these first aid competitions are to improve the efficiency and quality of care provided by first aiders, to accustom first aiders to work in all types of surroundings, to build confidence in first aiders, to stimulate a healthy rivalry between competing teams, to provide the opportunity for competitors to meet and interact with their colleagues from across the province, and to allow members of the public to view the excellent care St. John Ambulance trained first aiders provide.*

*<http://Omfr.ca>*

## **Forming A Team**

*A team is formed of efficient members from one Divisional Unit. Depending on the nature of the competition, a team of two, four, or even six members as well as spares are required.*

*I have always initiated team training much the same way as a school athletic team. I invite all interested members to participate. I rarely train teams during regular meetings. Team training has always been an extra-curricular activity within my division. This method ensures that the team candidates do not miss out on any divisional activities. Since it is removed from divisional disturbances, this method provides a more stable and focused atmosphere.*

*As team training progresses, individuals tend to sort themselves. Many members cannot meet the training obligations and remove themselves without being "cut". The remaining members tend to develop working relationships with their teammates and in doing so provide suitable selections of teams.*

*One should not focus on training a team; rather, use competition training as a vehicle for training and offer it to as many members as possible who are willing to meet the obligations of competition.*

## **Team Composition (OMFRC)**

**Participation in the 2015 Ontario Medical First Response Competitions is open to:**

- **SJA Community Services Medical First Responder (MFR) Members**
- **SJA Community Services Search and Rescue (SAR) Members**
- **SJA Campus Response Teams (CRT) Members**
- **SJA Car Seat Technicians**
- **SJA Therapy Dog Members (*competing Therapy Dog members are not permitted to bring their dog(s) with them during the competition*)**
- **SJA Adult Members**
- **SJA Youth Members**

**Teams entering these Competitions must be comprised of (4) four competitors who meet the requirements as specified in this document. In addition, teams may include an optional spare competitor (see below) who meets the same requirements.**

**All competitors must be bona fide members of St. John Ambulance. Competitors must be registered members of the Unit for which they are competing. Transfer of membership between Units for the purposes of competing is not permitted. Proof of membership may be required prior to (Registration Form) or, on the day of the event.**

## Qualities of Team Members

Members should possess:

- a sincere desire to learn and work harmoniously with others;
- the capability to develop a thorough knowledge of First aid based on the current edition of the St. John Ambulance First Aid/ Health Care textbooks and any printed supplements;
- the determination to carry on with the team to the end of the competitions. Consistent training and team continuity are essential if you wish to develop a successful team;
- the qualifications necessary to qualify them for competition (an efficient member).
- the age classification which would enable the team to continue through the competition season. I have seen far too many teams disqualified during a competition because of an age violation. It is the coach's responsibility to administrate their team.
- the ability to remain in control, think fast, make decisions, the follow through in an orderly manner.

### 05. Competition Categories (OMFRC)

CATEGORIES	AGES	QUALIFICATIONS
Youth	Eleven (11) to Fifteen (15) years of age in the year of competition**	Standard First Aid
Adult Standard	Sixteen (16) and over as of 7Mar2015	Standard First Aid
Adult Advanced	Sixteen (16) and over As of 7Mar2015	Advanced Medical First Responder Level I
Adult Professional	Eighteen (18) years of age, or older, as of 7Mar2015.	A minimum of two members of the Team must be Health Care Professionals or Emergency First Responders. The other two team members and/or the (optional) spare must be Health Care Professionals, Emergency First Responders, or qualified to the Advanced Medical First Response level.

\*\* Allowing any youth member turning eleven (11) and having been fifteen (15) within the year of competition to compete within the Youth Category. Noting that the Youth Category will be assessed and designed based on the standard of Standard First Aid.

- i. Competitors may be required to produce proof-of-age and/or certification either prior to (Registration Form) or, on the day of the event.
- ii. Competitors under the age of (16) sixteen as of the day of the event WILL REQUIRE parental/guardian consent to participate and MUST BE accompanied by their Youth Leader who may be required to produce the parental/guardian consent forms at the time of registration on the day of the event.
- iii. “Health Care Professional” includes anyone licensed or registered by a professional health care body or College.
- iv. “Emergency First Responder” includes anyone (full-time, part-time, and volunteer) who is a firefighter, police officer, paramedic, military medic, mine rescue technician, or industrial first aider.

### ***Role of the Coach***

*One of the following individuals might be a good candidate for the coach of the First Aid team.*

- *A first aid instructor with competition and/or judging experience;*
- *persons involved in industrial safety, having a thorough knowledge of first aid;*
- *a well-motivated first aider;*
- *a competition minded medical or paramedical professional;*
- *a teacher with an interest in first aid, especially an instructor or brigade member;*

*This individual should possess:*

- *excellent first aid knowledge and skills, preferably with competition experience;*
- *maturity and patience;*
- *self-confidence and the ability to pass that confidence along to others;*
- *ability to admit mistakes, to praise, and to criticize constructively, when necessary;*
- *ability to entertain and develop a team desire to learn and practice.*

*Responsibilities of the Coach include:*

- *Select team members;*
- *Coordinate training activities;*
- *Become completely familiar with the rules and regulations;*
- *Know what first aid supplies are required;*
- *Ensure team members have appropriate qualifications;*
- *Coordinate team travel arrangements, when necessary;*
- *Motivate team members: the coach's biggest job!*

### **04. Coaches (OMFRC)**

**Coaches are encouraged to be with their teams during the briefing session. Following that, and once the competitors have been sequestered in their secure holding area(s), team Coaches may choose to:**

**a. stays sequestered with their team and accompany them to the various scenario sites. While accompanying them to the scenario sites, however, Coaches will not be permitted to communicate with their team members until they return to the secure holding area. If at any time throughout the competition the Coach decides to leave the secure holding area, he/she will become a member of the spectator gallery and not be permitted re-entry to the secure hold area.**

**OR**

**b. be a member of the spectator gallery. Coaches will not be permitted entry into the secure holding area at any time throughout the competition nor will they be permitted to communicate with their team in any manner until the conclusion of the event.**

### ***Role of the Captain***

*Selecting one member of the team as captain is an important task in team formation. During the early development and training of the team, each team member should be given the opportunity to act as captain. The final choice of captain should be the individual who can:*

- *Take charge of the situation;*
- *Delegate responsibility;*
- *Assist the coach in the training and development of team members;*
- *Create an atmosphere of cooperation and harmony among team members;*
- *Become completely familiar with the rules and regulations that govern First Aid Competitions and ensure team awareness;*
- *Ensure the safety of team members and of the casualty or casualties;*
- *Ensure the attendance of emergency services is requested;*
- *Lead team away from competition area when time is called. Ensure that team members do not remove bandages or other materials from treated casualties, unless instructed to do so;*
- *Set an example of cooperation between team and competition personnel.*

## **Team Development**

*To attain perfection as a team, it is necessary that the team practice first aid skills frequently. This means not just basic skills, but all variations on these skills, real accident situations rarely involve textbook injuries.*

*Initially, I recommend a number of intense fundamental treatment sessions. These sessions should not be designed to teach health care procedures (as regular divisional training should provide this training), rather they should be used to refine and clean up any misunderstandings and bad techniques. As proficiency increases, speed can be increased for each treatment, giving the team members more time to concentrate on the situation during scenario work.*

*As their level of competency increases, these initial sessions should concentrate on the application of health care treatments in unusual casualty positions. This tends to confuse and frustrate the novice team member; but their ability to perform these modifications in treatment is essential in order to become successful. Improvisation is essential for successful health care treatment in the field.*

*Analysis of the composition of first aid treatments and how these treatments can overlap and interfere with other treatments is very useful. Rarely does a casualty ever have one injury in an accident situation. The ability to combine and improvise treatments is essential for a successful team.*

*To develop a truly effective team, the majority of your training should concentrate on the ability of assessing the scenario and casualties involved.*

*I spend more time on assessment than any other component of the team's development. If you take the time to analyze the composition of a team scenario (normally a 15/20 minute problem), you should breakup the time into three main intervals:*

*1st..the assessment stage (3 min)*

*2nd.. the treatment stage (8 min)*

*3rd..the follow-up stage (4 min)*

*If your team is unable to accurately assess the situation and the casualty's injuries, then the remaining two stages will inevitably be flawed. The stress of competition is primarily due to the fear of the unknown. If the team has the skills to assess and diagnose the problem effectively in the first stage of the problem, the remaining time can be a rewarding and confidence building experience.*

*Competitions will be conducted on as practical lines as possible so that the ability of competitors may be tested under realistic conditions.*

*The ideal method of presenting a problem to a team is to simulate an accident scene and injuries in such detail that verbal or written prompting is necessary only to describe such things as weather conditions, proximity to communication facilities, etc. For example, you might use an actual damaged vehicle with a made-up casualty beside it who would react to suit the circumstances.*

*It may be difficult to create an ideal presentation of a problem. When competing teams are examined in different locations, it is unlikely that scenes could be staged identically. However, it should always be possible to provide a volunteer casualty, suitably dressed and made-up, using cosmetics, if a casualty simulation kit is not available.*

*I find that a team's ability to succeed in competition is dependent on their ability to focus and mentally condition themselves into believing (that for the 15/20 minutes that they are involved in the problem) that they are actually in the problem. While most competitions are held in gymnasiums and classrooms, if the opportunity presents itself, hold your competition practices or actual competitions in the actual surroundings where the problem would occur.*

*I believe that one of the reasons for my teams' success is because they take advantage of the situation. They mentally focus on the situation, not just the injuries and in some ways become "McGyver" and use their imaginary surroundings.*

*Details of the problem which are not self-evident, including description of weather conditions, surrounding, etc., may be given to a team verbally by the examiner or as part of the written instructions.*

*While interaction with the examiners is crucial to ensure that you are awarded for your team's treatments, minimal conversation should be made with examiners. My experience tells me that the majority of the examiners have minimal experience in competition evaluation. Therefore, a directed approach must be taken by your team in order to ensure appropriate evaluation of your team's performance.*

*This can be accomplished but establishing eye-to-eye contact whenever you wish to communicate with your examiner. Never ASSUME anything! Always provide "play-by-play" commentary. There is very VERY little which is said among team members which does not merit being heard by examiners.*

*A directed approach should focus on the use of **key** words usually found in the textbooks and therefore generally found within the context of the evaluation sheets which the judges will invariably fill out toward the end of the problem. Therefore, leaving **key** words in their minds will help the team's evaluation.*

*The person who is acting as the casualty should be rehearsed on symptoms and reactions to be shown and the appropriate answers to give when he is questioned by the team as to the location of pain, etc.*

*This variable is one of the most varying of variables. You are at the mercy of the volunteer casualty when attempting to accumulate symptoms and history. Some casualties will play the role very accurately while others will become an uncooperative manikin. Given the opportunity and resources, seek amateur actors or medical students.*



### **Training Methods and Techniques**

*You will find that your methods of training a team may vary greatly depending on the composition of your talent. Over the years, I have restricted my training to Cadet Teams. Anytime you deal with the education of youth (or adults for that matter), you need variety; while at the same time REPETITION! Develop a predictable pattern, system, or sequence. These predictable norms should be developed for both training and live competition settings.*

*Among the techniques which you may wish to try:*

**Appendix Journey** *Using the textbook appendix as a road map through competition content, have the team attempt to travel from the A's to Z's and identify questions or trivial data which they did not know before looking. Assign groups of letters as home-work and have the team report back their findings.*

**Speed Relays** *During the early stages of team development when you are seeking a mastery of member skills, speed relays for various bandage applications can be run. Sub-standard applications cannot be tolerated. Speed and perfection are essential to provide the team with extra minutes within their problems for reevaluation and handling of situational (not treatment) actions.*

**Jeopardy** *Have your members develop a Jeopardy game (with Alex). Individuals can develop a great variety of questions from all manuals, sorting them into categories, and sub-sorting them into levels of difficulty. This game can be a good tension breaker for the "night-before-competition gitters".*

**Visualizing** *Developing a dramatic theatrical approach to competition problems is essential if you want the EXTRA points which make the difference. As an exercise, have your team sit in a circle in your training room. Dim the lights and have your team close their eyes. Proceed through a list of potential problem settings and go around the circle having each member contribute to a description of the environment. Attempt to identify all hazards, materials, problems which may arise during the problem.*

**Blind Judging** *One of the most difficult tasks with younger or newer teams is developing their ability to communicate verbally amongst themselves as well as their judges. Most teams will ASSUME that their treatments and their actions are being monitored by undistracted judges! (WRONG!!!)*

*In the later stages of team development, when you are piecing the components of a "Priority Action" together, have your team be evaluated by judges who are seated facing away from the team. The team is forced to acquire all of their points during the problem by verbal communication.*

**Resource People** *To supplement your training, consider having a special resource person come and enlighten your teams about a particular topic of concern. Medical conditions, hypothermia, burns, eye injuries, etc..*

**Mock Competitions** *Consider organizing an invitational small scale competition in preparation for the "Real McCoy". Using the rest of your division as simulators, judges, casualties, prop organizers, brings the team's efforts back into the division. This activity also tends to stir up interest in newer or otherwise uninterested members for tryouts in your next season.*

## **Equipment**

*Over the years, I have developed a strong conviction for the "KISS - Keep It Simple Stupid" principle. While team members may have acquired advanced training and skills above and beyond the Standard First Aid Level, I have found this training to inhibit the member's ability to perform fundamental first aid treatments. Junior Cadet teams have the same chance at the OVERALL title as any other team. No matter who you are or who your team represents, all teams are judged on the St. John Ambulance - Standard First Aid and Family Health Care Manuals and nothing more! Therefore, I encourage your teams to develop a set of equipment and skills which reflect the needs of the Standard First Aid text.*

*An example of a team kit follows:*

- *3-4 blankets plastic garbage bags*
- *25-30 triangular bandages assorted pressure dressings*
- *2-3 pre-made ring pads note paper, pencil, pen*
- *1 soft collar 2-3 rolls of adhesive tape*
- *40-50 3x3 gauze squares/sponges scissors*
- *a complete set of wooden splints (padded) forceps*
- *1 pillow basin*
- *paper bags 1 plastic tool box to house supplies*
- *clip board 1 canvas hockey bag to house entire kit*
- *thermometer and cleaning solution assorted sizes of Kling bandage*
- *pre-made health care trays - sterile water bottle*
- *tongue depressors*

### **06. Standards (OMFRC)**

The official reference for the Youth Category and the Adult Standard Category will be all material found in the St. John Ambulance – First Aid Reference Guide text. Resuscitation will be evaluated at CPR Level C.

The official reference for the Adult Advanced Category and the Adult Professional Category will be all material found in the St. John Ambulance – First Aid Reference Guide text and the St. John Ambulance – Medical First Responder Student Manual. Resuscitation will be evaluated at CPR Level HCP.

Any supplements to either of the above, printed and in use two or more months prior to the event, may be used as the standard upon which the first aid scenarios are based and judged.

The competition will be conducted in English.

### **07. Equipment and Supplies (OMFRC)**

#### **For the Zone Competition**

Competing teams are required to supply their own first aid kit (one kit per team)

Competitors are not permitted to carry on their person any first aid equipment or supplies. All first aid equipment and supplies must be contained in the team's first aid kit.

Competing teams must ensure that they have a sufficient supply of

authorized supplies and equipment so as to be able to restock their first aid kit between competition scenarios
Competitors may only use: a. the first aid equipment and supplies found on the authorized kit list b. (at the discretion of the Judges) any equipment, supplies, materiel, etc. found in or around the first aid scenario site
<b>For the Provincial Competition</b>
Competitors will not be permitted to use their own first aid supplies or equipment.
On the morning of the event, competitors will be provided the opportunity to familiarize themselves with the issued supplies and equipment that may be used in the first aid scenarios.
Competitors may only use: a. the first aid equipment and supplies provided to them on the day of the event b. (at the discretion of the Judges) any equipment, supplies, materiel, etc. found in or around the first aid scenario site.

OMFRC Authorized list of equipment and supplies that each competing team's first aid kit may contain:

### **Ontario Kit #3**

QTY	Description
48	Adhesive Bandages Box-Assorted 16 pieces
1	SJA-First Aid Pocket Guide
12	Triangular Bandages, 102 x102 x 142 cm, each
24	Assorted Safety Pins, 12 pieces/bag
2	Cloth Tape, 2.5cm x 4.5m
48	Gauze Pads, 7.5 cm x 7.5 cm, 6 pieces/box
6	Compress Bandage, 10 x 10 cm, each
8	Gauze Roll, 5cm x 4.5m., 4 pieces/box
8	Gauze Roll, 10cm x 4.5m., 2 pieces/box
3	Wooden Splints, 5 x 24cm
3	Wooden Splints, 5 x 32cm
2	Splint Padding, 12.5 x 22.5cm, 1 piece/box
12	Gauze Roll, 2.5cm x 9m, 12 pieces/box
1	Disposable Nitrile Gloves, Powder Free, Large, 1 pair/bag
1	CPR-Aid Rescuer Device, Single Use
1	Plastic Emesis Basin, 23cm, 500ml
1	Black Handle Universal Scissors, 15cm
1	Economy Forceps, 9cm

### **Team Procedure**

*The team captain is the spokesman for the team. The captain's voice should be the voice of the team. If questions are to be asked of the judge, the Captain should do the asking. I have found a number of instances where conflicting reports are given to judges (affecting the evaluation of the team) when reports are given randomly from team members. All reports to judges (some exceptions) should be made through the Captain.*

*Traditionally, a team is given a couple minutes (normally 2 minutes) to study the situation and the accompanying instructions, during which time the captain may ask for clarification. Additional information may be given at the discretion of the examiner.*

*Team members should remember to apply the points which are emphasized in the textbook in regard to "action at an emergency"*

- *respond quickly to calls for assistance;*
- *identification of hazards;*
- *personal safety and the safety of the team;*
- *take first aid material if it is immediately available;*
- *study the surroundings carefully - consider: danger, weather, light, shelter, assistance, materials available;*
- *arrange for an appropriate means of disposal;*
- *speak to the casualty warning them to lie still and assuring him that he is in competent hands;*
- *prepare for a follow-up summation by the captain to the judges towards the end of the problem.*

*An assessment of priorities is most important. If the casualty is not breathing then artificial respiration is the first priority and must be maintained until breathing is restored. The method used will depend on a quick appraisal of other injuries. If breathing is noisy, then first consideration must be given to actions such as placing the casualty in the recovery position, if his injuries will permit this.*

### **10. Scoring (OMFRC)**

- i. Competitors will be judged based on their application of the principles of first aid treatment.**
- ii. Competitors may also be judged on other skills and knowledge such as, but not limited to: appropriate risk-taking, critical thinking, ingenuity, leadership, improvisation, team work, etc.**
- iii. In the event of a tie between teams, a tie-breaking procedure will be followed under the supervision of the Ontario Council Competitions Committee member present.**

## **11. Procedures (OMFRC)**

- i. On the day of the event, all competitors must be signed-in at the registration desk and ready for their briefing by 08h30 (Zone Registration times may be altered to suit specific Zone). Those arriving after this time, at the discretion of the Chief Judge, may be permitted to participate but will not be eligible for any awards.
- ii. Competitors must be prepared to be sequestered in a secure holding area for the duration of the event following their morning briefing session. They are encouraged to bring reading materials, playing cards, games, etc. for use during periods when they are not actively competing. Remember, communications devices, including all electronic devices (laptop computer, cellular telephone, BlackBerry, tablet, e-reader, etc.), are not permitted
- iii. Competitors must have all their personal clothing with them in the holding area (uniform, outdoor clothing, etc.)
- iv. Competitors must have personal items such as medications, etc. with them in the holding area.
- v. Competitors are not permitted to communicate in any manner with spectators, coaches, judges, casualty simulators, etc. following their morning briefing session. During the first aid scenarios, however, competitors are encouraged to speak in a loud and audible voice so as to be heard by their judges; but not so loud so as to be disruptive to other competitors.
- vi. During the first aid scenarios, judges may ask for clarification if the competitors' actions are not readily understood. Judges will not, however, provide any additional information to competitors nor answer any questions except as allowed for by the scenario design.
- vii. At the conclusion of the first aid scenarios, space will be provided for all participants to change into suitable clothing for the awards banquet.

## **12. Outcomes (OMFRC)**

- i. Failure to comply with any, or all, of the above rules may, at the discretion of the Zone Competitions Task Group and/or the Ontario Council Competitions Committee member, require that a competitor or team be disqualified from competing in this event.
- ii. Teams and/or competitors who have been disqualified will be required to leave the secure holding area(s) and will become members of the spectator gallery.
- iii. Teams and/or competitors who have been disqualified are not eligible to receive any awards.
- iv. Depending on the severity of the breach to these rules, competitors who have been disqualified may, on the recommendation of the Zone Competitions Task Group and/or the Ontario Council Competitions Committee member, be barred from competing in future Ontario Medical First Responder Competitions.

# "Infamous Coach Smith Quotes"

*"Shock Shock Shock... Talk Talk Talk..."*

*"Never too tight or too wide..."*

*"Anything and everything is at your disposal, if it could realistically be there..."*

*"Live, breath, and believe you are in the problem until the problem ends..."*

*"Casualty Simulation is good, but not good enough!"*

*"Jello..."*

*"Treat the situation, NOT the injuries"*

*"Don't Ask! Tell!"*

*"Don't MOVE!"*

*"Still Breathing?????????????????????????"*

*"UNDER AND OVER; UNDER AND OVER"*

*"CIRC Checks past every bandage"*

*"You get points for what is seen or heard NOT for what is said or done..."*