

**Chapter 1**  
**OUTDOOR EMERGENCY CARE**

**Scenario #1-1**

**Degree of Difficulty = 2**

INJURY	ENVIRONMENT	PERSONNEL
Fractured hand (1) Painful knee (1)	Any slope (0)	Single patient (0) Trained rescuers (0)

**GENERAL SCENARIO DESCRIPTION**

While training with an unloaded toboggan, trainee has gone off the side of the slope and collided with a tree or object. Trainee has a prior minor knee injury from previous day and a fractured hand.

**INFORMATION GIVEN TO TRAINEE**

Trainer is calling for medical assistance. Trainee has been injured during training and is down. No other information available.

**PATIENT SUMMARY**

Trainee is recovering from the flu. Trainee fell during training yesterday and slightly injured a knee. Trainee has not revealed this to anyone until now. One hand was fractured when the sled handle struck a tree with the trainee's hand between the tree and the sled handle. Painful but not deformed. Patient is down and near a toboggan but is not entangled. Refuses treatment initially but is unable to move fingers on injured hand much.

**VITAL SIGNS**

Time in minutes	Pulse and respiration
Arrival 5 minutes	P + 20, R + 5 P + 10, R as found

**SCENARIO OBJECTIVES**

Assessment

Scene size-up of trainee hitting a tree  
Patient assessment reveals a fractured hand and sore knee from a fall the day before.  
Focused history and physical exam reveals that trainee is recovering from the flu, has some residual bronchitis, and has been very tired all day.

Rote Skills

BSI Precautions  
Splinting hand in position of function  
Splinting knee

Problem Management

Patrol trainer is on scene with candidate class who are OEC technicians but have not passed basic toboggan certification. Candidates and trainer can provide medical assistance. Notify management of employee collision and injury. Investigation is warranted to determine what warning trainer gave to class prior to training and whether waivers were signed. Also it is important to establish what candidate told trainer about physical, mental, and emotional health prior to class starting and during the training. All parties should be asked for written statements and all must be documented. First rescuer on scene must either perform or assign the assessment, treatment, and removal of the injured candidate and at the same time conduct or assign an investigation of the events leading up to the injury for risk management purposes.

## Scenario #1-1

### INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain:

Any slope.

Equipment:

Toboggan, waiver signed by trainee prior to training. Forearm splint for the hand in a position of function. Pen and paper for investigation.

Moulage:

Dark blue, yellow, rose, and green facial powder to simulate closed fracture of hand.

Weather: Must be the same as the day of scenario.

### SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Sitting position. Initially refuses treatment. The trainee was feeling so badly, he or she simply did not turn and ran into the tree.

Answers to SAMPLE:

Signs and symptoms: as above

Allergies: None.

Medication: Levaquin 500 MG each day (antibiotic for bronchitis).

Past history: Flu for one week with bronchitis. Knee injury on prior day caused by a fall.

Last meal: None. Has not felt like eating all day.

Events leading: Knee was very sore from fall the prior day. Felt weak and tired from the flu and the medicine. Trainee now reports a strong desire to stop training at least one hour prior to the accident with the tree but did not share this information with the trainer or any other trainee for fear of not passing.

Behaviors:

Trainee is now very truthful after the injury about how he or she did not tell the trainer of physical, mental, or emotional condition. He or she is very concerned about not passing the basic evaluation and, at first, refuses treatment. After initial refusal the trainee reluctantly accepts treatment. The trainee wants each rescuer who comes up to treat or ask questions, to tell him or her if the trainee's chances for passing the course have been hurt. The trainee wants the trainer to grant permission to let the trainee try and take the run over later that same day and wants to postpone medical care until training is finished.

### SPECIFIC COMMENTS FOR EVALUATORS

If this scenario is used for training purpose, you may want to allow extra time to provide sufficient time for treatment and extrication and the extra time for the investigation with full documentation.

## OUTDOOR EMERGENCY CARE

**Scenario #1-2**

**Degree of Difficulty = 2**

INJURY	ENVIRONMENT	PERSONNEL
Patient #1 - facial bruise (1)	Ski resort (anywhere) (0)	Trained rescuers (0)
Patient #2 - black eye (1)		

### GENERAL SCENARIO DESCRIPTION

Rescuer is dispatched to a fight in progress. Two guests have gotten into an argument and are fighting when the rescuer arrives. (Note: pushing and shoving only, actual blows landed prior to arrival of rescuer and only reported verbally not simulated. Only safe fight simulation permitted.) They continue to fight for approximately 30 seconds after the arrival of the rescuer and then stop on their own. If rescuer tries to physically stop the fight an evaluator will stop the problem and inform the rescuer the fighting guests have both attacked the rescuer and that rescuer is now a third victim. After the guests stop the fight on their own, one has a facial bruise and the other a black eye. Evaluator can pick the argument from any topic such as: two skiers mad about each being cut off by the other, a snowboarder and a skier about who is allowed in the half-pipe, a bicycle racer and a spectator about spectator on the course causing the racer to veer off the course and be disqualified, etc.

### INFORMATION GIVEN TO TRAINEE

Resort guests report a fight in progress.

### PATIENT SUMMARY

Each guest is angry but if handled with diplomacy anger diminishes. Black eye and bruise are painful but are not serious. Patient with black eye demands to have a rescuer who is a medical doctor provide treatment. No lesser rank is acceptable initially.

### VITAL SIGNS (Both the same)

Time in minutes	Pulse and respiration
Arrival	P + 10, R + 5
5 minutes	P + 10, R + 5

### SCENARIO OBJECTIVES

#### Assessment

Secure scene which involves threat to safety because guests are fighting; remain safe distance away while attempting to calm. Do not initiate treatment until they have calmed and separated.

Minor injuries of facial bruise and black eye are obvious.

Focused history and physical exam are needed to rule out the presence of more serious hidden injury.

#### Rote Skills

BSI Precautions

Management of soft tissue particular bruising

Refer person with black eye to medical care

#### Problem Management

Notify resort management and police authorities, and follow local protocol regarding fight in progress.

Approach the guests with caution only after fight stops.

Gain confidence of guest who demands medical doctor so assessment and treatment may take place.

## **Scenario #1-2**

### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain:

Any.

Equipment:

Typical for type of guest chosen.

Moulage:

Dark blue, yellow, rose, and green facial powder to simulate black eye and bruise

### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENTS**

Position:

Fight simulation and when rescuer arrives fight has downgraded to pushing and shoving to avoid possible actual injury. Injuries are painful but not serious.

Answers to SAMPLE

Signs and symptoms: as listed above

Allergies: None.

Medication: None.

Past history: None.

Last meal: None.

Events leading: They had had an initial conflict on the ski hill when they almost collided. Each blamed the other person.

Behaviors:

Guests are very angry initially and as tact and diplomacy are used they calm down gradually. If not separated from each other they continue to remain angry and on the verge of fighting.

### **SPECIFIC COMMENTS FOR EVALUATORS**

Evaluators may vary the scenario facts to include any type of argument one might encounter with any type of person. All events must be carefully revealed through a detailed history and preserved for later court action in written documents. Rescuer safety is a major concern and the fighters should be separated early to calm the situation and obtain independent histories on how the fight started.

## OUTDOOR EMERGENCY CARE

**Scenario #1-3**

**Degree of Difficulty = 3**

INJURY	ENVIRONMENT	PERSONNEL
Broken tooth (1) Small lip laceration (1)	In-line skate park (0)	Angry parent or parents (1)

### GENERAL SCENARIO DESCRIPTION

A 14-year-old skater (either gender) at the resort in-line skate park launched off a wooden jump and landed on the front of one skate. The resort's rental skate wheel assembly cracked so the first two of the four wheels of the in-line skate broke off. This caused the skater to fall forward. The skater broke a front tooth about half way up the visible portion of the tooth above the gum line and suffered a small lip laceration. The lip laceration is bleeding slightly. Parent or parents are present upon arrival.

### INFORMATION GIVEN TO TRAINEE

Dispatch says only, "See the parent with the injured child in the in-line skating park."

### PATIENT SUMMARY

Patient broke a front tooth about halfway between the gum line and the end of the tooth. Patient thinks he swallowed the tooth fragment. It can't be found. A small lip laceration is bleeding slightly upon arrival. The lip will stop bleeding as soon as a compress is applied with direct pressure. The patient is embarrassed from the angry reaction of the parent or parents. Teenager asks several times if "we can go home now." Pulse and respirations go up due to the stress from the parent or parents. Patient has a normal SAMPLE, vitals, and reaction to the situation.

### VITAL SIGNS

Time in minutes	Pulse and respiration
Arrival	Normal - as found
5 minutes	P + 15, R + 5
10 minutes	P + 15, R + 5

### SCENARIO OBJECTIVES

#### Assessment

Scene size-up is not remarkable other than BSI precautions must be taken due to the bleeding lip. Initial assessment finds a slight injury to the lip, a broken tooth and angry parents. Focused history and physical exam is normal.

#### Rote Skills

Application of sterile dressing to lip will halt bleeding within a minute. A calm voice and demeanor by the rescuer with the parents will reduce their agitation some but they will remain angry. Rescuer must recognize legal issue early, notify resort management, and make careful investigation to learn vital facts. Every effort should be made to find the tooth.

#### Problem Management

Notify resort management. Deal with the parent or parents with diplomacy. Rescuer should carefully document the time the skates were rented and obtain a history of what led up to the accident. If the rescuer asks about the events leading up to the accident, the teenager will reveal, "Well, I did try to straighten the skate wheel assembly by hitting it with a rock four or five times. I thought that would make it turn better." Once this is revealed the parents will calm down and direct their attention to the teenager. They will stop making statements about how they blame the resort and complaining about the resort using cheap and dangerous equipment. Documentation of these facts is critical.

### **Scenario #1-3**

#### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain:

In-line skating park area with a wooden jump if available.

Equipment:

Pair of old in-line skates. Broken to match scenario if possible.

Moulage:

Tooth black to simulate broken tooth. Simulated blood for the lip wound.

Weather: Must be the same as the day of scenario.

#### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position:

Discretion of patient.

Answers to SAMPLE

Signs and symptoms: as listed above

Allergies: None.

Medication: None.

Past history: None.

Last meal: None.

Events leading: Describes fall and if asked about the history of the skates, will reveal trying to straighten the wheel assembly by striking four or five times with a rock.

Behaviors:

Teenager: Demonstrates some embarrassment as parents get angry and swear at the rescuer.

Parents: The parent or parents of the teenager are very angry because the child has suffered damage to a permanent tooth. They want to know why the resort is putting "children on cheap skates" and that "someone should do something about this dangerous practice." If it is learned that the child damaged the skate with a rock, the parents calm down and divert attention from the resort to the child.

#### **SPECIFIC COMMENTS FOR EVALUATORS**

This is both a medical and a legal problem. The investigation must be complete to obtain information necessary for a subsequent court case. The facts must be documented and management brought into the problem early. Skill, tact, and thoroughness are needed to successfully complete this problem.

## OUTDOOR EMERGENCY CARE

**Scenario #1-4**

**Degree of Difficulty = 5**

INJURY	ENVIRONMENT	PERSONNEL
Closed lower leg fracture (2) Contusion of head (1)	Extrication from off trail (1)	Obnoxious bystander (1) Trained rescuers (0)

### GENERAL SCENARIO DESCRIPTION

Skier, snowboarder, or snowblader runs into a resort snowmobile that was stopped. Patient suffers a lower leg fracture and head contusion but is alert and oriented. People at scene are the patient, snowmobile operator, and two bystanders. One bystander saw the accident but will leave within 20 seconds after arrival of rescuer unless identified and stopped. Other bystander did not see the event, is a close friend of the patient, and is very obnoxious. While he or she did not see the accident, this bystander will mimic and support as true everything the patient says and dispute everything the employee says. This bystander will admit he or she did not see the accident but just “knows” what happened. Patient claims snowmobile ran him or her down at the edge of the slope knocking him or her into the woods. Snowmobile operator claims he saw patient out of control and was stopped when struck. The patient was going so fast and so out of control he or she bounced off the snowmobile and into the woods. Neither will budge from their version of the events. Bystander, who saw the event, will support the resort snowmobile operator in every detail, if retained and not allowed to ski away.

### INFORMATION GIVEN TO TRAINEE

Resort snowmobile operator has radioed a request for medical assistance. Skier has collided with his or her machine and is injured.

### PATIENT SUMMARY

Patient is lying in the woods with a lower leg fracture and head contusion. No loss of responsiveness and is alert but in pain. No open wounds and no bleeding. Extrication should be challenging with entanglement in brush, trees, rocks, ditch, or whatever is available off slope.

### VITAL SIGNS

Time in minutes	Pulse and respiration
Arrival	P + 20, R + 10
5 minutes	P + 15, R + 8
10 minutes	P + 10, R + 6
15 minutes	P + 5, R + 4

### SCENARIO OBJECTIVES

#### Decision Making

Verify scene safety; upon arrival or shortly after, rescuer must ask for any witnesses who saw the accident to retain vital witness from leaving the scene. Patient assessment - correctly identifies injuries, and determines vital signs; patient is alert with no signs of neurological deficits; notify management of collision with resort equipment.

#### Problem Management

BSI precautions; OEC skills: management of fracture; lifting and extrication issues; prioritize need for witnesses and extrication of patient; perform detailed assessment; treat patient; make careful documentation of witnesses statement conflicts; obtain patient’s version of the events leading up to the accident; document your findings.

### Leadership

Develop plan of action; assign rescuers to treat injuries and obtain vital information for legal issues; mixed problem of medical assessment and treatment, extrication problems, and legal issues. Job task assignment and supervision of OEC skills of rescuers by first rescuer on scene is critical.

### **Scenario #1-4**

#### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

##### Location/terrain:

Must find ditch, brush, or other off-trail area to present an extrication problem. If possible the use of a snowmobile will make this problem much more realistic. If one is not available, the operator can explain after the accident that his snowmobile was picked up by a supervisor and driven to the maintenance building.

##### Moulage:

Dark blue, yellow, rose, and green facial powder to simulate head contusion and bruise at site of closed, lower-leg fracture.

Weather: Must be the same as the day of scenario.

#### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position: Off slope in 2A or 3A position for jams and pretzels extrication entanglement with some terrain feature.

##### Answers to SAMPLE

Signs and symptoms: as above

Allergies: None

Medications: Residual alcohol from prior night's drinking.

Past history: Up all night partying and drinking with friends.

Last meal: 1 hour prior, full lunch.

Events leading: Swears a snowmobile ran into him or her knocking him or her into the woods.

##### Behaviors:

*Patient:* Demands rescuer agrees with him or her that he or she is telling the truth and the employee is lying or crazy when he learns of the version of the snowmobile operator. Claims are same of the truthful bystander. In some pain but is alert. Claims to have been up all night partying but while may have a slight odor of alcohol does not exhibit symptoms of intoxication.

*Untruthful bystander:* Supports patient in his or her version of the events but admits was not in sight when the collision happened. Not above changing his or her statement to make the patient appear truthful. Bystander knows the patient well. Admits they are good buddies and were up all night drinking and partying together. Knows the truthful bystander is a liar because he or she has shifty eyes.

*Truthful bystander:* Supports the employee in every detail. Has no interest in the resort and does not know the employee or the patient. This bystander got a clear view of the events and was concerned about how out of control the patient was skiing prior to the collision.

#### **SPECIFIC COMMENTS FOR EVALUATORS**

Rescuers will need to plan and have clear task assignments to accomplish all that is required. This problem requires at least two or more trained rescuers and four people in the problem.

**Chapter 3**  
**OUTDOOR EMERGENCY CARE**

**Scenario #3-1**

**Degree of Difficulty = 4**

INJURY	ENVIRONMENT	PERSONNEL
Spinal Immobilization (3)	Aid room (0)	Candidate rescuer (0) EMS personnel (1)

**GENERAL SCENARIO DESCRIPTION**

You have brought a snowboarder to the aid room after he has a bad landing from a jump off a 20' cornice. There was a loss of responsiveness for 10 minutes. You rapidly assessed him on the hill, secured him to a backboard with cervical spine precautions, and transported him to the aid room with pre-notification of EMS. The EMS crew arrives and they are from a neighboring jurisdiction with whom you have not worked before. They move directly to the patient, ask you no questions, and then begin taking off the straps securing him to the backboard. You are more than a little surprised! You ask them to explain what is going on and they state that since they are the "higher level of care," they are required to independently confirm all elements of the patient's exam. They also mention that they doubt that all of the spinal precautions are required based upon what "they are seeing." How would you handle this situation?

**INFORMATION GIVEN TO TRAINEE**

Above

**PATIENT SUMMARY**

Rider is confused with variable level of responsiveness. He has neck and back pain to palpation. No chest, abdomen, or pelvic pain to palpation.

**VITAL SIGNS**

Time in minutes	Pulse and respirations
	As found!

**SCENARIO OBJECTIVES**

Assessment

Secure scene; identify injuries correctly; request appropriate support/resources, prioritize patient's need for spinal immobilization and transport to patrol room. Activate EMS; develop a plan, and carry it out. Once reaching the patrol room, a more thorough assessment can be done and provide emergency care as provided. The true objective of this scenario is to deal with the conflict that is occurring between the rescuer and the EMS personnel.

Rote Skills

BSI Precautions  
Spinal immobilization  
EMS transfer  
Exhibition of good "people skills" with mediation and discussion of patient need

Problem Management

Conflict with EMS with an understanding that, when the transfer is complete, the patient is under the command and protocol of the EMS System and their protocol and liability.  
Conflict management within a crowded patrol room and possible within the presence of a patient.

**Scenario #3-1**  
**INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain:

Aid room

Equipment: As described in initial scenario description. Add to that any equipment that may generally be carried by local EMS personnel when responding to an incident, including a stretcher.

Weather: N/A

**SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position:

Supine

Answers to SAMPLE

Signs and symptoms: as above

Allergies:

Medication:

Past history:

Last meal:

Events leading:

Behaviors: Role play between a “rescuer” and two “EMS personnel” with conflict evident

**SPECIFIC COMMENTS FOR EVALUATORS:** The true object in this scenario is to have the student be able to work out the conflict that exist between the rescuer and EMS personnel utilizing the rule of ***“What is best for the patient.”***

As with any other activity where people are interacting in a stressful environment, conflict will inevitably occur between rescuers and EMS providers. The best approach to this is to take preventive measures by pre-season training and talk sessions in which potential conflict points are discussed and planned for ahead of time. If problems occur during the handoff of a patient, the first rule that all parties should follow is to focus upon ***what is best for the patient.*** At this point, the rescuer should request that the EMS personnel step aside for a transfer conference before taking any emergency action to receive all pertinent information from the rescuers who provided initial care. If EMS has clearly taken responsibility for the patient and transfer is complete, the patient now comes under the protocol and care of EMS. It is always helpful if the patient has been transferred into the ambulance. However, if the EMS personnel persist in their actions within the patrol room, and the rescuer still determines that the actions are detrimental, it would be appropriate to request the patient to sign a Waiver of Treatment Form. If, however, you believe that the issue is one in which patient care or well-being is likely compromised, you should discuss this privately with the EMS providers. If it cannot be resolved at that level, you should involve your chain of command. It would be imperative to have your medical director discuss the issue, after full documentation, with EMS medical control. At all times, it is imperative that the discussion remain courteous and outside the hearing of the patient and the skiing public.

**Chapter 6**  
**OUTDOOR EMERGENCY CARE**

**Scenario #6-1**

**Degree of Difficulty = 2**

INJURY	ENVIRONMENT	PERSONNEL
Medical condition, major impact (2)	Site does not add difficulty (0)	Single patient (0) Trained help (0)

**GENERAL SCENARIO DESCRIPTION:** Mountain summit higher than 7,000 feet

**INFORMATION GIVEN TO TRAINEE:** There is a skier at the top of the summit lift with breathing difficulty.

**PATIENT SUMMARY:** The patient is suffering from acute mountain sickness. He has a dry cough and shortness of breath, and complains of a headache.

**VITAL SIGNS**

Time in minutes	Pulse and respirations
Initial	
5 mins	P = 108 R = 22
10 mins	P = 104 R = 20
15 mins	

**SCENARIO OBJECTIVES**

Assessment

- Secure scene safety
- Request needed equipment and personnel
- Patient Assessment; correctly identify patients' issues
- Realize the cause of AMS which leads to proper treatment

Rote Skills

- BSI precautions
- Treatment of AMS
- Monitor for shock

Problem Management

- Appropriate use of rescuers and equipment; appropriate treatment and transport plan; transport to a lower altitude, administer oxygen if available.

## **Scenario #6-1**

### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: Summit above 7,000 feet

Moulage: None

Weather: Must be the same as the day of scenario use

### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position: Sitting

#### Answers to SAMPLE:

Signs and symptoms: as listed above

Allergies: None

Medications: None

Past history: None

Last meal: As found

Events leading: The patient flew in from the coast this morning, came right to the mountain and caught a lift to the summit, and has been skiing the top for about four hours.

Behaviors: The patient is sitting up with a dry cough, has elevated respirations, and complains of a headache.

### **SPECIFIC COMMENTS FOR EVALUATORS**

The patient should be coached to give the proper signs and symptoms of acute mountain sickness. The rescuer must do a thorough assessment with SAMPLE to determine the proper diagnosis and rule out other medical problems. The rescuer should encourage the patient to rest for a day or more to acclimatize to the altitude, and immediately seek medical help if the symptoms worsen.

## OUTDOOR EMERGENCY CARE

**Scenario #6-2**

**Degree of Difficulty = 3**

INJURY	ENVIRONMENT	PERSONNEL
Fractured ribs with probable pneumothorax (3)	Site does not add difficulty (0)	Single patient (0) Trained help (0)

**GENERAL SCENARIO DESCRIPTION:** On an open, gentle slope

**INFORMATION GIVEN TO TRAINEE:** A fallen skier needs assistance.

**PATIENT SUMMARY:** The skier has fallen on his right side with his arm under him. He complains of rib pain and difficulty breathing.

### VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	
5 mins	P = 102 R = 28
10 mins	P = 100 R = 24
15 mins	P = 90 R = 20

### SCENARIO OBJECTIVES

#### Assessment

Secure scene; patient assessment: correctly identifies the patient injuries; vitals; request needed assistance and equipment. Fracture management of lower extremity.

#### Rote Skills

BSI precautions  
Administer oxygen  
Fracture management of lower extremity

#### Problem Management

Appropriate use of rescuers and equipment; appropriate treatment and transport plan; monitor vitals; recommend medical attention; call EMS per local protocol.

## **Scenario #6-2**

### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: An open, gentle slope

Moulage: None

Weather: Must be the same as the day of scenario use

### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position: sitting on the snow holding right side

#### Answers to SAMPLE:

Signs and symptoms: as listed above

Allergies: None

Medications: None

Past history: None

Last meal: As found

Events leading: A novice skier was gaining speed, caught an edge and fell on his right side with his arm underneath.

Behaviors: The patient is self-splinting his right side, breathing in short, quick breaths, and wincing with pain with each breath.

### **SPECIFIC COMMENTS FOR EVALUATORS**

Although signs and symptoms indicate a simple rib fracture, there may be more serious internal injuries. Respirations should be monitored to detect possible pneumothorax.

## OUTDOOR EMERGENCY CARE

**Scenario #6-3**

**Degree of Difficulty = 4**

INJURY	ENVIRONMENT	PERSONNEL
Severe respiratory distress (4)	Site does not add to difficulty (0)	Single patient (0)

**GENERAL SCENARIO DESCRIPTION:** Mid-mountain lodge, outside on deck

**INFORMATION GIVEN TO TRAINEE:** A girl at the mid-mountain lodge is having difficulty breathing.

**PATIENT SUMMARY:** A girl is sitting upright and having difficulty breathing because of food caught in her throat.

**VITAL SIGNS**

Time in minutes	Pulse and respirations
Initial	P 104 R 0
5 mins	P 92 R 18
10 mins	P 84 R 14
15 mins	As found

**SCENARIO OBJECTIVES**

Assessment

Secure scene safety; patient assessment - correctly identify patient's condition; recognize a potential life-threatening situation; call ALS if Heimlich maneuver is not successful.

Rote Skills

BSI precautions  
Clear airway with Heimlich maneuver  
Management of respiratory distress

Problem Management

Appropriate use of rescuers and equipment; appropriate treatment and transport plan.

### **Scenario # 6-3**

#### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: outside the lodge

Moulage: pale face and food in mouth to expel

Weather: Must be the same as the day of scenario use

#### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position: sitting up

#### Answers to SAMPLE:

Signs and symptoms: as listed above

Allergies: None

Medications: None

Past history: None

Last meal: Was just having lunch

Events leading: Was eating and got food caught in her throat

Behaviors: Girl gives the “choking sign” and is unable to speak. No air exchange. Frightened.

#### **SPECIFIC COMMENTS FOR EVALUATORS**

The rescuer must clear the airway quickly. After the airway is cleared, the patient should be monitored for any after effects of the incident, and if okay – released! Hospital transport is not necessary.

## OUTDOOR EMERGENCY CARE

**Scenario #6-4**

**Degree of Difficulty = 4**

INJURY	ENVIRONMENT	PERSONNEL
Severe respiratory distress (4)	Site does not add to difficulty (0)	Trained help (0)

**GENERAL SCENARIO DESCRIPTION:** outside of the lift operator's building on the back side of the mountain on a cold day

**INFORMATION GIVEN TO TRAINEE:** There is a man with difficulty breathing at the lift operator's building on the back side of the mountain.

**PATIENT SUMMARY:** The patient is a 35-year-old male. He is having difficulty breathing and can only speak in three or four word bursts. He has a history of hypertension for which he takes no medication and asthma for which he takes medication. His asthma medication is at the base area and is accessible.

### VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	
5 mins	P = 112 R = 24
10 mins	P = 116 R = 24
15 mins	

### SCENARIO OBJECTIVES

#### Assessment

Secure scene; patient assessment - correctly identify patient's condition: asthma attack, recognize potentially life threatening nature if untreated.

#### Rote Skills

BSI precautions  
 Administer oxygen  
 Rapid transport to base  
 Develop plan to have inhaler accessed and brought as quickly as possible

#### Problem Management

Develop and execute a plan as part of your transportation plan to have the inhaler brought you ASAP; identify inhaler as belonging to patient; person administers inhaler himself. Appropriate use of rescuers and equipment; appropriate treatment and transport plan. Trainee should demonstrate knowledge of legal issues related to assistance with inhalers.

## Scenario #6-4

### INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: outside of the lift operator's building on the back side of the mountain

Moulage: None

Weather: a cold day

### SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: sitting hunched over

#### Answers to SAMPLE:

Signs and symptoms: as listed above

Allergies: penicillin

Medications: Ventolin for asthma

Past history: hypertension and asthma

Last meal: as found

Events leading: The patient started to have difficulty breathing on the ride up the lift from the base. Breathing became more difficult after skiing down the backside trail.

Behaviors: gasping breaths, speaking in short bursts of three or four words between breaths, voice has strained quality, tightness in chest. The patient is able to direct rescuer to location of medication at base when asked.

### SPECIFIC COMMENTS FOR EVALUATORS

The patient should be coached to present accurate symptoms of cold/exercise induced asthma. The rescuer must recognize this as a possible life-threatening emergency. The patient's breathing will become normal when patient uses his inhaler. The patient should be monitored during and after treatment and taken to a medical facility for evaluation.

## OUTDOOR EMERGENCY CARE

**Scenario #6-5**

**Degree of Difficulty = 5**

INJURY	ENVIRONMENT	PERSONNEL
Unresponsive patient (4)	Off trail (1)	Trained help (0)

**GENERAL SCENARIO DESCRIPTION:** Base of a cliff after an avalanche

**INFORMATION GIVEN TO TRAINEE:** There is a burial victim who has been recovered from an avalanche.

**PATIENT SUMMARY:** The patient has just been extricated and is cold, pale, and unconscious. Breathing is shallow and ineffective. The carotid pulse is weak. There are contusions on the forehead and scalp.

**VITAL SIGNS**

Time in minutes	Pulse and respirations
Initial	P = 100 R = 24
5 mins	P = 90 R = 20
10 mins	P = 90 R = 20
15 mins	P = 90 R = 20

**SCENARIO OBJECTIVES**

Decision Making

Secure scene; patient assessment: correctly identify patient's condition - airway obstruction by tongue and secretions, traumatic brain injury, and possible spinal trauma; recognize that this is a "load and go" situation; assure that EMS is standing by.

Problem Management

BSI precautions; OEC skills: airway management with jaw-thrust, suctioning, insert oral airway, assist breathing, give oxygen, spinal immobilization; bleeding control management if life-threatening; vitals; rapid transport. Coordination with avalanche rescue scene command.

Leadership

Develop plan for treatment and rapid extrication. Direct others in a firm and confident manner; give clear and concise directions. Continued communications with patient and team members; ensure correct OEC skills of helpers where appropriate; documentation.

## **Scenario #6-5**

### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: base of cliff

Moulage: contusions on forehead and scalp

Weather: Must be the same as the day of scenario use

### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position: supine

#### Answers to SAMPLE:

Signs and symptoms: as listed above  
Allergies: Not available  
Medications: Not available  
Past history: Not available  
Last meal: Not available  
Events leading: Caught in an avalanche

Behaviors: unresponsive

### **SPECIFIC COMMENTS FOR EVALUATORS**

When the pulse is first taken it is weak. The rescuer must be aware that the patient's breathing is ineffective. The airway must be cleared before the patient can get air into the lungs. Simulate oral airway insertion. When the pulse is taken after the breathing is restored, indicate that it is stronger. Spinal immobilization must be maintained through the treatment.

## OUTDOOR EMERGENCY CARE

**Scenario #6-6**

**Degree of Difficulty = 8**

INJURY	ENVIRONMENT	PERSONNEL
Unresponsive patient (4) Fracture with respiratory deficit (3)	Off trail (1)	One patient (0) Trained help (0)

**GENERAL SCENARIO DESCRIPTION:** Off trail near a tree

**INFORMATION GIVEN TO TRAINEE:** A skier has gone off the trail and hit a tree.

**PATIENT SUMMARY:** The patient is unconscious with facial trauma caused by a collision with a tree. Breathing is impaired by blood in the airway and facial injuries.

### VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	P = 100   R = 25
5 mins	P = 100   R = 20
10 mins	P = 90   R = 20
15 mins	P = 90   R = 20

### SCENARIO OBJECTIVES

#### Decision Making

Verify scene safety; patient assessment - correctly identify patient's condition: impaired airway, facial fractures, traumatic brain injury, and possible spinal injury; request ALS; request needed personnel and equipment.

#### Problem Management

BSI precautions and clean-up per local protocol; OEC skills: suction; insert a nasopharyngeal airway, maintain airway, spinal immobilization, oxygen, and general management of fracture.

#### Leadership

Develop treatment plan, rapid extrication plan, and transfer to EMS. Direct others appropriately and with confidence; continued communications with patient and team members; ensure correct OEC skills of helpers where appropriate

## Scenario #6-6

### INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: off the trail by a tree

Moulage: simulate severe facial injuries around mouth and jaw with much bleeding

Weather: Must be the same as the day of scenario use

### SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: prone at the base of a tree

Answers to SAMPLE: None available

Signs and symptoms: as listed above

Allergies:

Medications:

Past history:

Last meal:

Events leading

Behaviors: The patient is unresponsive and is breathing with difficulty. There are gurgling sounds with each breath. The gurgling stops after suctioning and breathing becomes easier. An oropharyngeal airway cannot be inserted because of the facial trauma.

### SPECIFIC COMMENTS FOR EVALUATORS

Severe facial injury has caused bleeding which impedes respiration and also prevents the insertion of an oropharyngeal airway. Possible spinal injury indicates the jaw-thrust maneuver to open the airway and the maintenance of spinal stabilization. Moulage and simulation should be as realistic as possible. All treatment up to the point of insertion should be demonstrated by the rescuer. Nothing should actually be inserted into the patient's airway. If the rescuer chooses an oropharyngeal airway, he should be told at the time of simulated insertion, that it won't go in. If he chooses a nasal airway, it will work properly. The patient's airway should be constantly monitored.

**Chapter 7**  
**OUTDOOR EMERGENCY CARE**

**Scenario #7-1**

**Degree of Difficulty = 4**

INJURY	ENVIRONMENT	PERSONNEL
Unresponsive patient (4)	Lodge (0)	Single patient (0)

**GENERAL SCENARIO DESCRIPTION:** An older couple was sitting in the corner of a rather empty lodge, having an early lunch. When the husband returned from the restroom, he found his wife lying supine on the floor unresponsive. He notified the manager of the cafeteria.

**INFORMATION GIVEN TO TRAINEE:** As you walk into the cafeteria, the manager requests your assistance with this unresponsive older female. She informs you that she has already called EMS.

**PATIENT SUMMARY:** Patient is unresponsive upon your approach and remains unresponsive throughout. You find a very weak carotid pulse and very slow, shallow breathing.

**VITAL SIGNS**

Time in minutes	Pulse and respirations
	As reported above

**SCENARIO OBJECTIVES**

Assessment: Full patient assessment including gathering information from spouse.

Rote Skills: Trainee completes all the series of actions that constitutes a full assessment. Should keep the husband calm by having him focus upon providing information about his wife's medical history. When unable to find any reason for the problem, the rescuer should continue the reassessment until EMS arrives. Trainee should assess the need to give oxygen in high flow and assist breathing with a BVM.

Problem Management: As you complete your initial assessment, you are informed that EMS will arrive in 3 minutes. You do not request a trauma pack because it will arrive faster with EMS. When EMS arrives, patient has begun to turn blue. You provide assessment information but state that you have no idea what the problem is.

## Scenario #7-1

### INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Cafeteria in the lodge.

Moulage: None

### SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Lies supine on the floor.

### Answers to SAMPLE

Signs and symptoms: as above

Allergies: Penicillin

Medication: Medication for high blood pressure, husband cannot remember the name.

Past history: Hypertension.

Last meal: Lunch

Events leading: They had been on the deck watching their grandchildren ski.

Behaviors: Unresponsive with shallow breathing.

**SPECIFIC COMMENTS FOR EVALUATORS:** Trainee should complete a full survey. Patient has slow, shallow respirations, and is responsive only to painful stimuli. Three hours later, rescuer speaks with EMS to receive a hospital report. EMS reports that they had the same experience of not knowing what caused the problem and that they had to assist the patient's breathing including intubation, BVM, and O<sub>2</sub>. They relate that the ER reported the person had suffered a brainstem stroke.

## OUTDOOR EMERGENCY CARE

**Scenario #7-2**

**Degree of Difficulty = 4**

INJURY	ENVIRONMENT	PERSONNEL
Unresponsive patient (4)	Boiler room (0)	Single patient (0)

**GENERAL SCENARIO DESCRIPTION:** The boiler or furnace of the lodge explodes. Witnesses report that they saw a maintenance person go into the room. They heard an explosion, but did not see the man come out. There is an electrical cord lying across the entrance door in some water. If the rescuer does not observe the cord and address it properly, he is not able to complete the scene because of the cord lying in the water. This scene is specifically designed to teach rescuer safety and scene safety.

**INFORMATION GIVEN TO TRAINEE:** Management has called to report an explosion in the boiler/furnace room after a maintenance person walked into the room. He did not come back out.

**PATIENT SUMMARY:** Patient is found in the back of the room lying prone and unresponsive. He is breathing and responds to pain stimulus. He has a pulse.

### VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	P - +4 R - +4
5 minutes	P - +4 R - +4
10 minutes	P - +4 R - +4

### SCENARIO OBJECTIVES

#### Assessment:

Scene safety (rescuer injures self and is unable to continue as rescuer if they do not make sure that the electricity is turned off or the cord unplugged and the gas turned off before entering the room). Patient assessment: correct identification of problem. Address the dangerous environment and need to extricate as soon as possible. Request EMS. Request needed personnel and equipment.

#### Rote Skills:

Correct scene safety response  
BSI precautions  
Spinal immobilization  
Transfer to EMS

#### Problem Management:

All items as listed on score card; extrication from a dark room; notify and coordinate with management.

## **Scenario #7-2**

### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: Boiler room in the lodge.

Equipment: Provided upon request.

Moulage: None needed.

Weather: Indoor.

### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position: Patient is lying prone, unresponsive and breathing.

#### Answers to SAMPLE

Sign and symptoms: Responsive to pain stimuli only.

Allergies: None.

Medication: None

Past history: None

Last meal: Unknown

Events leading: Maintenance person went into the boiler to check it because someone reported a gas smell.

Behaviors: Patient is lying prone and is responsive to pain stimuli only. Respirations are elevated very slightly.

### **SPECIFIC COMMENTS FOR EVALUATORS**

If the rescuer does not observe the cord and address it properly, or does not make sure that the gas is turned off, he/she is not able to complete the scene because of the cord lying in the water. This scene is specifically designed to teach rescuer safety and scene safety.

## OUTDOOR EMERGENCY CARE

### Scenario #7-3

**Degree of Difficulty = 5**

INJURY	ENVIRONMENT	PERSONNEL
Facial laceration (1) Unresponsive (4)	Mountain bike trail (0)	Single patient (0) Single rescuer (0)

**GENERAL SCENARIO DESCRIPTION:** The patient is biking alone on one of the resorts mountain bike trails and hits a soft spot of sand on the trail. She is lying about 15 feet from her bike. The friend, who went to report the accident, returns as the trainee is completing the rapid survey.

**INFORMATION GIVEN TO TRAINEE:** You are asked to respond to a biker that has fallen.

**PATIENT SUMMARY:** Patient is unresponsive and only moans when shaken.

### VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	P - + 12; R - + 4
5 minutes	P - + 20; R - + 8
10 minutes	P - + 32; R - + 12

### SCENARIO OBJECTIVES

#### Decision Making:

Verify scene safety; patient assessment: correctly identify the problem; call EMS; call for additional help, backboard, C-collar, and oxygen.

#### Problem Management:

Appropriate use of help and equipment; appropriate treatment and transportation plan; spinal immobilization, use of oxygen. Monitor ABCs and vitals throughout.

#### Leadership:

Direct others appropriately and with confidence; continued communications with patient and team members; ensure correct OEC skills of helpers.

### **Scenario #7-3**

#### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: Mountain bike trail with medium grade slope.

Moulage: Facial laceration; vomitus

Weather: Same as day of event.

#### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position: Patient is lying prone with face into the dirt.

#### Answers to SAMPLE

Signs and symptoms: Unresponsive.

Allergies: Unknown

Medication: Unknown

Past history: Unknown

Last meal: Ate breakfast about two hours ago.

Events leading: Were half way through a 4-hour bike ride.

Behaviors: Patient will only moan when addressed.

#### **SPECIFIC COMMENTS FOR EVALUATORS**

This scenario is created solely for educational instruction to teach the series of actions of a properly performed assessment.

## OUTDOOR EMERGENCY CARE

### Scenario #7-4

Degree of Difficulty = 8

INJURY	ENVIRONMENT	PERSONNEL
Responsive to verbal stimuli (2) Fracture of lower leg (3) Sprain of thumb (1) Diabetic (patient wears a tag) (2)	Moderate Slope (0)	Single patient (0)

**GENERAL SCENARIO DESCRIPTION:** The patient is found lying motionless in the snow with his lower leg angulated. Upon arrival on the scene, there is no evidence to help determine if the fall was a ski accident, or the result of a medical problem which caused the patient to pass out while skiing.

**INFORMATION GIVEN TO TRAINEE:** You receive a radio report that a male skier is lying motionless in the snow on upper moderate slope. Another skier reported this to the lift operator who called the patrol; no other information is available.

**PATIENT SUMMARY:** As you approach, you note that the skier is lying on his back on the side of the run where there is little danger from other skiers. One ski is off. The other ski is still attached, and the lower leg appears to be angulated in an abnormal position. You stop several yards above the skier, remove your skis, plant them in an X in the snow, and approach him. He is not moving but appears to be breathing. There is no obvious blood on the snow or his clothing. You kneel at his side, palpate the carotid pulse, and ask, "Sir, are you okay?" Patient remains responsive to verbal stimulation (V) only throughout the assessment.

### VITAL SIGNS

Time in minutes	Pulse and respirations
	Vitals as found or slightly elevated throughout.

### SCENARIO OBJECTIVES

Decision Making: Full patient assessment: trainee will demonstrate a thorough knowledge of the steps and questions to complete a thorough assessment of this patient. He or she will demonstrate the systematic gathering of information that will lead to a determination of the cause (medical or trauma) of the fall. Patient answers with halting, slurred speech, and is responsive to verbal stimulation only (not Alert). Recognizes need for an "intervention" to address the diabetic hypoglycemia before proceeding with fracture of lower leg and sprained thumb.

Problem Management: Appropriate use of rescuers and equipment; appropriate treatment and transportation plan; OEC skills: managing medical emergencies; management of a fracture (recognize need to splint leg and immobilize the thumb); transport of person to aid room for detailed physical exam; use of BSI precautions.

Leadership: Direct others appropriately and with confidence; continued communications with patient and team members; ensure correct OEC skills of helpers where appropriate.

## **Scenario #7-4**

### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: Any terrain

Equipment: Provided upon request.

Moulage: Angulated fracture of lower leg.

Weather: Same as the day of.

### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position: Patient is supine with an angulated lower leg.

#### Answers to SAMPLE

Signs and symptoms: Responsive to verbal stimuli.

Allergies: None known.

Medication: Insulin

Past history: Diabetic

Last meal: Unknown

Events leading: Unknown.

Behaviors: Patient is responsive to verbal stimulation. Patient will become alert if given sugar (or equivalent).

**SPECIFIC COMMENTS FOR EVALUATORS:** This scenario is designed solely to have the trainee learn the assessment process.

**Chapter 8**  
**OUTDOOR EMERGENCY CARE**

**Scenario #8-1**

**Degree of Difficulty = 2**

INJURY	ENVIRONMENT	PERSONNEL
Forearm laceration (1) HIV (1)	Top of beginner slope (0)	Single patient (0) Untrained assistants (1)

**GENERAL SCENARIO DESCRIPTION**

A 17-year-old skier is sitting in the snow helping a friend with her bindings. An out-of-control beginner snowplows off the chair lift and skis over the patient's forearm, causing a deep laceration.

**INFORMATION GIVEN TO TRAINEE**

Dispatch: Received a call to respond to a skier down on the top of the beginner hill. Equipment and available personnel to be sent upon request of the rescuer on the scene.

**PATIENT SUMMARY**

The patient was bleeding from the laceration with evidence that blood has run down her arm into her sleeve and dripped on the snow. Bleeding has stopped but inspection of the laceration reveals that it is deep and will need medical attention.

**VITAL SIGNS**

Time in minutes	Pulse and respirations
throughout	as found

**SCENARIO OBJECTIVE**

Assessment

Verify scene safety  
Patient assessment; correctly identify patient's condition  
Request needed equipment and personnel

Rote Skills

BSI precautions and clean-up  
General management of bleeding  
Transportation plan

Problem Management

Directions of bystanders including BSI  
All items as listed on the scorecard

## **Scenario #8-1**

### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: top of beginner slope

Moulage: forearm laceration

### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT(S)**

Position: You're sitting in the snow holding your bleeding forearm.

#### Answers to SAMPLE

Signs and symptoms: as above

Allergies: none

Medications: none

Past history: HIV tag

Last meal: report actual

Events leading: You were sitting in the snow helping a friend with her bindings. An out of control beginner snowplowed off the chair lift and skied over your forearm, causing a deep laceration.

Behaviors: You are concerned about the blood. You have put direct pressure on the laceration. When questioned, you inform the rescuer that you are HIV positive. Friends know this.

### **SPECIFIC COMMENTS FOR EVALUATORS:**

This scenario addresses bleeding control with HIV present and use of bystanders. There is also the legal issue because state laws vary on 17-year-old minors.

## OUTDOOR EMERGENCY CARE

**Scenario #8-2**

**Degree of Difficulty = 3**

INJURY	ENVIRONMENT	PERSONNEL
Severe bleeding of lower arm (3)	Rear of store in shopping mall (0)	Single patient (0) Trained rescuers (0)

**GENERAL SCENARIO DESCRIPTION**

A shopper has slipped and fallen through a display case in the rear of one of the resort's gift shops. He/she is bleeding severely.

**INFORMATION GIVEN TO TRAINEE**

You have been sent from the patrol room to one of the area's gift shops.

**PATIENT SUMMARY**

You find that a shopper has fallen into a display case. The patient has extensive bleeding from an arterial laceration in the arm. You further realize that you have not brought your pack and will need much more BSI protection.

**VITAL SIGNS**

Time in minutes	Pulse and respirations
throughout	as found by trainee

**SCENARIO OBJECTIVES**

Assessment

Verify scene safety

Patient assessment: correctly identify patient's condition; manage severe bleeding (emphasize methods of BSI techniques when gloves aren't available) until further protection arrives

Request needed equipment and personnel

Rote Skills

Universal precautions (patient and bloody area); improvisation of BSI techniques until further protection arrives

Bleeding control and bandaging

Shock management and oxygen administration

Problem Management

All items as listed on the scorecard

Determine how to transport patient to patrol room

## **Scenario #8-2**

### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: Rear of gift shop, lots of blood, broken glass.

Moulage: Lots of blood on floor and patient.

### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT(S)**

Position: You are sitting, bleeding profusely surrounded by shards of broken glass.

### Answers to SAMPLE

Signs and symptoms: as listed above

Allergies: none

Medications: none

Past history: none

Last meal: report actual

Events leading: floor wet from melting snow, patient in ski boots.

Behaviors: You're not feeling well and are very concerned with the loss of blood.

### **SPECIFIC COMMENTS FOR EVALUATORS**

The bleeding is severe. There is considerable risk for BSI contamination due to the high volume of blood loss, and the quantity of broken glass at the site. Having no pack, the rescuer must determine if BSI can be managed in situation while waiting for further help to arrive.

## OUTDOOR EMERGENCY CARE

**Scenario #8-3**

**Degree of Difficulty = 4**

INJURY	ENVIRONMENT	PERSONNEL
Head injury (3) Facial laceration (1)	Outdoor dining patio (0)	Single patient (0) Trained rescuers (0)

### GENERAL SCENARIO DESCRIPTION

A middle-aged father is joining his family for lunch on the patio. As he removes his skis to prop them against the fence, he slips, falls backwards and hits his head on the fence. While going down, he knocks over a row of skis, one of which cuts his face.

### INFORMATION GIVEN TO TRAINEE

Dispatch: Received a call to respond to an injured person adjacent to the outdoor dining patio.  
Equipment and available personnel to be sent upon request of the rescuer on the scene.

### PATIENT SUMMARY

The patient, who was unconscious for several minutes initially, has tenderness on the back of the head and a laceration with bleeding on his face. His neck is "sore." He is grumbling about all the skis falling over.

### VITAL SIGNS

Time in minutes	Pulse and respirations
throughout	as found by trainee

### SCENARIO OBJECTIVES

#### Assessment

- Verify scene safety; request needed equipment and personnel
- Patient assessment (rapid body survey); correctly identify patient's condition
- Recognize that this is a "load and go" situation.
- Requests EMS

#### Rote Skills

- BSI precautions
- Spinal immobilization and traumatic brain injury management
- Oxygen administration
- Bandaging
- Extrication, transport, and transfer to EMS

#### Problem Management

- Crowd management
- Notify management and show awareness of risk management issues
- Scene clean-up under local protocol for BSI
- All other items listed on score card

### **Scenario #8-3**

#### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: in "high pedestrian traffic" area of resort such as outdoor dining patio

Moulage: Laceration on the patient's face with blood

#### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT(S)**

Position: You're sitting among a pile of skis, one of which has fallen over and cut your face. You have tenderness on the back of your head and a laceration with bleeding on your face. Your neck is "sore" and you feel woozy. You are oriented to the situation, but initially not to time or place. You're grumbling about all the skis falling over.

#### Answers to SAMPLE

Signs and symptoms: as above

Allergies: none

Medications: none

Past history: none

Last meal: report actual

Events leading: You were joining your family for lunch on the patio. You went to remove your skis and prop them against the fence when you slipped, fell backwards, and hit your head on the fence. While going down, you knocked a row of skis over, one of which cut your face.

Behaviors: You're feeling woozy and sheepish along with having a cut face, sore neck, and tenderness on the back of your head.

#### **SPECIFIC COMMENTS FOR EVALUATORS**

The facial bleeding is minimal. The greater concern is the head/possible neck injury.

## OUTDOOR EMERGENCY CARE

**Scenario #8-4**

**Degree of Difficulty = 4**

INJURY	ENVIRONMENT	PERSONNEL
Abrasion and hematoma /swelling of lower arm and wrist (probable fracture) (3)	Mogul run with patient against a large rock (1)	Single patient (0) Trained rescuers (0)

### GENERAL SCENARIO DESCRIPTION

A skier has fallen against a large rock while skiing down a mogul run. The skier's lower arm and wrist show signs of swelling and a hematoma, as well as a surface abrasion.

### INFORMATION GIVEN TO TRAINEE

You and your partner come upon a guest who has fallen against a large rock on your resort's mogul run. The skier's lower arm and wrist are already showing signs of swelling and a hematoma, as well as some surface bleeding.

### PATIENT SUMMARY

The patient has continuous oozing from an abrasion of the lower arm, as well as obvious swelling and a hematoma of the lower arm and wrist.

### VITAL SIGNS

Time in minutes throughout	Pulse and respirations as found by trainee
----------------------------	--

### SCENARIO OBJECTIVES

#### Assessment

Verify scene safety; request needed equipment and personnel  
 Patient assessment; correctly identify patient's condition  
 Rescuer should recognize possible underlying injuries due to MOI

#### Rote Skills

Body substance isolation (patient and bloody area)  
 Control of bleeding, shock management; bandaging  
 Lower arm fracture management

#### Problem Management

All items as listed on the scorecard  
 Use procedures to minimize the spread of blood on the snow  
 Determine how to transport patient to patrol room

## **Scenario #8-4**

### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: Mogul run against an object.

Moulage: Some surface bleeding with swelling and hematoma of lower arm and wrist. This bleeding can be slowed and then stopped if proper care is given.

Weather: Must be the same as the day of scenario use.

### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT(S)**

Position: You are lying in the "snow" up against a "rock" on a fairly steep slope.

#### Answers to SAMPLE

Signs and symptoms: as listed above

Allergies: none

Medications: none

Past history: none

Last meal: report actual

Events leading: You were skiing down the mogul run and caught an edge. In attempting to arrest your fall, you flung your arm out and struck the rock.

Behaviors: You are very uncomfortable with movement or palpation of the lower arm or wrist.

### **SPECIFIC COMMENTS FOR EVALUATORS**

The surface bleeding is minor. Greater concern should be given for the possible underlying injury.

**Chapter 9**  
**OUTDOOR EMERGENCY CARE**

**Scenario #9-1**

**Degree of Difficulty = 3**

INJURY	ENVIRONMENT	PERSONNEL
Femur fracture (3)	Intermediate hill (0)	Single patient (0) Trained rescuers (0)

**GENERAL SCENARIO DESCRIPTION**

A 27-year-old man was rapidly skiing down an intermediate slope, caught an edge, and slid into a tree, fracturing his left femur.

**INFORMATION GIVEN TO TRAINEE**

Dispatch: Received a call to respond to a skier down on an intermediate hill. Equipment and available personnel to be sent upon request of the rescuer on the scene.

**PATIENT SUMMARY**

The patient has a closed femur fracture.

**VITAL SIGNS**

Time in minutes	Pulse and respirations
throughout	P = 104; R = 18

**SCENARIO OBJECTIVES**

Assessment

Secure scene

Patient assessment; correctly identify patient's condition

Requests EMS

Request needed equipment and personnel

Rote Skills

Body substance isolation

General management of mid-shaft femur fracture

Vitals

Treat for shock

Ski removal; lifting techniques; loading/position in toboggan

Problem Management

Severe internal bleeding may accompany this fracture and must address proper shock treatment

Rapid interface with EMS to ensure the best outcome for the patient.

## Scenario #9-1

### INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: On an intermediate slope near a tree or other natural obstacle.

Equipment: Toboggan with standard area equipment. Spinal immobilization equipment if not included in the standard toboggan for use in lifting patient, splinting materials for femur (per local protocols)

Moulage: “swelling” of the femur to indicate location and nature of fracture

Weather: May be the same as the day of scenario use

### SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Supine with injured leg extended.

#### Answers to SAMPLE

Signs and symptoms: as above

Allergies: none

Medication: none

Past history: none

Last meal: report actual

Events leading: You recall catching an edge and sliding into the tree.

Behaviors: You are aware of a sharp, severe pain in your femur (worse than any you’ve ever felt) and you’re feeling weak and a bit sick to your stomach.

### SPECIFIC COMMENTS FOR EVALUATORS

This scenario is looking for effective on-site shock management, not extrication expertise. The proximity to an obstacle is relevant only in terms of probable injury cause.

## OUTDOOR EMERGENCY CARE

**Scenario #9-2**

**Degree of Difficulty = 4**

INJURY	ENVIRONMENT	PERSONNEL
Severe respiratory distress due to anaphylactic shock (4)	Entry to patrol area (0) (inside if weather is inclement)	Single patient (0) Trained rescuers (0)

### GENERAL SCENARIO DESCRIPTION

A group of rescuers are doing “spring cleaning” on your patrol facility. One collapses in front of the building, having been stung while sweeping the door frame. It appears he is struggling to breathe.

### INFORMATION GIVEN TO TRAINEE

You are cleaning the window in the entry when you see your buddy collapse. The trainee must be informed about some bees flying in the vicinity. Equipment and available personnel to be sent upon request of the rescuer on the scene.

### PATIENT SUMMARY

Patient has trouble breathing and medic alert tag indicates allergy to bee sting (patient carries own EpiPen) and takes medication for migraines.

### VITAL SIGNS (Blood pressure is 190/100)

Time in minutes	Pulse and respirations
initial	p = 100; r = 22
5 min	p = 100; r = 22
10 min	p = 110; r = 20
15 min	p = 110; r = 20

### SCENARIO OBJECTIVES

#### Assessment

Secure scene including informing other “helpers” of bee sting risk potential  
 Patient assessment (medical history/medication identification vital); correctly identify patient's condition and recognize life threatening nature of medical issue.  
 Requests EMS

#### Rote Skills

Body substance isolation  
 Managing medical emergencies particularly anaphylactic shock  
 Medications identified, assist patient to administer medication if necessary  
 Use of oxygen and airway adjuncts, if necessary  
 Shock management

#### Problem Management

Demonstrate knowledge of issues related to EpiPen and their use.  
 Scene safety issues related to bees  
 All items on scorecard

## Scenario #9-2

### INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Near entrance of the patrol building

Equipment: Oxygen should be ready if called for. Other equipment should be provided upon request of the trainee. A backboard may be called for to expedite transport of the patient.

Moulage: None needed

Weather: Weather suitable for bees to be active

### SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Sitting on the ground, holding your chest, struggling to breathe, perhaps grasping a pocket, the location of the EpiPen.

### Answers to SAMPLE

Signs and symptoms: as above

Allergies: bee stings

Medications: epinephrine for reactions to bee stings, migraine medication as needed

Past history: severe reactions to bee stings

Last meal: report actual

Events prior: sweeping entry ceiling, nudged a small bees' nest

Behaviors: Patient: You are having severe difficulty breathing. You are wearing a medic alert tag. If asked, someone can look for your medications in your pocket.

### SPECIFIC COMMENTS FOR EVALUATORS

Trainee needs to demonstrate knowledge and understanding of protocols for assistance and use of EpiPens.

## OUTDOOR EMERGENCY CARE

### Scenario #9-3

Degree of Difficulty = 6

INJURY	ENVIRONMENT	PERSONNEL
Acute abdominal injury from an impaled tree branch (4) Ankle sprain (1)	Mountain bike trail during race (0)	Multiple patients (1) Trained rescuers (0)

### GENERAL SCENARIO DESCRIPTION

A mountain bike racer coming down a sharp turn loses it and bounces off a nearby tree. He lands in a heap with a branch impaled in the upper left quadrant of the abdomen. The biker is lying beside the trail guarding the abdomen and in considerable pain. A bystander watching the race attempting to get out of the way twisted his ankle on a rock.

### INFORMATION GIVEN TO TRAINEE

Dispatch: Received a call to respond to a biker down at the edge of a difficult turn. Equipment and available personnel to be sent upon request of the rescuer on the scene.

### PATIENT SUMMARY

The abdomen is painful in the left upper quadrant, and the patient does not want to lie flat on his back. The condition will naturally deteriorate, even with good care, due to the nature of the injury. Bystander is sitting 5 feet away quietly rubbing his ankle. He does not get up, but he does ask if the biker will be ok.

### VITAL SIGNS

Time in minutes(Biker)	Pulse and respirations
initial	p = 98; r = 22
5 mins	p = 112; r = 24
10 mins	p = 124; r = 24
15 mins	p = 130; r = 24

Blood pressure would be as found initially, but beginning to fall in the late stages of the scenario.

### SCENARIO OBJECTIVES

#### Decision Making

Secure scene including stopping of race if necessary depending on location of injured person; patient assessment: correctly identify patient's condition; recognize that the bystander is quiet and rubbing his ankle and questions him; prioritize the biker with internal injuries; vital signs determination; recognize that this is a "load and go" situation; request ALS; request trauma pack (oxygen) and additional personnel.

#### Problem Management

Appropriate use of rescuers and equipment; appropriate treatment; OEC skills: management of abdominal injuries, management of impaled object with bleeding control; shock care including oxygen administration; lifting techniques; management of ankle sprain/fracture; transportation plan.

#### Leadership

Develop a rapid extrication, transport and transfer plan; provide clear directions in a calm and confident manner. Ensure all OEC skills of helpers where appropriate; monitor entire situation and all participants; rapid transportation to interface with EMS; notify management; all other items listed on score card.

### **Scenario #9-3**

#### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: On a tree-lined mountain bike trail or other setting in which a biker could have had an encounter with an impaled object

Equipment: backboard with standard area equipment; oxygen

Moulage: impaled object in upper left quadrant of abdomen with accompanying bleeding

#### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position: You are lying on your right side, guarding your abdomen.

#### Answers to SAMPLE

Signs and symptoms: as above

Allergies: none

Medications: none

Past history: none

Last meal: report actual

Events leading: you were biking fairly fast on a difficult turn, lost control and bounced off a tree, leaving a branch stuck in your abdomen

#### Behaviors:

Patient 1: You do not want to straighten out your body, and complain loudly if asked to move to your back. Being on your back is tolerable if you can keep your knees bent, but you'd still rather remain laying on your side. Your abdomen becomes increasingly rigid with time, and you show increasing signs of shock.

Patient 2: You are quiet but rubbing your ankle. When asked if you can come to help, you report that your ankle hurts very much. You show concern for the biker.

#### **SPECIFIC COMMENTS FOR EVALUATORS**

Immediate call for EMS support is vital in this situation and frequent monitoring and documentation of vital signs is essential prior to arrival of EMS.

**Chapter 10**  
**OUTDOOR EMERGENCY CARE**

**Scenario #10-1**

**Degree of Difficulty = 3**

INJURY	ENVIRONMENT	PERSONNEL
Severe asthma attack (3)	Back side of mountain at warming hut (0)	Bystanders (0) Trained rescuer (0)

**GENERAL SCENARIO DESCRIPTION**

Patient is found at the warming hut having difficulty breathing

**INFORMATION GIVEN TO TRAINEE**

You receive a call to check on someone at the backside warming hut.

**PATIENT SUMMARY**

Patient is having an asthma attack brought on by an allergic reaction to two cats being in the warming hut.

**VITAL SIGNS**

Time in minutes	Pulse and respirations
Initial	P = 112, r = 22 labored
5 min	P = 118, r = 25 labored
10 min	P = 100, r = relaxing
15 min	P = 75, r = 20

**SCENARIO OBJECTIVES**

Assessment

Secure scene

Correctly identify patient's condition

Remove the patient from contact with cats and residue of cat presence, i.e., the warming house

Request additional help and equipment

Rote Skills

BSI precautions

Inhaler use per protocols

Administer oxygen

Problem Management

Direct others appropriately with confidence

Continue communication with patient and rescuers

Ensure correct OEC skills of helper when appropriate

Demonstrate knowledge of inhaler use issues and legal issues related to assistance

Transportation plan

## **Scenario #10-1**

### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: Backside warming hut or anywhere transport would be delayed

Equipment: Inhaler

Weather: Must be the same as the day of scenario use; not a factor

### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position:

You are sitting in the tripod position and straining to breathe when rescuer arrives. Your breath sounds are audible wheezes. Bystander offers his own inhaler.

Answers to SAMPLE

Signs and symptoms: skin is cool and dry, audible wheezing breath sounds

Allergies: dust, pollen, cats, and penicillin

Medication: Ventolin inhaler

Past history: asthma

Last meal: actual

Events leading: just came in to warm up

Behaviors:

You are leaning forward, straining to catch your breath. You can only answer in short three-to-four word sentences. You can't believe there would be cats out here on the hill. You finally remember that you have an old inhaler in your backpack and your respirations decrease when it is used.

### **SPECIFIC COMMENTS FOR EVALUATORS**

Local protocols would determine if oxygen would be brought out to the scene, or if the patient would be transported to it. Rescuer needs to demonstrate clear knowledge of medical issues related to patient specific inhalers and legal issues related to assisting person usage.

## OUTDOOR EMERGENCY CARE

**Scenario #10-2**

**Degree of Difficulty = 4**

INJURY	ENVIRONMENT	PERSONNEL
Obstructed airway (4)	Lodge (0)	Trained rescuer (0)

### GENERAL SCENARIO DESCRIPTION

You are in line in the cafeteria when you notice a guest holding his throat and turning red.

### INFORMATION GIVEN TO TRAINEE

As above

### PATIENT SUMMARY

You are waiting to pay for your lunch and were nibbling on your food when something “goes down the wrong way.”

### VITAL SIGNS

Time in minutes	Pulse and respirations	Pulse and respirations
	Appropriate Care	Heimlich maneuver
Initial	Choking	Choking
5 min	P+16, r=gasping	Choking
10 min	As found	Base on action
15 min	As found	Base on action

### SCENARIO OBJECTIVES

#### Assessment

Secure scene with awareness of crowds  
 Correctly identify patient's condition, and then call for EMS  
 Request a specific person to call 911

#### Rote Skills

BSI precautions  
 Managing respiratory emergency with use of Heimlich maneuver if reaching patient before collapse; if prone use of abdominal thrust, proper use of CPR for an obstructed airway  
 Request oxygen  
 Transportation plan

#### Problem Management

Crowd control; develop a treatment and transport plan to address airway and breathing issues; appropriate use of rescuers and equipment, recommend medical attention for choking patient.

## **Scenario #10-2**

### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: Inside lodge, cafeteria, etc. This also could be done outside at any seating area where food would be consumed.

Equipment: None

Moulage: None

Weather: Must be the same as the day of scenario use

### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position:

You could be standing or seated at a table.

Answers to SAMPLE

Signs and symptoms: as above

Allergies:

Medication:

Past history:

Last meal:

Events leading: eating

Behaviors: You are clutching your throat. It takes several thrusts of the Heimlich maneuver to clear the obstruction, and then you gasp a bit for a few minutes. If proper care is not given, you collapse for lack of oxygen. You are shaken and feel a bit weak and respond positively if asked if you want to go to the patrol room. You agree to the suggestion to seek medical attention as a follow-up.

### **SPECIFIC COMMENTS FOR EVALUATORS**

Be sure not to send in help until the choking is handled. Trainee should have ample opportunity to complete scenario by him/herself. Proper use of bystanders by rescuer would be extremely helpful.

## OUTDOOR EMERGENCY CARE

Scenario #10-3

Degree of Difficulty = 4

INJURY	ENVIRONMENT	PERSONNEL
Respiratory distress, chest pain HACE (4)	Mid-mountain restaurant or similar (0)	Trained rescuers (0)

### GENERAL SCENARIO DESCRIPTION

Woman at mid-mountain restaurant complaining that she just can't breath and is having chest pain

### INFORMATION GIVEN TO TRAINEE

You are asked to respond to a "sick skier" at mid-mountain restaurant.

### PATIENT SUMMARY

Patient is sitting at table having difficulty breathing

### VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	P + 8, r + 10
5 min	P + 15, r + 20
10 min	P + 20, r + 25
15 min	P + 30, r + 30

### SCENARIO OBJECTIVES

#### Assessment

Correctly identify patient condition; call for transport down to base; recognize need for oxygen

#### Rote Skills

BSI precautions; correct management of medical emergency; call for and administer oxygen

#### Problem Management

Direct others with confidence, continued communication with other rescuers, reassure anxious patient

### **Scenario #10-3**

#### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: Mid-mountain

Equipment: None

Moulage: Cool, clammy skin for patient

Weather: Must be the same as the day of scenario use

#### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position:

You have been feeling weak for the last couple of hours and came in to take a break when you started having mild chest pain and difficulty breathing. This is your first day skiing on your once-a-year vacation.

Answers to SAMPLE

Signs and symptoms: pale, cool, clammy skin; mild chest pain

Allergies: none

Medication: none

Past history: N/A

Last meal: actual

Events leading: had a dry cough last night, felt breathing was getting harder as you were skiing

Behaviors:

When given a focused medical survey you state that you just started feeling weak as the day went on and that you had a headache last night and a dry cough. This did not happen to you last time you came skiing. You were coming in for something to eat when you realized you were not very hungry, but felt a little nauseated instead. You feel better if given oxygen.

#### **SPECIFIC COMMENTS FOR EVALUATORS**

If the HACE is not recognized within 10 minutes patient should be cued to severe respiratory distress and rescuer told that patient is developing cyanosis of the lips. If not transported down to a lower altitude patient needs to show audible gurgling sounds when breathing.

## OUTDOOR EMERGENCY CARE

**Scenario #10-4**

**Degree of Difficulty = 5**

INJURY	ENVIRONMENT	PERSONNEL
Pulmonary embolism (4)	Lodge (0)	No trained help (1)

### GENERAL SCENARIO DESCRIPTION

Patient is sitting in the lodge, unable to ski, because he is recuperating following knee surgery. Wife returns from skiing to find husband having chest pain and difficulty breathing.

### INFORMATION GIVEN TO TRAINEE

Dispatched to main lodge for apparent chest pain and dyspnea (shortness of breath or difficulty breathing)

### PATIENT SUMMARY

You are having chest pain on the right side and difficulty breathing.

### VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	P + 10, r + 20
5 min	P +15, r + 25
10 min	P + 25, r = tachypnea (rapid)
15 min	P + 30, r = tachypnea (rapid)

### SCENARIO OBJECTIVES

#### Decision Making

Verify scene safety; correctly identify patient condition; recognize “load and go” situation; request oxygen; request EMS for ALS transport; rapid transport to base or EMS transfer point.

#### Problem Management

BSI precautions; OEC Skills: patient assessment/SAMPLE; administration of oxygen; assign tasks to bystanders with clear instructions; rapid transport to base and/or EMS; lift techniques and toboggan decisions.

#### Leadership

Direct others with confidence, continued communication with patient and family. Communicate with base. Provide basic information for EMS personnel. Documentation.

## **Scenario #10-4**

### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: Lodge

Moulage: Cyanosis of the lips

Weather: not a factor, indoors

### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position: Sitting

#### Answers to SAMPLE

Signs and symptoms: blue lips and rapid respirations

Allergies: none

Medications: yes, for pain

Past history: recent knee surgery

Last meal: actual

Events leading: released from hospital two weeks ago

Behaviors: When questioned about chest pain, you state you have no history of heart trouble but have just been released from hospital for knee surgery. Onset of pain was sudden and was accompanied by difficulty breathing. You have been on bed rest for the last two weeks. Your chest hurts and it is pleuritic in nature (sharp, stabbing pain that worsened by a deep breath); it becomes progressively harder to breathe. Your level of responsiveness also deteriorates, particularly if not given oxygen or transported within 10 minutes.

### **Special Comments to Evaluators**

This scenario helps trainees or rescuers demonstrate knowledge of medical issues. They also are required to demonstrate rapid transport decision making and use of bystanders.

**Chapter 11**  
**Outdoor Emergency Care**

**Scenario #11-1**

**Degree of Difficulty = 4**

INJURY	ENVIRONMENT	PERSONNEL
Trauma induced arrest (4)	Gladed area (0)	4 trained rescuers (0)

**GENERAL SCENARIO DESCRIPTION**

Skier was reported missing from her group of friends approximately 25 minutes earlier. She has been found by a guest who called in via cell phone. Guest reports commencing CPR approximately 5 minutes prior to your arrival.

**INFORMATION GIVEN TO TRAINEE**

Dispatch: You are called to the scene of a skier-versus-tree collision.

**PATIENT SUMMARY**

Patient has no pulse and not breathing.

**VITAL SIGNS**

Time in minutes	Pulse and respirations
Throughout	No pulse and is not breathing

**SCENARIO OBJECTIVES**

Assessment

Secure scene

Recognition of trauma situation requiring immediate intervention

Determine skill level and training of person doing CPR

Correctly identify patient's condition

Assure that ALS has been activated

Request additional rescuers and needed equipment (AED if available on hill)

Rote Skills

BSI precautions

Airway management

Two-rescuer CPR

BVM/oxygen use

AED use

Spinal immobilization

Rapid transport to EMS

Problem Management

Use of bystander according to training and need

Lifting techniques and transportation decisions

Trauma team

Legal issues related to possible death

Notify management

## **Scenario #11-1**

### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: Tree area, no significant access issues

Equipment: AED, oxygen, full trauma pack, backboard, scoop

Moulage: Use trauma/CPR manikin

Weather: Same as day of evaluation

### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position: Lying on back with bystander performing CPR

Answers to SAMPLE: Not available.

Behaviors: Unresponsive

### **SPECIFIC COMMENTS FOR EVALUATORS**

Observe for safe use of AED, particularly if scoop is used, patient must be placed on backboard. Good two-rescuer CPR, good airway management, including insertion of oral airway and use of bag-valve mask; develop rapid transportation plan and transfer to EMS.

**Note:** CPR and use of AED are not NSP-provided certifications

## OUTDOOR EMERGENCY CARE

**Scenario #11-2**

**Degree of Difficulty = 4**

INJURY	ENVIRONMENT	PERSONNEL
Acute heart attack; witnessed cardiac arrest (4)	Ticket office (0)	2 trained rescuers initially 2 trained rescuers in support (0)

### GENERAL SCENARIO DESCRIPTION

You are called to the ticket office where a 60-year-old salesperson has collapsed.

### INFORMATION GIVEN TO TRAINEE

Dispatch: Respond to ticket office. Employee has collapsed.

### PATIENT SUMMARY

Patient has no pulse and is not breathing.

### VITAL SIGNS

Time in minutes	Pulse and respirations Appropriate care
Initial Following 2 <sup>nd</sup> shock	Pulseless and not breathing Not breathing

### SCENARIO OBJECTIVES

#### Assessment

Scene safety

Patient assessment—unresponsive

Request needed equipment and additional personnel.

#### Rote Skills

BSI precautions

Airway management

Two-rescuer CPR

Pocket mask

BVM/oxygen use

AED use

#### Problem Management

Crowd management

Develop plan of action with rapid transfer to EMS

Clear, precise communication of patient information for incoming EMS

Clear directions given in a calm and confident manner

## **Scenario #11-2**

### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: Ticket office

Equipment: AED; oxygen; patrol belts; trauma pack; suction; backboard

Moulage: Cyanosis, diaphoretic

Weather: N/A

### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position: Lying on the floor

Answers to SAMPLE: Coworkers will report no known allergies; had been to see doctor in the last week; moved to altitude two months ago.

Behaviors: Unresponsive

### **SPECIFIC COMMENTS FOR EVALUATORS**

Look for rapid, correct response to the arrest. Rapid intervention is a must as well as early notification of EMS and AED use (per local protocol).

**Note:** CPR and use of AED are not NSP-provided certifications

## OUTDOOR EMERGENCY CARE

**Scenario #11-3**

**Degree of Difficulty = 4**

INJURY	ENVIRONMENT	PERSONNEL
Acute heart attack (4)	On-mountain restaurant (0)	2 trained rescuers (0)

### GENERAL SCENARIO DESCRIPTION

The patient is a 55-year-old male, reporting dyspnea and "chest pressure." He has used one tab of nitroglycerin which has been ineffective.

### INFORMATION GIVEN TO TRAINEE

Dispatch: You are called to an on-mountain restaurant.

### PATIENT SUMMARY

Patient will initially be awake, alert, and oriented x 3; will arrest after 3 minutes or completion of SAMPLE.

### VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	P=85, R=22, BP=110/70, clammy, diaphoretic
3 minutes	In arrest

### SCENARIO OBJECTIVES

#### Assessment

Secure scene  
 Patient assessment—unresponsive  
 Activate EMS  
 Request needed equipment and personnel

#### Rote Skills

BSI precautions  
 Airway management  
 Pocket mask  
 One-rescuer CPR  
 BVM/oxygen use  
 AED use  
 Rapid transport

#### Problem Management

Proper interface with EMS  
 Cardiac arrest  
 Transport decisions  
 Best way to move patient  
 Lifting techniques  
 Respect for patient's privacy

### **Scenario #11-3**

#### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: On-mountain restaurant

Equipment: AED, oxygen, patrol belts, backboard

Moulage: ashen; diaphoretic

Weather: N/A

#### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position: Initially seated at table, falls to floor; replace with CPR manikin

#### Answers to SAMPLE

Signs and symptoms: started having difficulty breathing

Allergies: none

Medications: Verapamil, nitroglycerin

Past history: 6 mos. ago was diagnosed with congestive heart disease; hypertensive

Last meal: Having lunch

Events leading: sitting, started feeling "bad" at lunch

#### Behaviors:

Be cooperative yet dismissive of need for care. You then fall to the floor.

#### **SPECIFIC COMMENTS FOR EVALUATORS**

Trainee should demonstrate knowledge of implied consent. Observe for safe use of AED; thorough assessment. Patient will respond following 4<sup>th</sup> shock with pulse and breathing. Transfer procedures are followed for transfer to EMS.

**Note:** CPR and use of AED are not NSP taught courses

## OUTDOOR EMERGENCY CARE

**Scenario #11-4**

**Degree of Difficulty = 7**

INJURY	ENVIRONMENT	PERSONNEL
Electrocution; pulseless and not breathing (4) Burns (2)	Intermediate trail, near an airless snowmaking machine (1)	2 trained rescuers initially 2 trained rescuers in support (0)

### GENERAL SCENARIO DESCRIPTION

Snowmaker incorrectly plugged in a 440 volt line and has been electrocuted.

### INFORMATION GIVEN TO TRAINEE

Dispatch: You are called to the scene of a snowmaker electrocution.

### PATIENT SUMMARY

Patient has no pulse and is not breathing.

### VITAL SIGNS

Time in minutes	Vital signs
Initial Following 3 <sup>rd</sup> shock	Pulseless and not breathing P = 50, R = 0

### SCENARIO OBJECTIVES

#### Decision Making

Verify scene safety which includes shutting off power to gun; patient assessment: correctly identify patient's condition; request EMS for ALS transport; notify management for risk management concerns; determine transport pick-up location. Request needed equipment and personnel.

#### Problem Management

BSI Precautions including clean up of area; OEC skills: rescue breathing care; oxygen administration; burn care management; preserve privacy of patient; develop rapid transportation plan with transfer to EMS; coordination with another operations department

#### Leadership

Direct others appropriately and with confidence; continued communications with patient and team members; ensure correct OEC skills of helpers where appropriate; monitor entire situation and all participants in regards to adhering to body substance isolation and local infection control plan

## **Scenario #11-4**

### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: Airless snowmaking gun

Equipment: AED, oxygen, patrol belts, backboard

Moulage: Pale, cyanotic, entry wound in hand, exit wound in opposite foot

Weather: Same as day of evaluation

### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position: Lying on the ground

Answers to SAMPLE: Unresponsive

Behaviors: Unresponsive

### **SPECIFIC COMMENTS FOR EVALUATORS**

Danger to rescuers must be acknowledged and managed immediately: "turn off the power." Care after resuscitation must be appropriate. Observe for safe use of AED and good, thorough assessment. Patient will respond following third shock, will have pulse only. Patient must receive continued respiratory support.

**Note:** CPR and use of AED not NSP taught courses

**Chapter 12**  
**OUTDOOR EMERGENCY CARE**

**Scenario #12-1**

**Degree of Difficulty = 4**

INJURY	ENVIRONMENT	PERSONNEL
Stroke (4)	Inside chalet, by espresso shop	Single patient (0) Friend (0) Trained rescuer (0)

**GENERAL SCENARIO DESCRIPTION**

The patient was walking by the espresso vendor when s/he seemed to stumble. The patient (67 years old) was caught by a passerby and was eased to the ground. No trauma is involved.

**INFORMATION GIVEN TO TRAINEE**

Dispatch: You are called to the espresso area in the chalet.

**PATIENT SUMMARY**

Patient appears alert and is able to focus on the rescuer as they approach. Patient attempts to answer questions, but speech is garbled. Patient is exhibiting right side face droop. Patient's skin is pale, cool, and dry.

**VITAL SIGNS**

Time in minutes	Pulse and respirations
Initial	P=88 R=16 (irregular)
5 minutes	Same as above
10 minutes	Same as above
20 minutes	Same as above

**SCENARIO OBJECTIVES**

Assessment

- Secure scene safety request
- Patient assessment; correctly identify patient's condition
- Obtain information from witness
- Request needed equipment and personnel

Rote Skills

- Observe BSI precautions
- Activate EMS
- Monitor airway
- Administer oxygen
- Transport plan

Problem Management

- Gather needed information (detailed history) from the friend who is with the patient
- Get statement from bystander who assisted
- Address crowd management

## **Scenario #12-1**

### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: Inside chalet by the espresso shop

Equipment: Standard area equipment

Moulage: Pale skin, right side mouth droop

Weather: N/A, Inside

### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position: Sitting up propped against the wall by the espresso shop.

#### Answers to SAMPLE

Signs and symptoms: Right side face droop, garbled speech.

Allergies: None

Medication: None

Past history: None

Last meal: Report actual

Events leading: Walking to espresso shop when patient "stumbled"

#### Patient Behaviors:

You are dazed but appear alert to the rescuer. You watch the rescuer as he approaches you. You attempt to answer the rescuer's questions but your speech is garbled. You begin to get frustrated because you cannot seem to communicate. You do not remember what happened (what caused the stumble).

### **SPECIFIC COMMENTS FOR EVALUATORS**

Responding rescuer needs to recognize "stroke" symptoms, the need to activate EMS, and the need for rapid transport. Evaluator will inform rescuer that there is right droop of the face.

## OUTDOOR EMERGENCY CARE

**Scenario #12-2**

**Degree of Difficulty = 4**

INJURY	ENVIRONMENT	PERSONNEL
Unresponsive patient (traumatic brain injury) (4)	Moderate trail (0)	Single patient (0) Trained rescuers (0)

**GENERAL SCENARIO DESCRIPTION:**

The skier is in the trees on the side of a moderate trail.

**INFORMATION GIVEN TO TRAINEE**

You have received a call from dispatch regarding a skier in the trees, left side, halfway down the run. Dispatch indicates that the patient is unresponsive.

**PATIENT SUMMARY**

Patient is unresponsive.

**VITAL SIGNS**

Time in minutes	Pulse and respirations	
Initial	P=90	R=20
5 minutes	P=96	R= 20
10 minutes	P=96	R= 20
15 minutes	P=84	R=20
20 minutes	P=72	R=20

**SCENARIO OBJECTIVES**

Assessment

Secure scene

Patient assessment: Correctly identify patient condition—traumatic brain injury (unresponsive)

Request ALS

Request needed equipment and personnel

Rote Skills

Observe BSI precautions

Maintain airway

Uses AVPU scale

Administer oxygen

Spinal immobilization

Monitor vital signs

Problem Management

Develop rapid extrication and transportation plan

Notify management

Direct other rescuers

## **Scenario #12-2**

### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: On slope, off to the side half way down the run in the trees

Equipment: Standard area equipment, including airways, oxygen, backboard, and C-collar

Moulage: None is needed

Weather: Must be the same as the day of scenario use; outdoors

### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position: Laying on your back, off to the side of the run in the trees

#### Answers to SAMPLE

Signs and symptoms: Unresponsive

Allergies: None known

Medication: None

Past history: Not applicable

Last meal: Not known since patient is unresponsive

Events leading: Not known since patient is unresponsive

#### Behaviors:

Patient is unresponsive to voice, but does elicit a response to pain stimuli.

### **SPECIFIC COMMENTS FOR EVALUATORS**

Trainee must realize that the scenario is an emergency and calls for rapid extrication and transport with immediate transfer to ALS. Airway and cervical spine stabilization must be maintained during the scenario.

## OUTDOOR EMERGENCY CARE

**Scenario #12-3**

**Degree of Difficulty = 5**

INJURY	ENVIRONMENT	PERSONNEL
Unresponsive patient (probable stroke) (4)	Cafeteria (0)	Mentally impaired relative (1)

### GENERAL SCENARIO DESCRIPTION

You are dispatched to the cafeteria for an unresponsive person.

### INFORMATION GIVEN TO TRAINEE

Dispatch received a call regarding an unresponsive person in the cafeteria.

### PATIENT SUMMARY

Patient is unresponsive.

### VITAL SIGNS

Time in minutes	Pulse and respirations
Initial & throughout	As found, pulse irregular

### SCENARIO OBJECTIVES

#### Decision Making

Secure scene including crowd management; patient assessment: unresponsive patient, correctly identify patient condition; recognize life-threatening nature of problem; address all ABC concerns; request EMS; determine what information can be obtained from the mentally impaired son; request needed equipment and personnel.

#### Problem Management

BSI precautions: OEC skills: emergency management of unresponsive person; airway and breathing management including oxygen at proper rate and flow and necessary breathing assistance; rapid transport and transfer to EMS; address needs and care of mentally impaired son in a calm and direct manner with recognition of legal issues; notify management and contact police or department of social services for local protocol; spinal immobilization per local protocol. Handle the onlookers present in the cafeteria by providing privacy to the patient and her son.

#### Leadership

Develop and execute a plan of care; “talk” to unresponsive patient; talk to son in clear, simple terms and a calm manner; calm son who is present on the scene; provide clear and thorough directions to helpers and bystanders including handling of the mentally impaired son; use helpers and available equipment effectively; maintain lead role during the scenario and displays confidence and competence in the handling of an unresponsive patient; monitors entire situation and all participants in regards to adhering to BSI, ensuring proper OEC skills, and local protocols.

### **Scenario #12-3**

#### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: In the cafeteria

Equipment: Standard area equipment

Moulage: None needed

Weather: N/A, indoors

#### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position:

Unresponsive, laying supine on the floor of the cafeteria

#### Answers to SAMPLE

Signs and symptoms: Unresponsive

Allergies: None, patient is unresponsive

Medication: None, patient is unresponsive

Past history: None, patient is unresponsive

Last meal: None, patient is unresponsive

Events leading: In the cafeteria when patient collapsed

Behaviors:

Patient: She is elderly mother who is unresponsive.

Son: He is mentally impaired and is scared and agitated. Son is concerned for mother and indicates that he has no other family. He is able to give no SAMPLE. He keeps asking what is wrong and what will happen.

#### **SPECIFIC COMMENTS FOR EVALUATORS**

Rescuer must deal with mentally impaired son. Rescuer must recognize legal issues related to impaired son giving informed consent and ability for self care. Rescuer must develop a plan to address the care needs of the son. Rescuer will recognize the need for urgent transportation.

**Chapter 13**  
**OUTDOOR EMERGENCY CARE**

**Scenario #13-1**

**Degree of Difficulty = 3**

INJURY	ENVIRONMENT	PERSONNEL
Acute abdomen, cause unknown (3)	Cafeteria (0)	Single patient (0)

**GENERAL SCENARIO DESCRIPTION**

A 25-year-old woman with progressive, acute non-traumatic abdominal pain.

**INFORMATION GIVEN TO TRAINEE**

You are called to the resort check-in area to see a 25-year-old-woman who is experiencing severe abdominal pain. Equipment and available personnel to be sent upon request of the rescuer on the scene.

**PATIENT SUMMARY**

Patient complains of terrible stomach pain and is tender when the abdominal area is palpated.

**VITAL SIGNS**

Time in minutes	Pulse and respirations
As found	As found

**SCENARIO OBJECTIVES**

Assessment

Secure scene

Patient assessment: Ask "OPQRST" questions; complete a full assessment to attempt to determine nature or cause of abdominal pain

Recognize need for urgent treatment and activate EMS

Request needed equipment and personnel

Rote Skills

Observe BSI precautions

Management of medical emergencies

Oxygen administration

Transportation plan

Problem Management

Rule out injury v. medical emergency

Maintain patient privacy and clear out area around patient, notify area management, communicate with patient and others in a clear and calm manner

## **Scenario #13-1**

### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: Resort check-in

Equipment: Standard area equipment

Moulage: Slightly pale face

Weather: Indoors

### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position: You are lying on a couch.

#### Answers to SAMPLE

Signs and symptoms: As noted above

Allergies: None

Medication: None

Past history: None

Last meal: Two hours ago

Events leading: Abdominal area started hurting several hours ago

#### Behaviors:

You are “guarding” your abdominal area. Your abdomen is tender to the touch and you tell the rescuer that you are having “terrible stomach pain.” When questioned, you relate that your menses has been regular, and that you have not had pain or burning when you void.

### **SPECIFIC COMMENTS FOR EVALUATORS**

Must realize they are dealing with a medical situation rather than trauma.

## OUTDOOR EMERGENCY CARE

**Scenario #13-2**

**Degree of Difficulty = 3**

INJURY	ENVIRONMENT	PERSONNEL
Splashed cleaning product (poison) (2)	Bathroom (0)	Single patient (0) Hysterical parent (1)

### GENERAL SCENARIO DESCRIPTION

Bathroom cleaning products were left unattended in the bathroom and within easy reach of small children. A child reached onto a shelf where a bucket with cleaning products was set. The child pulled the bucket down on top of his shoulder and upper extremity.

### INFORMATION GIVEN TO TRAINEE

Dispatch received a call to respond to the bathroom area in the main chalet. A child was splashed with an unknown substance. Equipment and available personnel to be sent upon request of the rescuer on the scene.

### PATIENT SUMMARY

Patient has clothing splashed with several colors of liquids. Chemical burns are present on the exposed skin on the arm and around the neck. Patient is crying. Parent is at the side of the child and is yelling and frantic.

### VITAL SIGNS

Time in minutes	Pulse and respirations
As found	As found

### SCENARIO OBJECTIVES

#### Assessment

Secure scene

Patient assessment: correctly identify patient's condition

Recognize need for urgent treatment, activate EMS

Request needed equipment and personnel

#### Rote Skills

Observe BSI precautions

Remove clothing that has chemicals splashed on it and keep for EMS

Flushed exposed skin which has chemicals splashed on surface of skin

Maintain airway

Oxygen

Correctly treat burns

#### Problem Management

Notify area management

Correct handling of clothing and obtain containers of chemicals to transport with patient

Save any vomitus to send with patient

Address frantic and upset parent by including in gathering information, care, and transportation planning

Comply with OSHA requirements relating to clean-up

## **Scenario #13-2**

### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: Bathroom area in main chalet with liquids spilled on floor

Equipment: Standard area equipment

Moulage: Various colors of liquids on clothing items; several small reddened areas on neck along with reddened burn areas on hand and lower forearm

Weather: Indoor

### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position: Sitting on the floor with hands waving about

#### Answers to SAMPLE

Signs and symptoms: As noted above

Allergies: None

Medication: None

Past history: None

Last meal: 1 hour ago

Events leading: Pulled cleaning bucket with cleaning solutions in the bucket down on top of the shoulder and upper extremity.

#### Behaviors:

Patient: You are anxious, crying, and scared with the reddened areas on your hands/forearm. You are crying and telling your parent that your neck burns.

Parent: You are frantic and are angry that cleaning products were left out. You are demanding that the rescuer do something. You want whomever is responsible to be accountable and held liable.

### **SPECIFIC COMMENTS FOR EVALUATORS**

Area management must be notified of accident by responding rescuer. The chemicals on the floor must be dealt with according to local protocols.

## OUTDOOR EMERGENCY CARE

**Scenario #13-3**

**Degree of Difficulty = 4**

INJURY	ENVIRONMENT	PERSONNEL
Unresponsive patient (diabetic) (4)	Motor home/RV (0)	Single patient (0)

### GENERAL SCENARIO DESCRIPTION

A 20-year-old-male found is unresponsive by friend in their RV parked in the lot of the ski area.

### INFORMATION GIVEN TO TRAINEE

You are summoned to an RV in the parking lot by a college-age male who informs you that his friend in the RV is unresponsive. Equipment and available personnel to be sent upon request of the rescuer on the scene.

### PATIENT SUMMARY

Patient is unresponsive.

### VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	P = 104    r = 22
5 minutes	P = 104    r = 20
10 minutes	P = 92      r = 16

### SCENARIO OBJECTIVES

#### Assessment

Secure scene

Patient assessment: correctly identify patient condition (medical assessment).

Ask friend questions related to how the patient was feeling prior to going to the RV and ask questions related to any known medical conditions; take vitals.

Recognize need for urgent treatment and activate EMS

Request needed equipment and personnel

#### Rote Skills

Observe BSI precautions

Management of medical emergencies – diabetic condition

Oxygen administration

On-going vitals

Rapid transport, if they do not respond to glucose

#### Problem Management

Rule out injury versus medical emergency

Obtain information from friend

Look for medical alert tag

Develop EMS transfer plan

### **Scenario #13-3**

#### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: Inside motor home/RV in parking lot

Equipment: Standard area equipment

Moulage: Slightly pale and sweaty face; skin cool and clammy

Weather: Indoor

#### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position:

Lying on your back.

Answers to SAMPLE

Signs and symptoms: As noted above

Allergies: None

Medication: Insulin

Past history: Diabetic

Last meal: Unknown

Events leading: Was skiing and went in early for lunch.

Patient Behaviors:

You are unresponsive to any stimuli. You are breathing quickly with no apparent airway problems.

#### **SPECIFIC COMMENTS FOR EVALUATORS**

Must realize they are dealing with a medical situation versus trauma. Should indicate what medical problem the patient has. Must recognize need for rapid transport.

## OUTDOOR EMERGENCY CARE

**Scenario #13-4**

**Degree of Difficulty = 4**

INJURY	ENVIRONMENT	PERSONNEL
Bee sting/anaphylaxis (4)	Outside (0)	Single patient (0) Trained rescuers (0)

### GENERAL SCENARIO DESCRIPTION

At your annual fall refresher, a fellow rescuer is stung by a bee during an outdoor station. The rescuer starts to wheeze approximately 10 minutes after the bee sting.

### INFORMATION GIVEN TO TRAINEE

You witness a fellow rescuer get stung by a bee. Within 10 minutes you notice that the rescuer is wheezing and the area that was stung is swollen and red.

### PATIENT SUMMARY

Patient has a swollen and red area on his forearm from the bee sting. The area itches and within 10 minutes the patient starts to wheeze. The patient develops difficulty in swallowing and respiratory distress increases with tightness in chest and throat. If asked, you say that your tongue feels “thick.”

### VITAL SIGNS

Time in minutes	Pulse and respirations
Initial (right after bee sting)	As found
5 minutes	P = 100    r = 24
10 minutes	P = 110    r = 28
15 minutes	P = 120    r = 30

### SCENARIO OBJECTIVES

#### Assessment

Verify scene safety including alerting others to presence of bees  
 Patient assessment: Correctly identify patient condition (allergic reaction)  
 Request needed equipment and personnel.

#### Rote Skills

Observe BSI precautions  
 Maintain airway  
 Administer oxygen – assist respirations with bag-valve mask if necessary  
 Monitor vital signs  
 Position patient in position of comfort  
 Keep patient calm  
 Check if stinger is still in sting area  
 Apply ice to area

#### Problem Management

Notify and activate EMS immediately  
 Keep patient calm; help him maintain a position of comfort and protect from other bee stings.

## **Scenario #13-4**

### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: Outside near patrol room door

Equipment: Standard area equipment

Moulage: Swollen red area on forearm; pale and sweaty face

Weather: Must be the same as the day of scenario

### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position:

You are sitting outside on the ground.

Answers to SAMPLE

Signs and symptoms: As noted above (red swollen and itchy spot on arm)

Allergies: None known (never reacted to bee sting before)

Medication: None

Past history: Vaguely remembers being stung once before

Last meal: As reported (actual)

Events leading: Participating at outdoor OEC station when you try to wave a bee away. The bee stings you on the forearm.

Behaviors:

You are anxious and worried about the sting area since it is very red and swollen. If asked, you report that you have not reacted before to a bee sting. As the scenario progresses, you have difficulty breathing and you state that it is hard to swallow and your tongue feels swollen. You become more anxious as time passes. At 10 minutes into the scenario, you report feeling tightness in your chest. You report severe itching sensation at the sting site.

### **SPECIFIC COMMENTS FOR EVALUATORS**

Trainee must realize that the scenario is a life threatening medical emergency; request ALS; airway and breathing must be maintained during the scenario.

**Chapter 14**  
**OUTDOOR EMERGENCY CARE**

**Scenario #14-1**

**Degree of Difficulty = 2**

INJURY	ENVIRONMENT	PERSONNEL
Knee sprain (2)	Any slope (0)	Single patient (0)

**GENERAL SCENARIO DESCRIPTION:** You find a 34-year-old beginner skier who caught the inside edge of her ski. She states that she heard something pop in her knee. She cannot put weight on her knee.

**INFORMATION GIVEN TO TRAINEE:** You have a report of a skier down on an intermediate slope.

**PATIENT SUMMARY:** Patient is sitting. Patient reports that she heard a pop and has attempted to put weight on her knee, but it is too painful. Upon further questioning about the MOI, patient reports that she caught the inside edge of the ski and her foot rotated outward. She is alert and cooperative.

**VITAL SIGNS**

Time in minutes	Pulse and respirations
As found	As found

**SCENARIO OBJECTIVES**

Assessment:

Secure scene

Patient assessment, to include MOI and SAMPLE, correctly identifies the problem

Rote Skills:

BSI

Splinting of a knee

Transportation decisions

Problem Management:

Scene management

Check if equipment is rental for ski release check

## **Scenario #14-1**

### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: Beginner to intermediate groomed terrain

Equipment: Standard toboggan pack

Moulage: None

Weather: Must be the same as the day of scenario use

### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position: Patient is sitting.

#### Answers to SAMPLE

Signs and symptoms: Patient reports hearing a pop in her knee, and is now experiencing significant pain in the knee. She reports trying to stand, but that she cannot put pressure on the leg.

Allergies: Penicillin

Medication: Ambien

Past history: Recent miscarriage

Last meal: She has just eaten

Events leading: She decided to try a more difficult slope.

Behaviors: Patient is cooperative and answers all the questions. She does seem discouraged and in a somewhat depressed mood.

**SPECIFIC COMMENTS FOR EVALUATORS:** This scenario is an excellent opportunity for the student to demonstrate assessment skills and to develop an understanding on how MOI and mechanics of falls impact injuries.

## OUTDOOR EMERGENCY CARE

**Scenario #14-2**

**Degree of Difficulty = 5**

INJURY	ENVIRONMENT	PERSONNEL
Severe bleeding (2) Leg fracture at boot top (2)	Moderate to difficult slope (0)	Angry parent (1)

**GENERAL SCENARIO DESCRIPTION:** The accident occurred on a moderate to difficult slope. A 10-year-old male skier, skiing with his father, hits a large branch that was lying on a groomed slope. He has a 2" cut in the area of the brachial artery. When the rescuer arrives, patient is alert, oriented, and cooperative. Father is angry because the branch should not be in the middle of the slope.

**INFORMATION GIVEN TO TRAINEE:** You are called to a scene on a more difficult slope just over the crest of a hill. Dispatch reports that witnesses from the chair reported seeing blood. Equipment and additional rescuers are sent upon request.

**PATIENT SUMMARY:** Patient is sitting, holding his hand over the bleeding area. There is blood on the snow. Patient is concerned about the blood but screams when you attempt to take off the ski on his right foot. Father is very angry and upset about the branch left on the hill and is threatening to sue the area.

### VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	P = 100, R = 20
5 minutes	P = 104, R = 18
10 minutes	P = 100, R = 18
15 minutes	P = 112, R = 2 if bleeding is not controlled

### SCENARIO OBJECTIVES

#### Decision Making

Secure scene; patient assessment to include MOI and SAMPLE; correctly identify and find all injuries; prioritize bleeding over fractured leg; recognize need to calm father and incorporate him into the treatment until additional rescuers arrive; assure the father that you will report this issue to management. Request needed equipment and additional help.

Problem Management: BSI precautions; OEC skills: bleeding control; recognition of possibility of compensated shock in a child due to the amount of blood loss; management of long bone fracture; develop transportation plan including the father in a decision whether to call EMS or reassess in the patrol room; notify management due to large branch on slope; documentation to include possible boot tracks within the snow and slope sweep in the morning.

#### Leadership:

Develop a treatment and transportation plan. Address concerns of father in a calm manner and include father in the care of the child until additional help arrives. Give clear instructions in a calm manner. Notify management. Documentation needs to include the boot tracks and the opening shift report.

## Scenario #14-2

### INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Advanced terrain with branch located just over a lip where it is hard to see

Equipment: Standard toboggan pack

Moulage: Severe bleeding of the brachial artery

Weather: Must be the same as the day of scenario use

### SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Patient is sitting holding his arm where it is bleeding.

#### Answers to SAMPLE

Signs and symptoms: Patient reports that he is feeling fine, but is frightened by all the blood. He is also afraid that his father is angry at him.

Allergies: None

Medication: Ritalin

Past history: None

Last meal: Regular meal schedule

Events leading: Son had just challenged Dad to a race down the hill.

#### Behaviors:

**Patient:** He is cooperative, alert, with normal vitals signs upon initial take. When you attempt to take off the ski on his right foot the patient screams that his leg hurts. Fifteen minutes after the rescuer arrives, if bleeding is not controlled by direct pressure and O<sub>2</sub> initiated, the patient states that he feels like he might throw up and is beginning to look pale with increased pulse and respirations.

**Father:** He is irate and wants to know why management does not address these problems better. You are willing to calm down some when the rescuer promises to address this issue with management and asks for your help in the care of your son.

**SPECIFIC COMMENTS FOR EVALUATORS:** This scenario provides the opportunity to teach a number of issues including bleeding control, compensated shock in a child, and legal issues related to slope conditions which includes slope check in the morning. You suspect that it was dragged there by some kids, but you need to check the morning sweep report.

## OUTDOOR EMERGENCY CARE

**Scenario #14-3**

**Degree of Difficulty = 6**

INJURY	ENVIRONMENT	PERSONNEL
Head injury (3) Respiratory distress (3)	Mountain bike race course	None

**GENERAL SCENARIO DESCRIPTION:** You are stationed near a 6-foot drop as a downhill racer comes out of the trees. This racer allows his front wheel to hit nose first into the soft dirt and, as this happens, he goes flying off the bike, hitting the ground with his chest and head first. He does not move. You find the patient unresponsive, with clenched teeth, gasping for air. He begins to turn blue. Within minutes, additional help arrives. You have full trauma care equipment with a 4-wheeler stationed with you at the scene.

**INFORMATION GIVEN TO TRAINEE:** You are the first rescuer to reach the patient. You assume the position at the head. Your partner informs you that the person is turning blue.

**PATIENT SUMMARY:** Patient is gasping for air with clenched teeth and is posturing throughout his body. Patient begins to breathe spontaneously within several minutes, after rolled to the supine position and spinal immobilization is completed. At this time, he becomes argumentative and combative, demanding to be removed from the backboard because he has to report to the top of the hill for his race time.

### VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	P = 108; R = gasping
5 minutes	P = 104; R = 30
10 minutes	P = 112; R = 24

### SCENARIO OBJECTIVES

**Decision Making:** Secure the scene including stopping the race; patient assessment/rapid trauma survey; activate EMS due to existence of life-threatening multiple traumas, execute rapid transport. Provide oxygen immediately. Notify management.

**Problem Management:** Prioritize rapid extrication, transport, and transfer to ALS (Advanced Life Support). OEC skills: spinal immobilization; management of severe respiratory distress; administration of oxygen immediately.

**Leadership:** Direct others; communication with patient and help; coordinate rapid extrication and transfer to EMS; address race officials who are interested in restarting the race; coordinate transfer to ALS personnel.

### Scenario #14-3

**INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS:** This is a life-threatening injury with a focus on rapid spinal immobilization, extrication and transfer to ALS based on the MOI which indicates respiratory distress and significant trauma to head. Scene safety, crowd management, and race officials need to be addressed. However, the primary focus will remain on rapid extrication, ALS, and oxygen ASAP.

Location/terrain: Trail with a few feet drop coming out of some trees, where a downhill bike race could be staged

Moulage: None

Weather: Must be the same as the day of scenario use

### SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Patient is lying face down.

#### Answers to SAMPLE

Signs and symptoms: Patient is gasping for air, posturing, and initially unresponsive.

Allergies: None

Medications: None

Past history: Nothing significant

Last meal: Breakfast

Events leading: This is his second official run.

Behaviors: Patient is unresponsive, gasping for air, and posturing. About 5 minutes into the scenario, as rapid immobilization is being completed, patient begins to breathe spontaneously. He then begins to thrash and become argumentative, wanting to be released because he needs to go to the start of the race for his next run.

**SPECIFIC COMMENTS FOR EVALUATORS:** This is an actual scene that occurred during a bike race. This area was staffed with six medical staff, both OEC and EMTs, with a paramedic arriving within three minutes. You have full radio communication with EMS and a complete trauma pack with an all-terrain 4-wheeler. Patient responded as described. Upon arrival of the helicopter, his level of response was continuing to improve. EMS decided to transport patient by ground transportation due to improved vitals and LOR. Patient was released from the emergency room later in the day.

**Chapter 15**  
**OUTDOOR EMERGENCY CARE**

**Basic Scenario #15-1**

**Degree of Difficulty = 3**

INJURY	ENVIRONMENT	PERSONNEL
Shoulder dislocation (2) Moderate frostbite (1) (see note under weather)	More difficult slope (0)	Single patient (0) Trained rescuers (0)

**GENERAL SCENARIO DESCRIPTION**

A group reports a friend missing for over an hour. While searching, the rescuer finds the lost skier in a wooded area on the fringes of the ski area. The injured skier is sitting and supporting his right arm.

**INFORMATION GIVEN TO TRAINEE**

Dispatch: Received a call to respond to search for a missing skier. Equipment and available personnel to be sent upon the request of the rescuer on the scene.

**PATIENT SUMMARY**

The shoulder is fixed, and very painful. There is no circulation or sensation compromise unless mishandled. The skier lost his/her gloves and has moderate to severe frostbite to the fingers.

**VITAL SIGNS:**

Time in minutes throughout	Pulse and respiration's p + 20; r + 6 to as found by trainee
-------------------------------	--

**SCENARIO OBJECTIVES**

Assessment

Secure scene

Patient assessment; correctly identify patient's condition

Request needed equipment and personnel

Rote Skills

BSI precautions

Management of a fracture or dislocation at or near a joint

Frostbite care

Vitals

Monitor for hypothermia

Lifting techniques; loading/position in toboggan

Problem Management

Develop extrication and transportation plan

Give clear instructions to other rescuers

Documentation should include time that the friend last saw him and the time that he/she was found.

## **Scenario #15-1**

### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: In a treed area

Equipment: Toboggan with standard area equipment

Moulage: Moderate to severe frostbite of the fingers

Weather: Must be the same as the day of scenario use. (If it is reasonably close, fudging a few degrees to support the frostbite might be okay. Be sure to tell the trainee that it is colder than it seems.)

### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position: You are sitting supporting your right arm.

#### Answers to SAMPLE

Signs and symptoms: as above

Allergies: none

Medications: none

Past history: have had frostbite several times in the past

Last meal: report actual

Events leading: as you went down you fell onto our outstretched arm and jammed your elbow.

You haven't been wearing a hat, and knew that your ears, cheeks, and nose were cold, but didn't realize that they were frostbitten.

Behaviors: You are in a great deal of pain, and are not willing to alter the angle of your shoulder. You do have circulation and sensation beyond the injury, but if you are mishandled those could diminish. If asked, you can stand and walk.

### **SPECIFIC COMMENTS FOR EVALUATORS**

This scenario is an excellent learning situation to prioritize injuries and to address on-going assessment issues due the potential for hypothermia.

## OUTDOOR EMERGENCY CARE

**Scenario #15-2**

**Degree of Difficulty = 4**

INJURY	ENVIRONMENT	PERSONNEL
Hypothermia (2) Broken clavicle (2)	More difficult slope (0)	Single Patient (0)

### GENERAL SCENARIO DESCRIPTION

A skier catches an edge and takes a tumbling fall. The skier hits shoulder on his ski. The injured skier is sitting supporting his left arm across his abdomen.

### INFORMATION GIVEN TO TRAINEE

Dispatch: Received a call to respond to a skier sitting on the side of a more difficult hill. The report indicates that s/he has been there for quite a while. Equipment and available personnel to be sent upon request of the rescuer on the scene.

### PATIENT SUMMARY

The patient is suffering from early symptoms of hypothermia due to improper clothing, which is also damp due to numerous falls. The injured clavicle is the most painful of the problems. The skier is supporting the left arm across his abdomen to relieve some of the pain, and has been sitting in the snow for about 45 minutes.

### VITAL SIGNS

Time in minutes throughout	Pulse and respirations p + 15, r + 6/shallow to as found
-------------------------------	--

### SCENARIO OBJECTIVES

#### Assessment

Verify scene safety

Patient assessment: correctly identify patient's injuries and problems

Request needed equipment and personnel

#### Rote Skills

BSI Precautions

Treat for hypothermia at scene, and verbalize care to be provided in patrol room

Splinting techniques for a fractured clavicle

Transportation plan

#### Problem Management

Develop treatment and transportation plan

Consider removal of wet clothing if you have several dry blankets in which to wrap patient. This is a judgment call depending on wetness of clothes, temperature; ETA to aid room, and vitals.

Communicate clearly with partners

All items as listed on the scorecard

## Scenario #15-2

### INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Side of a more difficult run, no obstacles.

Moulage: Damp/wet cotton clothing, which is inadequate for the weather conditions (the damp/wet clothing should be over waterproof clothing to protect the patient and make the scenario realistic).

Weather: The same as the day of scenario (note that the weather or the location of the scenario should be capable of producing hypothermia).

### SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: You are just sitting in the snow at the side of the hill, with your skis off holding your left arm. You are very cold and have a lot of pain in the left clavicle area.

### Answers to SAMPLE

Signs and symptoms: as above

Allergies: none

Medications: none

Past history: none

Last meal: at least 3 hours prior

Events leading: you caught an edge and tumbled. You wanted to ski down; however, because of the pain and the cold you felt too weak to do so.

Behaviors: You are shivering, have slow reactions, and a little mental confusion. You really don't know how you fell. You have a lot of pain in the clavicle area. You know you are cold, and say that you can't stop shivering. You were going to go in after this run to warm up, but after you fell, you didn't know if you had the energy to make it down the hill.

### SPECIFIC COMMENTS FOR EVALUATORS

Local protocol would determine what measures the trainee might call for to deal with the hypothermia both on the hill and after arrival in the patrol room. The call for EMS would be based on local protocol, and local ability to deal with early stage hypothermia.

## OUTDOOR EMERGENCY CARE

**Scenario #15-3**

**Degree of Difficulty = 5**

INJURY	ENVIRONMENT	PERSONNEL
Hypothermia (2) Neck/back pain (2)	More difficult slope below a jump (0)	Single patient (0) Trained rescuers (0) Obstructive friends (1)

### GENERAL SCENARIO DESCRIPTION

A rider has done a “head plant” after going off a jump in the terrain park. He is lying in the snow upon the rescuer’s arrival. His friends are attempting to encourage him to get up and rip some more jumps. The friends are giving the patient and the rescuers a rather hard time about accepting any treatment as they want to go ski some more despite their friend’s report of neck and upper-back pain.

### INFORMATION GIVEN TO TRAINEE

Dispatch: received a call to respond to a boarder who has been lying on the snow below a jump for about 15 minutes. Equipment and available personnel to be sent upon request of the rescuer on the scene.

### PATIENT SUMMARY

The patient has neck and upper-back pain with no initial signs of any neurological deficit. He is quite wet, cold, and shivering. The patient is reluctant to allow the patrol to treat him, partly due to the pressure from his/her friends.

### VITAL SIGNS

Time in minutes throughout	Pulse and respirations P + 16, r + 6/shallow to as found
-------------------------------	--

### SCENARIO OBJECTIVES

#### Decision Making

Secure scene including crowd management; patient assessment: correctly identify patient’s injuries; prioritize hypothermia over clavicle; request EMS transport; call area management since the incident involves the terrain park and for scene safety issues. Request needed equipment and additional personnel.

#### Problem Management

BSI precautions: OEC skills: Care for hypothermia; spinal immobilization; treatment of clavicle; administer oxygen; lifting techniques and transportation; develop and execute a treatment and transportation plan that addresses needs according to protocol. Deal with the patient’s reluctance to be treated and his obnoxious friends.

#### Leadership

Direct others appropriately and with confidence; continued communications with patient and team members, while keeping the friends in control; proper treatment for hypothermia both at the scene and in patrol room, loading/positioning on toboggan. Consider using friends to provide scene safety by asking them to stand far enough above scene to stop others from coming.

### Scenario #15-3

#### INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: More difficult slope below a jump

Moulage: Damp clothing, which is apparently inadequate for the weather conditions (this should be simulated over waterproof clothing to protect patient and make the scenario realistic).

Weather: Should be the same as the day of scenario use

#### SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Lying on the snow. The binding on one foot was broken in the fall.

#### Answers to SAMPLE

Signs and symptoms: as above

Allergies: none

Medications: none

Past history: none

Last meal: report actual

Events leading: you attempted an inverted aerial and missed the landing and landed right on your head. You've been riding for a while, and your clothes have gotten wet from previous falls.

#### Behaviors:

Patient: you are lying on the snow, have slow reactions, have some mental confusion, and slightly slurred speech. You complain of pain in your neck and in the mid-thoracic area, though neither area is really tender to the touch. You are quite cold and shiver throughout the scenario. When the rescuer arrives you tell him that you think you are okay, and your friends want you to continue to ski with them. You know you don't feel quite right, but you don't want your friends to think you are a wimp so unless the rescuer can give you a good reason to be treated you are going to refuse treatment.

Friends: you really don't like rescuers because they always seem to inhibit your fun, and you do your best to convince your buddy to just get up and go skiing, as the day is still young. You should be somewhat obnoxious in the initial stages of the problem but do respond to appropriate actions by the rescuers. Once your friend has agreed to treatment you can choose to go along with him to the patrol room, or to just say "so long" and head back up the hill (you should respond to the rescuers for request for witness statements or help with your friend's gear).

#### SPECIFIC COMMENTS FOR EVALUATORS

Both patient and "friends" should be well prepared for their roles. The patient should be aware of the types of reasoning the patient may use which would convince him to ignore his friends and allow treatment. Rescuers need to address options for hypothermia and need to remove wet clothing, either on hill because you now have multiple dry blankets or at the aid room. This is complicated by placing the person on the board. Protect privacy of patient at all times.

**Chapter 16**  
**OUTDOOR EMERGENCY CARE**

**Scenario # 16-1**

**Degree of Difficulty = 2**

INJURY	ENVIRONMENT	PERSONNEL
Minor sprain of knee (1)	Site does not add difficulty (0)	Obnoxious patient (1) Trained rescuers (0) Bystanders (0)

**GENERAL SCENARIO DESCRIPTION**

The incident takes place on a trail just downhill of the lift unloading area. One skier is involved. There are curious bystanders.

**INFORMATION GIVEN TO TRAINEE**

Dispatch: Lift operator reports a skier who had difficulty unloading, fell several times, and is now down on the trail.

**PATIENT SUMMARY**

Patient smells of alcohol, is uncoordinated, and is obnoxious. He intermittently complains of knee pain.

**VITAL SIGNS**

Time in minutes	Pulse and respirations
Initial 5 mins 10 mins 15 mins	As found

**SCENARIO OBJECTIVES**

Assessment

Secure scene including crowd management  
Patient assessment; correctly identify all injuries  
Address obnoxious behavior  
Request needed equipment and additional rescuers

Rote Skills

BSI precautions  
Management of injury near joint  
Management of obnoxious behavior due to intoxication  
Transportation plan

Problem Management

Legal issues related to altered mental state of intoxication  
Develop treatment plan and provide clear instructions to assisting rescuers  
Notify management of incident according to local protocol for suspected intoxication

## **Scenario #16-1**

### **INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS**

Location/terrain: On easy terrain in a crowded area with curious onlookers.

Moulage: Simulate odor of alcohol on breath

Weather: Must be the same as the day of scenario use

### **SPECIFIC INSTRUCTIONS FOR INJURED PATIENT**

Position: Lying on right side with right leg in bent position beneath left leg and both skis on

#### Answers to SAMPLE:

Signs and symptoms: as listed above

Allergies: None

Medications: None

Past history: None

Last meal: Lunch with a couple of beers

Events leading: fell on off-ramp and fell on trail

Behaviors: Patient complains of soreness in right knee with medial ligament point tenderness, smells of alcohol, is uncoordinated, is obnoxious, and is belligerent, complaining about the off-ramp, trail conditions, other skiers and how long it took help to come.

### **SPECIFIC COMMENTS FOR EVALUATORS**

Curious bystanders are drawn to commotion. Patient must be coached to be difficult initially and become calmer when crowd is dispersed and is addressed appropriately by the patrol. Patient's mood changes from belligerent to melancholy to very friendly as treatment progresses. Local protocol will determine management involvement of the intoxicated skier.

## OUTDOOR EMERGENCY CARE

**Scenario # 16-2**

**Degree of Difficulty = 3**

INJURY	ENVIRONMENT	PERSONNEL
Medical condition/major impact (2)	Site does not add difficulty (0)	Obnoxious/hysterical patient (1)

### GENERAL SCENARIO DESCRIPTION

A male in the lodge cafeteria becomes angry and exhibits irrational behavior.

### INFORMATION GIVEN TO TRAINEE

It is late afternoon in the cafeteria. You notice a man who is obviously upset talking to a woman. Suddenly he screams, "I can't take it, you're all against me!" He stands and gets louder. He is sputtering and his speech is slightly slurred. He picks up a wine bottle.

### PATIENT SUMMARY

Patient is intoxicated, agitated, and potentially violent.

### VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	P + 20, R + 8
5 mins	P + 10, R + 3
10 mins	As found
15 mins	As found

### SCENARIO OBJECTIVES

#### Assessment

- Provide scene safety for self and others
- Verbal assessment by addressing the patient from a distance
- Request additional help: rescuers and management
- Request law enforcement if patient does not calm and according to local protocol

#### Rote Skills

- BSI precautions due to possible vomitus
- Care of intoxicated individual
- Transportation plan

#### Problem Management

- Notify of management and law enforcement according to local protocol
- Ensure OEC skills
- Communicate with firmness and confidence until person calms, always staying at a safe distance

## Scenario #16-2

### INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Simulated lodge cafeteria with bystanders to portray customers

Moulage: None

### SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Sitting then standing

#### Answers to SAMPLE:

Signs and symptoms: as above

Allergies: none

Medications: Haldol (antipsychotic medication)

Past history: under treatment for psychosis, didn't bring meds on trip

Last meal: lunch and wine

Events leading: patient has been drinking and arguing with his girlfriend

Behaviors: The patient is distraught and paranoid. He is verbally abusive and physically threatening. He seems to become cooperative when calmed by the rescuer but physically attacks him when escorted away. He is held until law enforcement arrives. When they apply restraints he becomes quiet.

### SPECIFIC COMMENTS FOR EVALUATORS

The rescuer should use a calm manner to deal with the patient and ensure the safety of all. The patient attack of the rescuer and restraint of the patient should be done in such a way that all are in no danger of injury.

## OUTDOOR EMERGENCY CARE

### Scenario # 16-3

**Degree of Difficulty = 5**

INJURY	ENVIRONMENT	PERSONNEL
Moderate bleeding (1) Medical condition major impact (2)	No factor	Multiple patients (1) Obnoxious/hysterical patient (1) Trained help (0)

### GENERAL SCENARIO DESCRIPTION

An intoxicated female has assaulted a male companion causing a laceration and makes threatening gestures to the responding rescuer.

### INFORMATION GIVEN TO TRAINEE

Dispatch: You have been called to the lodge lounge to handle a man with a lacerated hand.

### PATIENT SUMMARY

Patient 1 – laceration on the palm of the right hand  
Patient 2 – intoxicated and violent

### VITAL SIGNS

Time in minutes	Patient #1 Pulse and respirations	Patient #2 Pulse and respirations
Initial		
5 mins	P + 16, r + 6	P + 20, r + 10
10 mins	P + 10, r + 5	P + 15, r + 5
15 mins	As found As found	As found As found

### SCENARIO OBJECTIVES

#### Decision Making

Verify scene safety; patient assessment: correctly identify both patients' conditions; prioritize intoxicated patient for safety issues both patient and rescuers. Request needed equipment and personnel.

#### Problem Management

BSI precautions; OEC skills: treatment of laceration, altered mental state, and protection of self and others; notify management and request involvement of law enforcement; appropriate use of rescuers and equipment; appropriate treatment and transport plan

#### Leadership

Develop and execute treatment and transportation plan; direct others appropriately and with confidence; continued communications with patient and team members; ensure correct OEC skills of helpers where appropriate.

### Scenario #16-3

#### INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Simulated lodge lounge with bystanders acting as patrons

Moulage: Patient 1 – laceration and bleeding on palm of right hand  
Patient 2 – none

Weather: Indoors

#### SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Patient 1 – standing near Patient 2 facing the entrance of the responding rescuer  
Patient 2 – standing near Patient 1 with back to the entrance of the responding rescuer

<u>Answers to SAMPLE:</u>	Patient 1	Patient 2
Signs and symptoms:	as listed above	as listed above
Allergies:	none	none
Medications:	none	none
Past history:	none	none
Last meal:	as reported	as reported
Events leading:	Both decided not to ski after lunch and have been drinking for more than 2 hours. Patient 2 perceived an insult from Patient 1.	

#### Behaviors:

Patient 1: You are injured but are trying to reason with Patient 2.

Patient 2: You are angry at Patient 1 and are making threats. You begin to threaten the responding rescuer when approached.

#### SPECIFIC COMMENTS FOR EVALUATORS

Patients should be coached to realistically portray the scenario without endangering themselves or others. The rescuer needs to diffuse the situation without using force and protect the safety of all involved including himself. Request assistance of management; report to law enforcement according to local protocol.

## OUTDOOR EMERGENCY CARE

**Scenario # 16-4**

**Degree of Difficulty = 6**

INJURY	ENVIRONMENT	PERSONNEL
Eye injury (2) Minor soft tissue/bleeding (1)	Difficult extrication or rescue (1)	Multiple patients (1) Obnoxious patient (1) Trained rescuers (0)

### GENERAL SCENARIO DESCRIPTION

A recently fired employee has assaulted a supervisor and is threatening to assault others and destroy property.

### INFORMATION GIVEN TO TRAINEE

Dispatch: A call is received to respond to the main office where an employee has been injured.

### PATIENT SUMMARY

Patient #1 has been struck in the eye by Patient #2. Patient #1 has swelling and pain around the eye, blurred vision, and is bleeding from a laceration below the eye.

Patient #2 is extremely agitated, making threats, and bleeding from the right knuckles.

### VITAL SIGNS

Time in minutes	Patient #1 Pulse and respirations	Patient #2 Pulse and respirations
Initial	P + 16, r + 5	P + 20, r + 5
5 mins	P + 10, r as found	As found
10 mins	P + 5, r as found	As found
15 mins	As found	As found

### SCENARIO OBJECTIVES

#### Decision Making

Secure scene requesting both management and law enforcement; patient assessment: correctly identify patients' conditions; prioritize behavioral control over eye injury; request EMS. Request needed equipment and additional personnel.

#### Problem Management

BSI precautions; OEC skills: address out of control patient (#2) first to prevent danger to self or others; assign additional rescuers to treat patient #1, when possible to do in a safe manner; turn patient #2 over to management and law enforcement as soon as they arrive; have others remove Patient #1 from scene and treat, have others identify witnesses. Request witnesses to remain for witness statements until additional rescuers can take statements.

#### Leadership

Develop and execute scene management plan. Direct others with firm, clear instructions and with confidence; continued communications with patient and team members; ensure correct OEC skills of helpers where appropriate

## Scenario #16-4

### INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: simulated office containing 3 or 4 people

Moulage: Patient #1 – discoloration around the eye and a laceration/bleeding below the eye  
Patient #2 – bleeding on knuckles of right hand

### SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Patient #1 – sitting at a desk with hands covering the injured eye  
Patient #2 – standing near Patient #1

<u>Answers to SAMPLE:</u>	Patient #1	Patient #2
Signs and symptoms:	as above	as above
Allergies:	none	none
Medications:	none	Prozac, but hasn't taken it for several days
Past history:	none	record of mental health problems
Last meal:	as reported	as reported
Events leading:	Patient 1 has told Patient 2 he is fired. Patient 2 assaults Patient 1.	

### Behaviors:

Patient 1: You exhibit pain and fear.

Patient 2: You are extremely agitated and making verbal threats and gestures of harm to others and the property. You reluctantly obey firm commands from the rescuer but remain threatening until law enforcement arrives when you become submissive.

Bystanders: All exhibit fear.

### SPECIFIC COMMENTS FOR EVALUATORS

The simulated office should have two bystanders to act as other office workers. Patient #2 must be well coached to put on a convincing performance. The rescuer must be firm but non-threatening. Individuals representing law enforcement must follow local protocol.