

ACTIVITIES

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INTRODUCTION

Bridging Instructor Development to OEC Instruction

The materials contained within this section are designed to help the instructor enhance OEC training by using a variety of instructional activities. The activities are provided in a new “OEC Instructional Activity Bank,” which is organized in the Instructional Activity Matrix. Many of these are new activities that have been developed by instructors around the country and contributed for your use. Most of these have been used countless times in OEC classes, at annual refreshers, and for continuing educational training. There are more kinds of activities available to you than can possibly be presented here. What is provided here are ideas and formats that you can adapt to meet your particular training needs.

Certain activities can be used for more than one chapter, because some content is built upon in other chapters. Following the essential content in each lesson guide is a chart containing suggested activities for various learning levels. These are suggestions for activities to be used for guided practice, problem solving, summary, and evaluation. Note the numbered activities, then refer to them in the Activity Matrix. Each activity is numbered to reflect both the chapter and the learning level for which it is best suited.

It is important to use or design activities at the cognitive (information) and affective (comprehension) learning levels before using psychomotor (application) level assessment activities. Summary activities should restate the objective and actively involve the trainees. Activities are suggested, but may be used or modified at the discretion of the instructors. A skilled instructor can use activities or models in various parts of a lesson plan. The same activity could be used as the set to a lesson, as the main instructional strategy, as a guided practice with appropriate modifications for the trainees, as a summary of the lesson, or for assessing trainee performance.

Learning Activities

Activities should be designed around how the trainee practices or uses the new information. Guided practice and independent practice define trainee behavior. One or more methods may be selected as a means of generating trainee output. OEC trainees can write answers to questions, respond orally, or demonstrate a skill. They can create a scenario, build a model, or play a game. These trainee activities can provide guided practice of the skill or an opportunity to review and explain what they have heard, or they can be part of a formal learning evaluation. The method should generate trainee interaction with the new information. Trainees can either express their knowledge and understanding of the new information or demonstrate the skills.

Instructors Provide New Information

The heart of each lesson plan incorporates methods and practice that build on the essential content. There are numerous methods to provide new information. These instructional strategies must involve interaction among the trainees, as well as with the instructor. One or more methods may be selected to provide input of the new information. Instructors are encouraged to use contemporary, process-oriented strategies for trainees to obtain the new information through more interactive methods such as a role play, construction of a model, or through a problem solving activity. However, more traditional, direct approaches for input involve having the trainees read a text, view a video, CD, or film, listen to teacher-presented material, or watch a demonstration.

Trainees Participate in Learning Activities

Group activity engages the trainees or rescuers in the learning process and makes them working partners with the instructor. Many instructors tend only to rely on a few basic training methods. The purpose of any training program is to deliver results. It is natural to want to stick with proven techniques. By varying teaching methods and using highly participatory methods during a program, trainee involvement will increase, as will the effectiveness of the training. The effective instructor should continually refer back to and incorporate earlier skills and concepts.

Practice activities should be part of every NSP lesson. The instructional strategy/methods list works for developing practice activities. OEC trainees might play games to memorize anatomical terms or have bandaging contests. Rescuers are familiar with a variety of practice methods, such as scenarios which are frequently used to practice emergency care skills and incident command roles.

Guided Practice

Each new skill or concept should be practiced under the direction of an instructor. This guided practice reduces the chance that trainees will practice all or part of a skill incorrectly. Minimum criteria for a guided practice include an observant instructor who provides immediate feedback. Instruction provides frequent occasions for guided practice, such as emergency care skill stations and small group tasks.

Successful guided practice requires the instructor to select an instructional method that generates observable trainee behavior, carefully checks the behavior, and then supplies appropriate feedback. The feedback should be immediate and specific, positive and affirming. It should help the trainees identify what was successful or incorrect about their performance.

Helping the trainee identify his or her own strengths and weaknesses and then selecting alternate approaches to the problem proves even more effective than having the instructor provide a detailed critique. It is more difficult to re-teach an incorrectly learned skill than to teach a new skill.

Using Instructional Strategies

A complete lesson consists of several key parts in which an instructor selects instructional strategies. First, the instructor uses a method to introduce the trainees to the content in the lesson's introduction, or set. Next, the heart of a lesson contains the core of the instruction. During the heart of the lesson, the instructor may use one or more methods to present the new information to the trainees and have them practice. Finally, at the end of the lesson, or when there is a major shift in the content, the instructor picks a method for having the trainees summarize their learning.

The planning process is an interwoven one. What the instructor selects for methods and how the trainees are directed to interact with those methods must match the essential content and ultimately satisfy the concluding objectives.

Types of Instructional Activities

The following chart lists a sampling of instructional strategies, or methods. It also provides examples of each strategy for two different types of instructional content. Remember that the variety of strategy options is endless and only limited by the creativity of each instructor.

When selecting instructional activities, the instructor must consider what learning styles function best with each method. Some activities focus primarily on one style. For example, a lecture without visuals and group discussion works well for auditory learners but does not enhance learning for visual and kinesthetic learners. It is important for instructors to discover ways to combine methods that will meet the needs for multiple learning styles. For example, instructors can enhance verbal analogies with sketches or actual objects, use flip charts with mini-lectures, or use motion to indicate relationships.

Learning New Instructional Strategies

Review the Instructional Strategies chart and look at the examples of the different methods. As you read through it, ask yourself the following questions. They can help you focus on new and appropriate strategies.

- How many of these methods have I tried?
- How many of these methods have I observed other instructors use?
- What strategies have I been involved with as a trainee?
- What are the best strategies for practicing a skill?
- What are the best strategies for learning a concept?
- What are the most effective methods with a small group?
- What works best with a large group?
- What learning activities fit with the concluding objectives?
- What learning activities fit the learning styles of my trainees?

INSTRUCTIONAL STRATEGIES (METHODS) FOR OEC

Instructional Strategy	Definition	Example 1 (Skill—Lower Leg Splint)	Example 2 (Information—Circulatory System)
Analogy	Comparing similar characteristics of two dissimilar objects or ideas.	Compare the use of a quick splint with a board splint. Splint a long sock full of cans.	Compare the human circulatory system to the plumbing system of a house or building.
Audio and visual aids	Using videos, overheads, flip charts, film, slides, etc., to present information or actual objects.	Show a visual depicting the steps in using a quick splint. Show actual splints.	Show commercial video of the circulatory system. Display medical charts and diagrams.
Categorization/sorting	Trainees sort or organize information into related groups.	Have trainees work with various kinds of splinting material suitable for working on a lower leg injury.	Put names of parts of the system on cards. Have trainees put cards in proper order to indicate blood path.
Demonstration	Instructor or other individual proficient with the skill performs it correctly.	Apply a splint to a trainee simulating a lower leg injury. Explain the steps.	Trace path of blood flow on diagram of circulatory system. Show blood flow on a model.
Games	Using board, TV, or card game formats to have trainees review information in an interactive way of demonstrating knowledge.	Work the skill into a game format, e.g., blind-fold splinting, timed race, or arrange steps on index cards and rank them.	Have teams of trainees construct a simulated heart from provided parts. Give teams cards with named parts that they must put in correct order.
Group activity	A variety of activities that increase interaction between trainees working toward a common objective.	Allow trainees to work in teams to apply splints. They can switch groups or have one person direct the group.	Create a hardware model of the circulatory system using tubing, valves, and clamps. Trainees make system work.
Group discussion	Two-way communication between trainees	Discuss splinting. Trainees can describe different	Discuss heart function with trainees. Ask them if they know of

	and/or instructor to probe ideas or issue and allow pooling of ideas	types of leg injuries and why they would use different splints.	anyone who has had heart trouble, what kind?
Guided Practice	Instructor provides step-by-step directions and oversees trainees as they perform a new, or review a learned, skill.	Provide trainees with splints and direct them through the procedure step-by-step. Then review and repeat.	Describe the flow of blood through the body. Have trainees follow diagram in book or provided chart.
Lecture	A well-designed talk or presentation where no hands-on skills are involved.	Talk about splinting, lower leg injuries, and how to immobilize specific injuries.	Talk about the components of the circulatory system and how the system functions.
Mini-Presentation	Distilling a larger topic into a short, concise “nutshell” version	Discuss various splints, but demonstrate just one.	Discuss radial pulse. Trainees can trace it to the heart.
Modeling	Showing a realistic prototype of an object or system is best for illustrating a concept.	Using a skeleton, apply a quick splint. During this, point out anatomical landmarks.	Using a medical torso model, review the circulatory system. Remove parts and pass them around. Explain functions.
Multi-media product	Trainees demonstrate their knowledge by putting the material into media product: video, slide show, computer program.	Have trainees videotape several types of splints, application of splints, and mock injuries. Present and critique the tape.	Ask trainees to prepare ways to illustrate the volume of blood contained in the body using different media. Present models like a science fair.
Problem Solving	Trainees seek solutions to a situation fixed within a framework set by an instructor.	Require trainees to splint an injured leg using only household objects.	Have trainees describe what would happen if certain heart valves didn’t function properly.
Questioning	Instructor asks questions that increase a trainee’s interest and knowledge in a particular subject.	Provide a few “what if” situations in which trainees must think of creative ways to splint an injured leg.	Prepare trainees for learning about shock. Ask what would happen if there was an impairment of the pump, the pipes, or

			the blood volume.
Role playing	Trainees spontaneously respond to a real life specific situation, e.g., emergency care problem on the hill.	Ask one trainee to portray various types of patients being splinted: cooperative, belligerent, hearing-impaired	The instructor (or a trainee) can be the heart. Other trainees can ask questions of the “heart” about how it functions, what if it’s not feeling well, etc.
Scenarios	Trainees act out pre-assigned roles of a realistic situation.	Set up accident scenes to represent various locations on the slope where leg injuries might occur.	(Scenarios aren’t really used for anatomy and physiology, but could be applied here.) Discuss other types of circulation.
Video feedback	Trainees are videotaped during a skill performance. Assessment may be provided by instructor, trainee, and/or peers.	Tape trainees as they perform the skill. Review and critique performances, pause the tape as needed.	(Use of video is more applicable to skill performance.) Trainees could respond to an educational video to evaluate their understanding of the circulatory system.

Helpful Hints

FOCUS BOX

Demonstration

Probably the most important instructional method is the demonstration. Demonstrations are essential to teaching physical skills. This method is used extensively in teaching ski patrol skills such as emergency care, toboggan handling, building snow shelters, and tying knots. A demonstration should include a brief explanation of what is being shown, how it is being done, and why it is done a certain way. After the demo, trainees must practice the skills while the instructor provides feedback that corrects or reinforces their performance.

Demonstrations should make skills appear easy to learn. They should be explained in the same manner as trainees will do them in actual situations. Good demonstrations are:

- Technically correct
- Repeated several times
- Presented with critical attributes labeled
- Done from several angles
- Clearly seen and heard by all

FOCUS BOX

Role Playing

The key points for organizing an effective role-playing situation are to:

- decide what is to be learned and design an appropriate situation.
- keep the situation and characters believable
- brief the players about the situation and their roles
- describe the role-playing situation to the rest of the class
- allow the role-playing to continue until the desired outcome is attained or the action slows.

FOCUS BOX

Alternatives to Lecturing

Case Study Demonstration Guided Teaching Group Inquiry
Read and Discuss Information Search

The Set Revisited

Earlier in your instructor's training you learned about designing and using motivational "sets" for the beginning of an assigned OEC lesson or training session. Recall that effective lessons begin hooking the trainees from the beginning. Your first words or actions have tremendous impact on adult motivation. A set, one part of a lesson plan format, usually occurs as an introduction to a lesson or to a new step within a lesson.

An effective set uses the characteristics of adult learners to build motivation. Trainees become interested in a lesson which clearly relates the learning to their past experiences or points out its immediate usefulness. The transfer of learning created by linking previously learned material to the new topic increases the learning efficiency.

The instructional methods selected for a set should invite the trainees to actively participate in the learning process. Effective sets cause trainees to do something: to recall a personal experience, take a short quiz, view a skit and make comments, or handle an object. The set should not be the major activity of the lesson, just a teaser to jump start the trainee's mind to the lesson. Most sets last between 5 and 10 minutes.

A set needs to clearly relate to the concluding objective. Decide how you can hook into the trainees' previous experiences. Some questions to help planning include the following:

- What do they already know about this subject?
- What related experiences could they have had in their family, communities, careers, or recreational pursuits?
- Is there an analogy I can draw to any of these experiences?

Once the linkage to the past has been generated, the instructor can select a method that will involve the trainee.

- Can I ask questions that will engage and focus the learner?
- What instructional strategy/method will be effective?
- Can I demonstrate something or have a model?
- Can I design a short hands-on activity?

Finally, a transition to the new learning needs to be developed.

- How do I relate the new learning to past experiences?
- How will it be immediately useful to them?

Focus Box

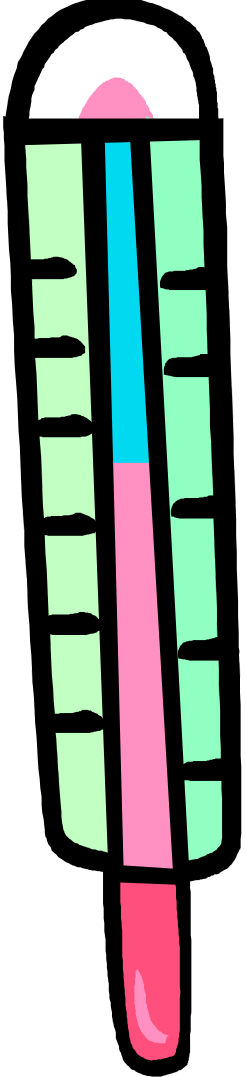
The Set

Purpose—focus attention, motivate trainees, build interest, make learning more concrete and personal, provide mental reference point.

Characteristics—hooks into previous learning and experiences of trainees, involves trainees, provides a transition to the new learning, done in a short time.

Reality Check (Degrees of Realism in Learning Activities)

When you stage an injury for the trainee (or rescuer) to work on, you can present it in a variety of ways. The injury may be presented in a fairly simplistic way, or in a more complex manner in order to simulate reality. This example describes numerous ways in which to illustrate a severely bleeding laceration of the upper arm. The lower methods don't incorporate much reality, whereas the upper methods become more and more realistic. You can see how the learning experience can be enhanced when more realism is incorporated. When you prepare a learning activity, determine whether it is going to be "hot" enough (effective for what the trainees need to learn or do). "Warm" it up or "cool" it down accordingly!

MOST REALISTIC		Actual injured patient with severely bleeding laceration of upper left arm. (The ideal situation, but not very practical.)
		Fully moulaged patient dressed in ski clothing which is ripped. Patient is rigged with simulated pumping blood. Very realistic-looking wound on upper left arm. Patient is crying in pain. Trainee is asked to provide treatment.
		Moulaged patient dressed in street clothes. Patient has realistic-looking wound on upper left arm. Instructor indicates level of bleeding from wound. No blood pumping. Instructor indicates patient is in pain. Trainee is asked to provide treatment.
REALISTIC		Patient with simple moulage for wound—some makeup and an indication of blood on upper left arm. Instructor states additional information. Trainee is asked to provide treatment.
		Patient wears a piece of tape that says "severely bleeding laceration" on left upper arm. Instructor states additional information. Trainee is asked to provide treatment.
		Patient holds a piece of paper which says "severe laceration to brachial artery" of the left arm. Instructor states additional information. Trainee is asked to provide treatment.
		Instructor describes a scene in which a patient has a severe laceration to the brachial artery of the left arm. Trainee is asked to describe treatment.
LESS REALISTIC		Trainee reads a scenario describing the signs and symptoms of a patient having a severe laceration to the brachial artery of the left arm. Trainee is asked to describe treatment.

MOULAGE 101
A Cookbook for Simulation Success
With thanks to Vickie Wilcox and Cathy Riley-Hall

Introduction

Moulage (from the French “mouler” to mold) originated back in the early days of theatrical performance. Theatrical makeup and special effects helped the audience believe what they were seeing was real. For our purposes in the OEC Program, makeup and the use of props can add realism to a training session. Such realism will enable candidates or OEC technicians to use all of their senses in assessing a situation and providing appropriate patient care. Coupled with a good “actor” as a patient, portraying realistic symptoms, good moulage bridges the gap between mundane learning and effective training.

OEC technicians are not always prepared to handle the sights and sounds of horror that can accompany a serious accident or major trauma situation. They are not prepared because they have not seen or heard them before. Seeing blood slowly dripping from a simulated open fracture and hearing the screaming of the victim certainly makes more of an impression than if the victim calmly says, “I hurt my leg right here and it hurts real bad.” Research and observation have shown that critical incident stress can occur to many new medical responders who have never been exposed to traumatic situations.

Casualty simulation combines realistic makeup of injuries (moulage) with the acting out of symptoms in an appropriate setting. It provides the experience necessary for making quick assessments of injuries, in handling and prioritizing the patients, and becoming familiar with many traumatic injuries so that treatment can become second nature. From impaled objects to avulsions or choking to childbirth, casualty simulations can mean the difference between a lesson taught and a lesson remembered. Using this type of simulation, be it in OEC classes or refreshers, will also help to maintain the interest and excitement level of both our OEC trainees and OEC technicians.

Theatrical makeup involves the use of cosmetics, adhesives, prostheses, and everyday items in the portrayal of signs of medical illnesses or conditions and the creation of simulated injuries. The degree to which special effects are used in training is the decision of the training coordinator and/or instructor and is usually based on the availability of resources (people, material, and equipment). The information presented here and available in other resources will allow even the most inexperienced, but motivated, instructor to become an accomplished makeup artist.

Moulage 101 is a compilation of information drawn from various OEC articles, ideas, and personal resources. Its purpose is to provide the instructor with descriptions of moulage materials, application techniques, instructions and demonstration of makeup application, and the creation of special effects used to simulate illnesses and injuries. These are merely tools for you; use them as you wish. The more you work with the materials, the more comfortable you will feel with them. You will find many useful ideas to follow; in fact, you may wish to add a few of your own.

Two cows standing out in front of a tavern-looking building with a sign over the door which says “MOO LODGE”. One looks to the other and says, “I don’t think that’s what our OEC instructor meant last week when he told us what we would be doing in class tonight.”

Casualty Simulation/Special Effects Kit and Moulage Supplies

Moulage or special effects kits can be simple or elaborate. They can start out as a basic kit and grow more complex as determined by your needs. They can be homemade or they can be purchased through several first aid supply companies. Some kits can contain enough material to moulage an army invasion or mass disaster. For rescue activities, there are several smaller kits available with the basic supplies which work quite well.

Commercial kits often include an assortment of vinyl wounds/prostheses that can be glued on the victim for a very realistic scenario. These include lacerations, abrasions, puncture wounds, second and third-degree burns, and even small open fractures with protruding bones. If you have a big budget, you can opt for blood reservoirs and pumps that will ooze blood slowly or shoot a stream across the room. These devices can be adjusted to stop flowing when compress bandages are applied or a pressure point is used.

Moulage supplies can also be found at costume stores or theatrical supply companies. Basic kits can be assembled by making relatively inexpensive purchases at variety or drugstores. One of the best ways to stock a kit is at the large "Mart" stores around Halloween (usually during sales after the holiday). There you can find fake blood, impaled objects, bullet or stab wound replicas, amputated limbs, and even avulsed eyeballs. At all times of the year you can find cosmetics, even in grocery stores. Sometimes it helps to contact the store managers about the nature of your needs, as they will occasionally discount their prices.

Craft stores are known to harbor good items for creative pursuits. Other resources, especially for special effects, include the big building supply warehouses. Your own ski area might reap some interesting objects, like broken ski poles for impalements, broken goggles for head and/or eye injuries, and leftover ski swap items. You might even discover some creative items around your house. Remember, the more realistic the scene and the accident, the more memorable the event.

As you start to develop your kit, try to include makeup to simulate injuries and illnesses and supplies to simulate sprains, fractures and other injuries that are typically identified by palpation. A small shoe box, tackle box, or even a makeup case would be a good start as a useful container for your special effects kit.

Resources: One of the best resources for moulage products is Simulaid, a company that specializes in these. You can get materials and catalogue information on kits from them. They can be found at www.simulaid.com or by phoning 800 431-4310.

Also try Armstrong Medical Supply at 800-323-4220 and on the web at www.armstrongmedical.com.

Try going to your favorite search engine and search moulage, first aid supplies, training simulation, etc., and see what you can come up with.

Check out our patrol website for additional information at:
www.patrol.org/instructor/oec/moulage/moukit.htm

Moulage kits can be developed by individual instructors, by patrol, by region or other organized groups to minimize costs.

Basic Kit

Foundation makeup (cake/liquid) Finishing powder (translucent) Eyebrow pencil—brown Mascara—black Eye shadow—misc. colors Rouge Lipstick—red White highlighter Stage blood	Cleansing/cold cream Makeup brushes Tissues Paper towels Loose cotton or cotton balls Mirror Sponge (soft) Cloth tape
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“The Works” Kit

Blood Stage blood (powder or liquid) Blood gel Blood capsules Other artificial blood (thin, thick, coagulated) Blood-stained cravats		Accessories Glycerin Face peel Petroleum jelly Hand cleaner Fasteeth Bones/pieces (dried chicken) Nails Q-tips Kleenex Paper towels Tooth picks Hair (from beauty shop) Charcoal Cotton/cotton balls Dropper bottles Spray bottles Face paints Plastic cups Scissors Palette knife Tweezers Household cement Detergent IV bags Old manikin parts Apron Tongue depressors Drop cloth Colored markers (water soluble)	Elastic bandage Adhesive tape Tissue paper Sponge (soft) Sponge (coarse) Waterproof tape Rubber tubing (3/16-1/8) Knife Seam ripper Bulb syringe White candle Bubble wrap—small and large Mirror Thread Prostheses—small assortment Spirit gum Spirit gum remover (acetone) Foam rubber forms Liquid latex Gloves vinyl/latex ...plus your own special touches.....
Modeling Clay White Brown Dark brown Flesh	Mortician’s Wax (expensive) Nose putty		
Grease Paints (call your local clown!) Black Brown Flesh Gray Green Light blue Purple Red Vermillion White Yellow	Commercial Makeup Foundation makeup (cake/liquid) Finishing powder (translucent) Eyebrow pencil (brown) Mascara (black) Rouge Lipstick (red) White highlighter Cold cream Makeup brushes		
Powders Ashes, talcum powder Black (eye shadows of misc. colors) Light			

Special Effects Materials

As you can see, there is a wide variety of materials available that can be adapted for use in injury simulation; each has its advantages and disadvantages. It is important to become familiar with any material before you use it. For example, powdered colors are easier to store and handle than other makeup types but they may wash off in rain or snow. They will appear quite realistic if applied properly and can be removed easily with soap and water. Grease paints are more difficult to work with and may not look as realistic.

Commercial nose putty and mortician's wax may be hard to obtain, but are very effective. Plasticene modeling clays are available at craft shops and are versatile enough to build both deep and shallow wounds.

Material Applications

Foundations

Special effects start with a good foundation. Before applying makeup, the area should be clean and dry. Also check with the intended patient to see if there are any skin sensitivities or makeup allergies that need to be avoided. Try testing on a small area of skin if you are uncertain.

Cake makeup—The secret? Get the amount of water just right. The sponge should drip when it is squeezed gently. You will also need to work quickly to prevent the water from evaporating although you can always add more water. Don't apply too heavily. Wipe the makeup onto the soft sponge and place big strokes of color on the forehead, nose, cheeks and chin or just the area where you want to create a special effect. Fold the sponge to get into any tight spaces. Squeeze out the sponge and blend the cake makeup over the whole face. Dampen the sponge slightly and add a little more makeup to areas that were missed. Pat with a tissue and smile hard to ease the tightness.

Liquid makeup—Pour a little liquid into the palm of your hand and then dot it evenly over the face (forehead, cheeks, nose, chin) with a fingertip. Don't use too much because you can always add more later. Blend the makeup over the entire face with a slightly dampened sponge or use your fingertips. Start at the center of the forehead stroking to each side and upward. Next cover the cheeks and chin, stroking lightly and smoothly. If you need extra color, dab it on and blend.

Makeup removal—This is as important as proper makeup application. For most makeup, apply cold cream or cleansing lotion on your hands, gently rub on to face or makeup area and wipe with tissues. Don't rub too hard or the skin may become irritated. Two or three applications may be necessary. After the initial removal, wash the face or area gently but thoroughly with soap and warm water and then dry. Certain theatrical makeup may require special removers; read all directions carefully before you begin.

Nose putty

Nose putty can be used to build up noses and other features, or to create bumps and cuts. If putty is not available, flesh colored clay can also be used. The putty becomes softer and more pliable as it is worked with warm fingers. Pinch off a small piece of putty and knead it until pliable. Clean the area where it is to be applied of moisture and grease. Applying a thin film of spirit gum to the area before applying the putty will help it stick. For bumps, apply the wad of putty to the area, pinching and molding it until you have the shape you want. For a cut, shape

the putty into a sausage roll and press it onto the area. Press the edges down. Use a toothpick or fingernail to make grooves that will look like a laceration.

Match the color to your makeup by stippling foundation on with a sponge, dabbling gently rather than rubbing. To remove, grasp the shape with finger and thumb and gently remove, or gently scrape off with a fingernail. Putty can also be removed by slowly drawing a string under it, across the skin.

Mortician's wax/Derma-wax

Wax is easier to sculpt into shapes than putty, but it is more easily loosened by movement. Before applying wax, clean the area and coat it with spirit gum. Then press a thin coating of cotton fibers from a cotton ball into the gum to create an adhesive base for the wax. Press a wad of wax in place, build and sculpt the shape you want. If necessary, press on small balls of wax to make the shape larger. Smooth the edges of wax into the skin. Carefully cut through the wax making a long thin scar. Color with makeup as necessary. Using a fine brush, paint red liner into the cut. A recent injury will also have some redness and soreness around it.

Prostheses

A pre-molded prosthesis or injury is easy to use with an appropriate adhesive (medically approved), but may require additional makeup to realistically blend it into the surrounding skin. Although a variety of wound patterns are available, it can become expensive to have enough on hand to stage large scenarios. One advantage to pre-made prostheses is that they can be reused after cleaning, unlike molded putty or clay moulage.

The prosthesis should always be attached to clean, dry skin. Spirit gum is the most reliable adhesive although for larger commercial prostheses (e.g., open femur fracture), tape may be used especially if applied over clothing. Touch-up adhesive may be needed during a long scenario or day. Grease paint should not be used on rubber as it will cause the rubber to deteriorate. Paints or water soluble makeup can be used. Thick rubber pieces may need their edges coated with rubber latex in order to create a smooth transition. Latex would need to dry before applying makeup.

Application—Apply spirit gum to the skin beyond the edges of where the prosthesis will set. Apply spirit gum on the interior (wrong side) of the piece. Use sparingly. Allow the spirit gum to become tacky to the touch. Carefully apply the piece to the desired area and press the edges flush to the skin. Apply powder to the edges to prevent a sticky surface. Use makeup to blend into the surrounding skin.

Removal—The prosthesis can usually be removed just by gently pulling it off. It will feel like an adhesive strip being removed. The adhesive and makeup should be cleaned from the skin and rubber as soon as possible. It can be pulled or rolled off with the fingers. Spirit gum needs to be removed with spirit gum remover, acetone, or alcohol. Once removed, wash the area with soap and water then dry.

SIMULATED BODY TISSUES

A good moulage cookbook would not be complete without some favorite recipes for body fluids and soft tissue. This section provides recommendations for ways to simulate these. It is best to experiment with these concoctions when you have some time to dedicate to them. Make notes of what works best and keep the notes and any lists of ingredients with your moulage kit.

Blood

Stage Blood

Stage blood is available in several forms: dry, liquid, capsules, gel, and jelly. Only certain types of blood can be used in the mouth. Liquid blood tends to be messy, so it is recommended that old clothing be worn. The ease of removal varies with the type and brand of blood used. Stage blood is typically available from variety, toy, or other local stores during Halloween season. After that, you may need to seek out theatrical supply or costume stores.

Simple Blood

- Make by mixing a 1 oz. bottle of red food coloring to a 16 oz. bottle of Karo Syrup.
- Use 3 oz. of red food coloring and add it to 16 oz. of liquid laundry starch. For a “plasma” look, add 1 oz. of yellow food coloring. This will stain; use old clothes.
- For thinner blood, slowly add 8 oz. of the mixture above to ½ tsp. of Fasteeth, stirring continuously. Strain out any lumps. For thicker blood you can increase the amount of Fasteeth.
- Sticky Blood—mix 1 cup liquid glucose, 1 cup water, 2 tablespoons of red food color, 1 tablespoon of yellow food color.
- Mix cold cream and red pigment and heat it. Test the heat of the liquid on yourself first (use the back of your hand). Pour the blood into the wound until it runs out, to create the effect of bleeding.
- Frothy Blood—Mixing a few drops of red food color with Alka-Seltzer in the mouth creates froth that can simulate bleeding from the lungs. Also, see the recipe for Excess saliva. Add red Jello to the capsules to simulate bleeding from the mouth.

More Complex Blood Mixtures

- Blender Blood—1 qt. of water, 2 tablespoons of Fasteeth, 1 oz. of red food coloring, a small bottle of blue food coloring and a small bottle of yellow food coloring. Put water in blender. Shake in enough Fasteeth so it is a little thick (like heavy cream). Add 1/3 bottle of red food coloring, a couple of drops of blue and one drop of yellow. Keep blending until you reach the desired color and consistency. Add more Fasteeth and blend to make clots. If made the night before, it will set up for good clots. Keep them in plastic containers. If bubbles form when the mixture is fresh, they will disappear overnight.
- Custard Blood—Mix 1 tbsp. of custard powder in a little warm water. Add more water to make ½ cup, then add 1 cup of Golden Syrup (sugar or corn syrup). Mix in drops of red and yellow food colors. Heat the mixture slowly until color fuses with the liquid or just before boiling. Allow to cool and bottle. Warm before use so that it runs easily.

Other possible materials to use are: Chocolate syrup with red food color, thick tempera paint, or anything of a sticky consistency that can be easily contained and cleaned up. The best and quickest, but more costly, way to make liquid blood is to order powdered blood from one of the Internet sources and make up a batch from the powder, as needed.

Bile

To simulate bile from an empty stomach, use a fine-grain wheat cereal with a drop of yellow food coloring.

Saliva

Excess saliva can be created fairly simply. At your local pharmacy, buy empty medicine capsules, tartaric acid, and bicarbonate of soda. In each capsule, place 2 grams of tartaric acid and 2 grams of bicarb. Your patient can hold the capsule in his or her mouth until the appropriate time and then bite the capsule. This will produce a frothy mixture that they can slowly dribble from the mouth.

Skin

Bostick! It's the magic ingredient. This recipe comes from some British first-aiders who get together on Sundays to run scenarios for fun. They do tons of moulage and have a great time with it. Bostick is a strong glue which thins with ethyl acetate. There should be an equivalent strong, clear glue in your local hardware store. You'll have to ask about it.

50/50 Skin—1 part Bostick, 1 part ethyl acetate

70/30 Skin—2 parts Bostick, 1 part ethyl acetate

Bostick has many moulage uses. When thinned down, it is a good fixative for false tissue. When painted onto the skin it can be made into various wounds and slight burns in a short amount of time. It's good makeup and looks very realistic. It can be used to make more serious burns by putting a layer of 50/50 mix on water, then set on fire to let the acetate burn off. You will get different degrees of burns depending on how long you let it burn. Once you have the desired effect, just glue on the burnt mixture and add some makeup to get the realism. With a little time and patience, it makes a great addition to any burn scenario.

Soft Tissue

- 1 cup plain flour
- 1 cup water
- ¼ cup salt
- 2 tbsp. cooking oil
- 1 tbsp. cream of tartar

Put all ingredients into a saucepan, mix together and heat slowly until the mixture is of the consistency of mashed potatoes. Remove from the heat and stir until the mixture leaves the side of the saucepan. Allow to cool and knead for a few minutes until mixture is smooth. Store in an airtight container. It will keep indefinitely if frozen. Thaw it completely before use and refreeze what you do not use. To use, knead it and you can roll it out or manipulate it like putty.

Sweat

People in shock break into cold sweats, which should be simulated. To do this, combine three parts glycerin (available at drug stores) with one part water in a dropper or spray bottle. You can enhance the effect if you apply a thin layer of cold cream before you spray the mixture on the patient. You can also use a cotton ball dipped in the mixture if you don't have a spray bottle.

Urine

Urine is very simple to replicate. It can be placed in a variety of containers—plastic, glass, ziplock bag. Add yellow food coloring to water and mix until the desired shade is achieved. For darker urine, add a touch of brown paint or food coloring. To simulate blood in the urine, add some red gel or similar material which doesn't tend to dissolve in the water so it stays lightly suspended. Certain brands of beer could be used for simulation (and other) purposes.

Vomit

Various types of material can be used to simulate vomit. As unpleasant as it may sound this can be easily simulated with the use of a package or two of instant flavored oatmeal, such as raisin and cinnamon, apple, etc., with water added to make the desired consistency. The substance of the vomit largely depends on the stomach content. Decide what the patient might have eaten and plan the material accordingly. Chunky canned soup also works well. Make your mixture and store it in small ziplock bags. To get your trainees' attention and inject some "graphic humor," you can put your finger in the mixture and taste it to validate what you believe the stomach contents to be.

Burns, Bumps, Bruises, and other Ruses

Creating More Special Effects

The following effects are only a small sampling of what you can make with your moulage kit. Find the techniques that work the best for you and make note of them. Add to the list as you find other instructors' or rescuers' good ideas. The more time you spend getting proficient working with moulage and special effects techniques, the more realistic your scenarios and teaching sessions will be.

General Directions

You might not have available all of the materials discussed in these topics. Substitute the material and improvise as necessary. Look closely at what you are creating while you create it. Refer to your textbook or other references for examples of injuries if you're not sure what a finished wound should look like. Some of the effects may have different versions; use whichever one(s) you think will work best for you. When working with these techniques, always apply cold cream to the area to be made up. This makes removal of any makeup much easier. Wipe off excess cream or cleanser with a Kleenex or paper towel before applying the makeup or prosthesis.

Abrasions

- Apply a base of red color over target area of the body. Using a coarse sponge, stipple a darker red color over this area. Sprinkle with dry blood and spray lightly with water. If dry blood is not available, stipple the area with liquid or gel blood. You can also sprinkle sand or dirt in the wounded area before the makeup dries.
- Use base materials and cinders. Cinders and/or small stones can be embedded in mortician's wax or cream. Carefully, with a toothpick, add blood around the cinders. Add dirt after the stones. This technique is best done at the last minute.

Avulsions

- Slice a thickly built-up area of mortician's wax or clay, and let the flap hang loose. Add blood as needed.

- For the hand, take a piece of fresh, thinly sliced beef. Place it in position on the hand. Take a vinyl or latex glove and put it on the hand. Expose the piece of meat by carefully slicing the glove. Peel back the meat in the appropriate position and add blood.

Black Eye

Begin by highlighting around one eye. Use white highlight over the eyebrow, under the outside corner of the eyebrow, and under the eye. Add makeup powder and blend the highlight and the powder well. Using dark red liner on a brush, draw a line under the eye and into the outer corner. Fade the color to soften it. Work a little brownish-red color onto your hand and stipple color under the outer corner of the eye, on the eyelid, browbone, and on the bone above the end of the eyebrow. Don't join the colors. Draw in some tiredness shadow below the eyebrow on the inside of the eye and on the outside of the bruise. Add a little purple or blue over the red to add bruising.

Blood from the Mouth

Use sugar-free red gelatin powder in a non-saliva dissolving capsule. Patient can open capsule on demand.

Bullet Wound

Create a wax or clay base at the injury site. Press the blunt end of a pencil into the wax mound to indicate the entry hole. Line the hole with black and red and a dribble of blood. Decide if and where there will be an exit wound. This will be more of an avulsion-looking wound at this site as the bullet would have exploded out of the body as a piece of metal larger than what it entered as.

Burns

Note: These effects may also be used for frostbite because the tissue damage is similar. For 3rd degree burns though, you would not have the charring, but would still be using black moulage for dead skin.

- Superficial—Apply a thin layer of red color over the area. Then apply a thin layer of petroleum jelly over the red area to intensify the color.
- Partial thickness—Use two packets of Knox unflavored gelatin dissolved in 1 to 2 tbsp. of warm water and mix to a thin paste. Dust the area with red color and dab gelatin onto the skin over the reddened area. Let set until sticky and pull up with a palette knife to create blisters. Let it solidify. To prevent blisters from drying out, apply petroleum jelly over the blister area.
- Full thickness—Paint spirit gum over a large area. Drag a piece of absorbent cotton across the wet gum, allowing trails to stick. When the first layer of gum is dry, add another layer and allow it to dry. Apply a dull pink color over the area to give the look of raw tissue. Add a brighter red to several areas of the burn to give depth. Sponge over the red areas with a coarse sponge to blend the colors together a little. Add a little black color with a brush to give a charred effect on the wound. You could also use a black powder shadow. Pat glycerin or petroleum jelly over the area to give the effect of oozing. Don't use too much makeup initially, try multiple small layers. Use large bubbles from bubble wrap for blisters.
 - Apply cold cream. Simulate burned flesh by applying red and/or black grease paint. Over this lay white or yellow tissue paper, covered with Vaseline. Sprinkle overlay liberally

with charcoal dust. Blend onto skin of patient. Tear through the tissue overlay if a third degree burn is being made. Use single drops of candle wax to represent blisters. Cut a chunk of black yarn, separate it and lay it in the paint or jelly to make realistic-looking burned veins.

- Use two-ply, cheap yellow Kleenex. Use a red base material for first degree. Add globs of Vaseline over the red area for moisture. Separate two layers of the Kleenex. Take one and lay it on the red base and Vaseline spreading it from the center outward. If it appears yellow, add more Vaseline, spread the material out to blend in with the skin.

Glob on more Vaseline. Work from the center out to the edges of the Kleenex area. The globs can be blisters. Separate the glob area by using a toothpick. Put on the next tissue layer. You can add to the flat area between the blisters. Use Vaseline and spread out again. If tissue separates or won't blend correctly, use more red and blend it, especially at the edges.

To make a blister, slide a toothpick between the layers of tissue and gently lift, making an empty blister. Spray wound with water to give it a weepy appearance. Old, burned hair can be made in a separate container and added for odor and charring. Using powder over any greasy areas will dull the shine.

Carbon Monoxide Poisoning

For a cherry red appearance, use a light cold cream base and apply red grease paint smoothly over the surface of the face and neck.

Cyanosis

For an asphyxiated, low oxygen look, apply a light cold cream base and apply light blue grease paint around and on the lips. A similar color eye shadow or powder can be applied around the eyes also to enhance the effect. Also apply pale or blue color around the finger tips. Light blue acrylic paint dabbed by sponge is also effective.

Eviscerated Organs

The easiest moulage to use for this is meat from the butcher, slaughterhouse, or grocery store. Buy fresh food and handle it using standard food-handling precautions. Tape the appropriate products to the wounded area and apply makeup to enhance the effect. You could also secure pieces to a piece of shirt cardboard and lay that onto the injured person, then tape it into place. Commercial prostheses are available for this which can be readily re-used. Also, plastic organs can sometimes be found in medical teaching manikins which could be adapted for this use. Other options include:

Organs—Various organs can be simulated using plastic bags filled with liquid material colored to resemble the organ—pudding, paint, etc. This gives a wet look and feel to the moulage, as well as weight.

Brain tissue—Try fresh white-fleshed fish with a little gray paint or makeup soaked in to achieve the true gray color. Modeling clay can also be used.

Lungs—Balloons are often used in teaching the respiratory system and respiration. An alternative for moulage would be to use large or small natural sea sponges tinted pink. Regular pink cellulose house sponges would work also.

Intestines—Use fresh sausage lengths, or buy sausage casings from the meat dept., or butcher, and fill them with colorful Jello or pudding the night before. The gelatin will set up, so as not to be runny and will give a “jiggly” consistency—the colorful Jello is a little less graphic for the new trainees. In true moulage, any lacerated intestines are not going to smell very pleasant—trying to add some sulphur or similar odor to this will definitely enhance the experience.

Muscle—Small pieces of rolled reddish-colored modeling clay (like little snakes) layered over an area can simulate muscle. Also, a flat piece of clay that has been scraped with a comb can be used.

Eyeball—This can be re-created using a ball of white clay, then painting on it. Large grapes (peeled works, too) can be used as they have a similar feeling to them. Ping pong balls are a little large, but work well for a moulage base.

Bone—It’s best to use dried chicken bones, but you can also cut pieces of dense white Styrofoam or painted pieces of wood.

Fractures

- Apply a commercial prosthesis of a fracture at the designated site.
- Try to achieve the look of swelling and/or deformity. Use cotton and adhesive, then mortician’s wax or clay to build up the area at the site of the fracture. If the fracture is an open fracture, secure a piece of bone in the wax and apply blood as necessary. Arms have hair, so if you build up an arm, add some hair for a more realistic look.
- Mold and apply clay, making it large enough to give the appearance of deformity. Smooth the edges and blend the color over a large area. Sprinkle with hair and powder. For an open wound, make the incision deep and wide, then insert a bleached chicken bone so that it can be easily seen. Pour in some blood for the finishing touch.

Frostbite (see Burns)

Glass (see Impaled Objects)

Heat Stroke and Sun Stroke

Apply cold cream and a red pigment to face. Apply heavily and rub it in (remember the ears.) Wipe off—this gives the appearance of a red face. Now dust with face powder for a dry appearance. Adjust the amount of red pigment to suit the level of the skin color desired.

Hollow Cheeks (Illness)

Apply a foundation to the area below the eye. Have patient suck in the cheeks to locate the natural hollows on the face. Brush a dark shading color in a rough Y shape under each cheekbone. Blend in the foundation and apply it in a crescent pattern along the upper portion of the cheekbone. Blend this highlight more sharply along the edge of the bone, less sharply up into the eye area.

Impaled Objects

There are various objects that could become impaled due to an accident. These items range from glass, eyeglass, ski goggles, metal, tree branches, to broken ski poles, etc. The process involved in creating an impalement moulage is simple.

- Decide where on the body the injury will be.

- Prepare the object to be impaled—size it for your specific use.
- Look at the injury site and decide what the surrounding skin will look like.
- Small objects can be secured in clay or wax and then makeup applied to the area.
- Larger items need to be anchored more securely by tape, bandage or wire.

Suggestions: Glass in eye—use a small piece of plexiglass secured in clay. Or secure piece on a flesh colored bandage which can be placed over the eye. This is best done with a prosthesis/moulage applied over the actual eye so as not to jeopardize the real eye.

Impaled tree branch—Apply tape around the small branch, then leave two tails which can be adhered to the body. Apply more tape to the area to secure it. Apply necessary makeup to achieve realism. Check to see that the impaled object doesn't wiggle too much.

Impaled ski pole—Usually, it's the part of the pole with the handle attached that we see impaled, but either end would work. Smooth the cut end so as to minimize risk to the patient. If you remember the commercial trick of the "arrow shot through the skull", this might help you prepare the prosthesis. Attach wire (opened coat hanger works well) to the pole with excess wire leading from it. Bend the wire to conform to the body. You could place this on the chest or abdomen, with the wire going around the body. Also, with a smaller wire, this would work like an open bracelet on the arm or leg. PVC pipe is available in the diameter of ski poles and can be used instead of a ski pole.

Laceration (simple)

Powder the skin to remove shine and stickiness. Dab a little red (rouge) color on the back of your hand. You need only a smear of red for the pale pink soreness around a cut. Stipple a line on the skin at the appropriate position. Using a darker red color (lipstick) and wooden point of a brush handle, pick up a little of the dark red color and dab it down the center of the pale red. It needs to be thick in texture. A cut caused by a sharp instrument will be thin at the ends and wider in the center. To make the surrounding skin look swollen, take a little more of the lighter color and run two curved lines from it a little way away from the cut.

Laceration (complex)

- Create a wax or putty foundation. Redden the area around the cut using a small brush. Paint dark red thickly into the cut, mixing in a little petroleum jelly for a wet look or use commercial blood gel. Leave the edge of the wax uncolored; make a highlight around it.
- Mold and apply clay to area. Smooth edges and blend coloring over a large area. Sprinkle with hair to make this appear natural. Blend powder over the entire area. Make an incision with a knife, puncture with a pencil, or make a laceration with a fork. Pour blood into the cut so as to give the appearance of oozing or running.

Rigid Abdomen

Brown sugar in a flat plastic bag taped to the body provides the right touch resistance to simulate the type of swelling found with this injury.

Shock

- Apply cold cream and Clown white/Titanium White grease paint or Zinc white on face. Apply some blue grease paint on lips blending with white at the edges. Some faint touches of blue can be put at corners of eyes and nose. Apply white powder. For perspiration, you can sprinkle on some Baby oil and water.
- Or, apply a white base or beige foundation over the entire face. For a cyanotic look, use a blue color around and on the lips, cheeks, chin hollows, under eyes and neck hollow. You can also apply blue coloring around the fingertips.

Snake Bite

You're going to make a small blood-filled shape that can be suctioned. Shape a thin metal or plastic disc for the area of the arm where the puncture is to be made. Take a piece of cotton soaked with cranberry juice (any red-colored juice) and place it atop the disc. Take a ball of clay and flatten it. The clay should be wide enough to cover over the cotton and disc. Seal the clay around the bottom of the disc so no fluid leaks out. Use grease paint or makeup to blend the skin coloring and sprinkle with some hair.

Use waterproof tape to secure the moulage to the body (either under the disc, or over the edges) a piece large enough to cover the clay, mold and apply. Make two dots with tweezers or a needle dipped in red paint or blood. Make an incision on the snake bite with a scalpel and suck out the blood.

Swelling

- Place a partial mouth guard or small roll of sponge or gauze in the mouth between the cheek and the gum to create swelling.
- Use padding made of folded paper towels, or thin foam rubber, held in place with an elastic bandage under clothing to simulate swelling. Foam balls cut in half also work well and are easily identifiable by palpating over ski clothing.

Simulating Body Actions

To enhance the realism of certain scenarios and training exercises, try to add the feature of the relevant body action when/if you can. For example, it's one thing to take a pulse on a patient, and not have the pulse be of the character and/or rate that is indicated by the injury or illness. It's another world, altogether, if the pulse can be simulated to match the "ideal" one.

Bleeding

Bleeding is the result of a pumping action. Simulate it by providing a pump—pump bottle, bulb syringe, small balloon or any reservoir from which you can produce a fluid flow. Fill the bottle/pump with a blood solution. Attach some tubing to the pump—rubber hose, oxygen tubing, etc. This can be done by using good tape. Secure the end of the hose at the wound site and moulage the rest to meet the requirements for the injury. Test the pump before you finish the makeup around the wound.

Pulse

The pulse can be simulated in a manner similar to the bleeding moulage except the difference is that you will be pumping air instead of blood. This is most easily done with either a small balloon or bulb syringe, a few feet of oxygen tubing, and an exam glove. Tape the bulb and tubing

together. Then take a latex or vinyl exam glove and cut off one of the fingers. Tape the finger to the open end of the tubing. The system must be airtight in order to work well. The finger can be folded and taped down one side so the space is smaller.

Tape the finger end onto the patient where you want the pulse taken. Wherever you choose to put it, place it alongside where the normal pulse would be, so as not to cause confusion in the reading when the rescuer presses on it. Either the patient or the instructor can “pump” the pulse when ready. Determine your cadence and pump the bulb end. Make sure that the pulse is pulsating properly where it has been positioned. This is effective for skills teaching and in scenarios, also.

Pulse sounds—Using an audio cassette or CD recording of various heart rates is often useful. This would be helpful for listening for the heartbeat on the chest of a Resusci-Annie, or manikin. Also, it would be a chance to reinforce learning about the pulse and heart rate by using the auditory mode.

Breathing

Lung sounds can be acted out to some degree, but an effective way to incorporate them into learning is by using pre-recorded lung sounds.

Instructor's Trip to the Supermarket

Several of the OEC Instructional Activities suggest using grocery items for training purposes. Browse through the Activities Bank for ideas. Next to one of the big "Mart" stores, the best place to shop for moulage is the grocery store. Take this list with you the next time you head to the store. As you roam the aisles, see what ideas you come up with that can be added to this list. Remember to use food wisely and use safe-handling precautions where appropriate.

SHOPPING LIST

<p><u>PRODUCE AISLE</u></p> <p><u>Vegetables</u> <u>Cauliflower</u>—Cut in half, mark to simulate brain <u>Zucchini</u>—Bleeding zucchini setup <u>Carrots</u>—Simulate fingers for bandaging <u>Potatoes</u>—Demo wounds</p> <p><u>Fruits</u> <u>Citrus, apples, tomatoes</u>—Can use fruit to demo wounds and soft-tissue injuries. <u>Bananas</u>—Good for showing bruises</p> <p><u>MEAT DEPARTMENT</u></p> <p><u>Beef cuts/parts</u>—Simulate Human organs and muscle <u>Chicken/Turkey</u>—Wings for bone/joint injuries, organs for anatomy lessons <u>Sausage/Hot Dogs</u>—Intestines/Eviscerated organs, fingers, and male genitalia. <u>Sausage casings</u>—Fill with Jello or pudding for intestines.</p> <p><u>PASTA</u></p> <p><u>Spaghetti</u>—Cook to use for nervous system <u>Lasagna</u>—Cook and use for skin.</p> <p><u>BEVERAGES</u></p> <p><u>Juices</u>—Simulate body fluids</p> <p><u>Empty, green, plastic soda bottles</u>—(2 litre) work well for oxygen tanks. Fill with sand or kitty litter, add tubing and a mask to complete.</p>	<p><u>DAIRY PRODUCTS</u></p> <p><u>Eggs</u>—Boil for specific time to use in demo for burn care. Also use for eyeballs and fractures (broken shell) <u>Cheese</u>—For soft tissue and bad odor</p> <p><u>CONDIMENTS</u></p> <p><u>Ketchup and tomato sauce</u>—to simulate blood <u>Olives</u>—Eyeballs <u>Chocolate syrup</u>—Blood for BSI glove removal</p> <p><u>SOUPS</u></p> <p><u>Chunky meat or vegetable</u>—Simulate vomitus and the digestive process <u>Large cans</u>—Put several in long sock as prop to use to splint lower leg fractures.</p> <p><u>BAKERY</u></p> <p><u>Small loaves of bread</u>—Bake to harden crust for frostbite simulation <u>Pizza</u>—Use for activity about the digestive system</p> <p><u>HOUSEWARES</u></p> <p><u>Sponges</u>—Makeup application, lung simulation <u>Mop head</u>—Use as a wig on a patient <u>Balloons</u>—Use for respiratory system, shock. Can also use for signs by writing on them. <u>Vinyl/latex gloves</u>—Can moulage directly on these.</p>
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